

The needs of community service nurses with regard to supervision and clinical accompaniment

BE Shezi

11981504

Mini-Dissertation submitted in *partial* fulfillment of the
requirements for the degree *Magister* in Health Science
Education at the Potchefstroom Campus of the North-West
University

Supervisor: Dr CE Muller

May 2014

DECLARATION

I, Mrs B.E. Shezi, student number 11981504, declare that:

- The needs of community service nurses with regard to supervision and clinical accompaniment is my own work.
- The study has been approved by the ethics committee of the Institutional Office of the North West University (Potchefstroom Campus), Directorate Research, Policy and Planning of KwaZulu-Natal, as well as public health institutions involved in the study.
- The study compiles with the research ethical standards of the North West University (Potchefstroom Campus).

Mrs BE Shezi

May 2014

ACKNOWLEDGEMENTS

I would like to express my gratitude and sincere appreciation to the following

- To my Heavenly Father God, the Son, Jesus and the Holy Spirit for giving me the gift of wisdom, teaching me the value of knowledge dimensions and by His grace, in fulfilling what He ordained for my life, to complete this study, halleluiah!, glory to God!
- To my Husband and family for their never-ending support, love and making me feel appreciated.
- To my research methodology co-ordinator and a class leader, Dr. Emmerentia du Plessis and her team for creating a concreted foundation of research.
- To my study supervisor, Dr. Catherine Elizabeth Muller for your never-ending, constructive support and sweet words of encouragement. Really, I have learnt a lot from you, Doctor.
- To my independent co-coder, for displaying her humanism.
- To Lucky for providing technical support and also bringing smile to my face.
- To Zanele and Ntefeleng, for their assistance in illuminating the journey of research study.
- To Tumi for advises regarding qualitative research.
- To the former Principal of KZNCN, Dr Lulama L. Nkonzo- Mthembu, Mrs. Shanti Ramkilowan and the former Campus Principal, Mr. Siphwe Jerome Khumalo for developing the foundation for my career path.
- To the District manager of Amajuba district and Chief executive Officer of the relevant three Public health-care facilities a special gratitude for their support and encouraging words.
- To my study participants, I wish to express my appreciation for providing a valuable insight on the needs of CSNs with regard to supervision and clinical accompaniment in the public health-care facilities.

- To librarians Mrs. Louise Vos and Mrs. Anneke Coetzee for their assistance with literature review.
- To my General Nursing Science Team who were so understanding and caring.
- To my Spiritual leaders, various Pastors no one in particular who were always there for me providing strength and resilience during my journey.
- To my pet, Sparks for ensuring that our house was secured while I was immersed in research study.

ABSTRACT

THE NEEDS OF COMMUNITY SERVICE NURSES WITH REGARD TO SUPERVISION AND CLINICAL ACCOMPANIMENT

A new category of community-service nursing practitioner who was the equivalent of a newly qualified nurse emerged in the years 1998–2007. Community service was introduced by the national Department of Health in an attempt to retain professional nurses. The community service nurse is registered with the South African Nursing Council in the category “community service”. Community service nurses need to obtain clinical experience under the supervision of experienced professional nurses in a public health facility for a period of one year.

Globally, health-care systems have been affected by an increase in conditions such as maternal and child morbidity and mortality, an ever-increasing vulnerability to communicable diseases (tuberculosis and Acquired Immune Deficiency Syndrome) and violence in under-developed and developing countries. These challenges have resulted in the escalation of health-care costs and a shortage of human resources in the health-care system. The escalation of these conditions has put further strain on the effectiveness of an already struggling health-care system, and the delivery of health-care services to those who are most in need. This necessitated the implementation of community service.

The provincial Department of Health usually identifies where the critical need for the placement of community service nurses is, and the diplomate or the graduate can select one of three placements. However, the final decision for placement remains that of the provincial Department of Health. This community service strategy, which aims to empower community service nurses, is a contentious matter, as these community service nurses are often placed in an area where they have to work independently within the first year after qualifying as a diplomate or graduate without being supervised and supported in the public health facility.

The community service nurses experience a lack of confidence and competence due to limited clinical exposure resulting from full and compacted nursing education

programmes. The need for an experienced professional nurse as supervisor with a clearly defined job description by the provincial Department of Health is mandatory to prevent role conflict and confusion. However, the provision of such supervision has not yet materialised because of the shortage of experienced registered nurses in the health-care system.

Research design: A qualitative design using exploratory, descriptive and contextual strategies ensured access to tangible information regarding the supervision and clinical accompaniment needs of community service nurses.

Data collection: Data was collected using semi-structured interviews, field notes and digital voice recordings. The participants were community service nurses who had completed six months of their community service year. A total of $n = 12$ participants out of $N = 38$ were interviewed in the three hospitals of the Amajuba District in KwaZulu-Natal until no new data emerged and data saturation was reached.

Data analysis: Content analysis assisted the researcher in scrutinising the data by coding, categorising into themes and sub-themes to clarify the data. Literature control was used to underpin the research findings.

Research findings: The community service nurses appeared to be in desperate need of clinical supervisors to guide, coach, support, and be a role model to them. Community service nurses needed to develop confidence, competence, independence and critical thinking skills during community service practice. In reality, not all community service nurses were fully competent and independent to practise autonomously during their community service, though some had acquired all the above mentioned skills. However, it stood to reason that competence developed in the period of community service and was influenced by clinical supervision from experienced registered nurses, who assisted with continued development of skills in clinical practice.

KEY WORDS: community service nurse, compulsory community service, supervision, accompaniment.

ABBREVIATIONS

| | |
|----------|-------------------------------------|
| AIDS | Acquired Immune Deficiency Syndrome |
| CHC | Community Health Centre |
| CS | Community Service |
| Comserve | Community Service |
| CSN | Community Service Nurse |
| DoH | Department of Health |
| HRD | Human Resource Department |
| KZN | KwaZulu-Natal |
| KZN CN | KwaZulu-Natal College of Nursing |
| NEI | Nursing Education Institutions |
| NDoH | National Department of Health |
| NWU | North-West University |
| OM | Operational Manager |
| PDoH | Provincial Department of Health |
| PHC | Public Health Care |
| RSA | Republic of South Africa |
| SANC | South African Nursing Council |
| TB | Tuberculosis |
| UNIZUL | University of Zululand |
| UKZN | University of KwaZulu-Natal |
| WHO | World Health Organisation |

ANNEXURE LIST

- A ETHICAL APPROVAL OF NWU: POTCHEFSTROOM CAMPUS
- B ETHICAL APPROVAL OF PROVINCIAL DEPARTMENT OF HEALTH
KWAZULU NATAL PROVINCE
- C AMAJUBA DISTRICT ETHICAL APPROVAL
- D MADADENI HOSPITALS ETHICAL APPROVAL
- E NEWCASTLE PROVINCIAL HOSPITAL ETHICAL APPROVAL
- F NIEMEYER MEMORIAL HOSPITAL ETHICAL APPROVAL
- G PARTICIPANT'S INFORMANTION GUIDE
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- I SEMI-STRUCTURED INTERVIEW SCHEDULE
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CHAPTER 1

OVERVIEW OF RESEARCH STUDY

1.1 INTRODUCTION

This chapter includes a background that highlights the aspects that initiated the study, and the problem statement, which indicates the main focus of the research study. The research questions were formulated as an outflow of the background and problem statement, followed by the identification of objectives for this study. The researcher's assumptions, the research design and methods and the ethical considerations applicable to this study are discussed. Lastly the dissertation is outlined and the summary concludes Chapter 1.

1.2 BACKGROUND

Globalisation has caused an economic gap between the rich and the poor. The rich can afford optimum health-care services, whereas the poor struggle to find decent health-care services (Kruse, 2011:1). Health-care systems have been affected globally as a result of an increase in disease (Breier *et al.*, 2009:33; HRH, SA Strategy, 2012/13-2016/17:13). In under-developed and developing countries health-care systems are faced with challenges such as maternal and child morbidity and mortality, an ever-increasing vulnerability to communicable diseases such as tuberculosis (TB) and Acquired Immune Deficiency Syndrome (AIDS) and violence, which result in the escalation of health-care costs and a shortage of human resources in the health-care system. Mellish *et al.* (2010:196) illustrates that currently, 31,1% of nursing posts in the public health sector were vacant. The escalation of the number of vacant posts has put further strain on the effectiveness of an already struggling health system and the delivery of health-care services to those who are most in need of these services (Erasmus, 2012:655; Rensburg & Pelser, 2004:165).

On the other hand, globalisation has played a major role in the mobility of skilled, highly trained health-care professionals as they cross international borders for better

life sustenance (Kruse, 2011:1). In the Republic of South Africa (RSA), highly trained health professionals migrate to urban areas, resulting in rural areas being left with few health-care resources (Mellish, *et al.* 2010:198). This migration results in a shortage of nurses, necessitating that a community service strategy for nurses who have completed their academic training be introduced in order to rescue this situation and provide an equitable distribution of newly qualified health professionals in underserved communities, and to improve access to quality health care for all South Africans (HRH, SA Strategy, 2012/13-2016/17:22). Community service (CS) is a strategy that aims to provide an equitable distribution of newly qualified health professionals in underserved communities and involves a remunerated compulsory community service period of one year at a public health facility. In the nursing profession CS was introduced in July 2004 and was implemented in July 2009 in Kwa-Zulu-Natal: the context for this research study (George *et al.*, 2009:8).

The ultimate aim of the community service strategy of the National Department of Health (NDoH) was to retain professional nurses through community service, with diplomates or graduates obtaining clinical experience under the supervision of experienced professional nurses (HRH, SA Strategy, 2012/13-2016/17:13). Not all literature support community service for health professionals as a strategy to improve quality health care in underserved communities (Reid, 2002:157). These dissenting authors regard the community service strategy as a coercive measure that infringes the South African Constitution regarding rights to take or make decisions, as the community service nurses have a limited choice regarding their placement (Reid, 2002:139). The authors substantiate the opinion in terms of section 16 of the Constitution (2006), which states that everyone has the right to freedom of expression, the Labour Relations Act (66 of 1995), and the Public Service Act (103 of 1994) also concur to the aforementioned statement.

However, in terms of section 40(3) of the Nursing Act (33 of 2005), the provincial Department of Health (PDoH) is responsible for identifying the public health facilities within the province where there is critical need for community service nurses. The diplomates or the graduates can select one of three public health facilities placements, but the final decision remains that of the PDoH. This community service strategy, which is aimed at empowering community service nurses, is a contentious matter, as these community service nurses are often placed in an area where they

have to work independently within the first year after qualifying as a diplomate or graduate without being supervised and supported in the public health facility (Wilson *et al.*, 2009:9).

Community service nurses experience may emotional instability as they are adapting to the new status of being in a “professional nurse” environment. This sense of emotional instability is aggravated by a shortage of experienced professional nurses (Newton & Mckenna, 2004:2). This is evident from the illustration by Goldblatt (2009:1652), who states that “Nurses cope differently with the dissonance between their personal values, attitudes and emotions, and the desirable intervention procedures regarding the patient or illness at hand.”

Stress and shock may be universal experiences encountered by all community service nurses (Mooney, 2007:75), and relate to the multi-dimensional responsibilities accompanied by accountability and the adjustment process (Boswell *et al.*, 2004:77). Aggravated by anxiety, low self-esteem and insecurities as they are adjusting to their first-time professional role, this emotional instability is apparently further increased by the disrespect demonstrated by experienced professional nurses towards community service nurses (Kruse, 2011:78). This emotional instability can be reduced by implementing induction and orientation programmes, and by providing policies, guidelines and support services that promote a sense of belonging in a profession (Caka, 2010:6; Stievano *et al.*, 2009:392).

Furthermore the experienced professional nurses in the wards are mostly engaged in paper work, rather than caring for community service nurses (Stievano *et al.*, 2009:392). This may contribute to community service nurses’ feeling of not being valued or accepted (Hosoda, 2006:481). In such cases the clinical environment is not **conducive** to community service nurses, as it should be warm and caring and should focus on making them feel a part of the professional nurse group (Pearcy & Draper, 2008:595). Duchscher (2008:5) also emphasised this aspect by stating that community service nurses are faced with multifaceted experiences (emotional, physical, intellectual and social developmental) associated with their new role. Community service nurses therefore need to be prepared during their training to adjust to these challenging societal issues and needs (Brown *et al.*, 2008:1214).

In order to **facilitate the nursing profession**, community service nurses should learn to laugh at themselves. This experience of laughing at oneself assists in moulding an individual against emotional and physical problems resulting from challenging situations, thus promoting personal and professional growth (Stein & Reeder 2009:274). This study by Stein and Reeder (2009:267) also revealed that community service nurses were experiencing negative attitudes and stress in their first encounter with a working environment, irrespective of what type of patients were being nursed. Eaton *et al.*, (2007:318) also emphasised that to overcome these experiences, workshops on quality care should be conducted. In this study the operational manager is a clinical accompanist who will support CSNs and assist in developing a strategy to ensure the reinforcement of clinical skills and professional growth. This strategy can be delegated to experienced professional nurses who oversee the activities of the community service nurses. Such a strategy aims to build confidence and show growth towards being independent professional nurse practitioners at the end of their community service year (Lee *et al.*, 2009:1218).

Emotional instability seems to be a common problem experienced by CSNs resulting from a lack of confidence and incompetency has an impact on the delivery of quality patient care. Although community service nurses acquire theory from college or university during their training, their clinical exposure is limited due to the high intake of learner nurses, as demanded by the NDoH. Nursing learners experience poor accompaniment in clinical practice due to limited clinical facilities that are overloaded with learners, and experienced professional nurses working under stressful conditions to ensure quality patient care. Experienced professional nurses do not accept responsibility to oversee the performance of clinical procedures that these learners have to master, though some learners perform at acceptable standards (Ward, 2010:1539).

Edwards *et al.* (2004:248) highlight the importance of learner nurses undergoing education and training to be allocated to an environment that is dynamic, flexible and organised to produce a competent professional nurse with a firm background for professional, independent nursing practice. Komaratat and Oumtanee (2009:479) emphasise that clinical preceptors who accompany learners during clinical practice enhance the integration of theory and practice, thus eradicating the gap in the

relevant context of reflection. Although this is practised with the learners, experienced professional nurses can assist the community service nurse to enhance closure of the gap between theory and practice. Furthermore, the community service nurses also indicate that they are not fully prepared as learners to be able to work independently in their first-year exposure to public health-care facilities due to compacted programmes, where nursing practice is the core aspect of nursing (Edwards *et al.*, 2004:248).

The role of the experienced professional nurse as supervisor for community service nurses should be clearly defined by the NDoH and SANC to prevent role conflict and confusion. These experienced professional nurses should be skilled in developing and maintaining effective harmony in the working environment. A competent professional nurse can display confidence, competence and independence in the execution of nursing duties to meet the needs of society in challenging circumstances. Some of these challenges include case management, health education, quality assurance, evaluation of tasks executed and a leadership role (Vasuthevan, 2013:44).

The lack of harmony between the experienced professional nurses and community service nurses results in patient safety being compromised. The community service nurses are more knowledgeable about theory than about hands-on work in the real practice environment. If the experienced professional nurses can incorporate the community service nurses into the professional nurses' team and assist and supervise them accordingly, they should therefore be able to avoid jeopardising patient safety. It is also important for community service nurses to receive support from top management, who can provide them with a clinical accompanist to help them master clinical skills and make prompt decisions on health-care services delivery (Lee *et al.*, 2009:1218).

Jones *et al.* (2007:494) accentuate the importance of nurses being competent and being given support in order to render quality patient care and make appropriate decisions. A lack of supervision in the clinical area by experienced professional nurses of community service nurses seemingly has a negative effect on the delivery of quality patient care; therefore effective support systems should be in place to assist the community service nurses in their new roles. Experienced professional

nurses with a positive attitude, the ability to laugh at oneself at some point and a sense of humour without reservation display love and care as core values in the management of patients, therefore all community service nurses must develop this culture to easily adapt to the clinical work environment (Stein & Reeder, 2009:274).

The abovementioned background assisted the researcher in formulating the problem statement and deriving a research question and objectives for the research study. The researcher developed the problem statement of this study from lived experiences in the clinical area and discussions with other professional nurses, and through an overview of relevant literatures. The problem statement will be discussed in the next session.

1.3 PROBLEM STATEMENT

Community service nurses have to complete a community service year to obtain clinical experience, under the supervision of experienced professional nurses. Community service nurses face stressful situations, anxiety and lack of supervision by experienced professional nurses. It is the experience of the researcher that the affective domain is negatively affected by undefined job description due to the fact that community service nurses are expected to execute independent and interdependent professional functions while conducting their one-year community service, without supervision by an experienced professional nurse or accompaniment of an operational manager in a new environment. This may result in a lack of independent, competent professional practitioners who possess legal obligation regarding responsibility and accountability in their professional actions and omissions (Mellish *et al.*, 2010:189; Searle *et al.*, 2009:319).

It is currently not clear what the needs of community service nurses are with regard to supervision and clinical accompaniment in the public health-care facilities. Insight into these needs can be attributed to the preparation of these nurses for their community service year, as well as to the preparation of experienced professional nurses to supervise the community service nurses. Research on this problem could not be found, especially with respect to the public health-care facilities of the Amajuba District in north-west KwaZulu Natal. Therefore there seems to be a need

for research on the needs of community service nurses with regard to supervision and clinical accompaniment in public hospitals.

1.4 RESEARCH QUESTIONS

On the basis of the problem statement the following research question was formulated:

What are the needs of community service nurses with regard to supervision by experienced professional nurses and clinical accompaniment by the operational manager in public hospitals?

1.5 OBJECTIVE OF THE STUDY

The following objective was set:

- To explore and describe the needs of community service nurses with regard to supervision by experienced professional nurses and clinical accompaniment by the operational manager during their community service year in public hospitals.
- To submit a report to Department of Health KwaZulu-Natal, Amajuba District Management and participating hospitals, eliciting the problems of community service nurses regarding supervision and clinical accompaniment during their community service year.

A report on the needs of community service nurses and recommendations with regard to supervision by experienced professional nurses and clinical accompaniment by the operational manager during their community service year in public hospitals were submitted to the Amajuba District management and the PDoH, as well as to the relevant nursing education institution (NEI) eliciting the research findings (see Annexure L). These findings can be utilised to plan and implement interventions.

1.6 RESEARCH ASSUMPTIONS

Assumptions generally refer to the research paradigm. According to Botma *et al.* (2010:288) these paradigms are all-encompassing systems of the researcher's ideas, thoughts, intellectual proposition, decisions and actions in every step of the research process throughout the study, and they should be explicitly stated in research. The assumptions for this study were divided in meta-theoretical assumptions that stipulate the view of the researcher's world, and theoretical assumptions that indicate the theoretical departure point for this research study. The methodological assumptions will be as follows:

1.6.1 *Meta-theoretical assumptions*

Meta-theoretical refers to a researcher's personal beliefs regarding man (living being), the environment (society) in which he interacts, and the discipline of nursing and its purpose. Meta-theoretical assumptions cannot be tested, as they are factual derived from researcher's Christian worldview.

The meta-theoretical assumptions consist of four components namely, man, health and illness, environment and nursing. These components are discussed below.

- **Man**

Man is God's creation, who is fearfully and wonderfully made in God's image, unique, individual and dynamic in nature. Man is a multidimensional being who has to fulfil God's purpose at an appointed time ordained by God, the Creator of the universe. Man was given dominion over all living creatures and herbs and fruit trees that yield seeds, but after the fall of man, God commanded that in toil man shall eat of it all the days of his life. That is why man has the ability and need to transcend themselves and circumstances through God's will. In this study, man refers to the community service nurse, the clinical accompanist (the operational manager) and the experienced professional nurse. They are expected to render efficient, quality health care, regardless of unforeseen circumstances or challenges. However, the community service nurse needs to be supervised by an experienced professional nurse who has the ability to integrate theory and practice during the transitional

phase. The operational manager is responsible for developing a strategy to make sure that the community service nurse obtains the relevant clinical exposure and professional growth to be independent nurse practitioner after rotation in general and specialised clinical areas.

- **Health and illness**

Health is defined by the World Health Organisation (WHO) as “a state of complete well-being encompassing physical, social, mental and spiritual aspects of well-being and not merely the absence of disease or infirmity” (Bruce *et al.*, 2011:51).

Health depends on the harmony that exists between the internal (the mind, body and soul) and external (physical, social and spiritual) environment of an individual. Hence health changes as the internal and external environment of man changes, causing health or illness (Bruce, *et al.*, 2011:43). In this study, health was viewed as the ability of experienced professional nurses to supervise the community service nurses to reduce anxiety and stress levels and thus contribute towards balanced internal and external health for the community service nurses. Support received by community service nurses empowers them to address the health needs of their patients without the patient’s health being jeopardised.

Illness is an apparent state that indicates what one feels in the presence of disease. Therefore health and illness are dynamic states. For this study illness was viewed as negative feelings experienced by community service nurses in their new role in the public hospitals, therefore holistic support from experienced professional nurses and operational managers was needed.

- **Environments**

Environments refer to the society, which is a group of individuals characterised by common interests and possibly distinctive cultures and beliefs. Society is the part of the world that was created by God Almighty. Hence the environment and man are in constant interaction, influencing and effecting change on each other. In this study the concept environment referred to the workplace of community service nurses in public hospitals in the Amajuba District in northwest KwaZulu-Natal.

- **Nursing**

According to Watson's theory, cited by Bruce *et al.* (2011:51), nursing is viewed as a profession, consisting of knowledge, thoughts, values, philosophy, commitment and action, with some degree of passion, relating to human care. Nursing exists in response to a need of society and holds moral ideals relating to man's health throughout his life span.

According to the South African Nursing Council Act (33 of 2005) (SA,2005), nursing means a caring profession practised by a person registered under section 31, who supports, cares for and treats a health-care user to achieve or maintain optimal health and, where this is not possible, to provide palliative or terminal care until peaceful death ensues.

In this study, nursing is viewed as a process of nurse-patient interaction that stems from the nursing process approach, hence nursing practice focuses on the promotion of optimal health for individual patients and families. Community service nurses need supervision from experienced professional nurses and clinical accompaniment to become competent, as was indicated by nurses acquiring the nursing knowledge, clinical skills and professional growth underpinning the nursing practice.

1.6.2 Theoretical assumptions and concepts

Theoretical assumptions include the theoretical definitions of the key concepts applied in this research study, based on scientific knowledge and knowledge in the nursing discipline and associated disciplines (Brink, 2006:22).

The focus of this study was not a theory or model but rather a functional approach. Therefore the researcher's theoretical assumptions were based on the central theoretical statement and conceptual definitions.

1.6.2.1 Central theoretical statement

According to Regulation 765 of 24 August 2007 (SA, 2007), which was endorsed by the Minister of Health in terms of section 40 (3) of the Nursing Act (Act no. 33 of

2005) (SA, 2005), nurses who have completed their diploma or degree in nursing should provide one year of community service in a public health establishment, which in this study means public hospitals or primary health-care facilities before a nurse can register as a professional nurse. During their community service year a nurse is registered as a community service nurse with SANC.

The focus of this research study is on the needs of CSNs with regard to supervision and clinical accompaniment by experienced professional nurses in the public hospitals in Amajuba District in KwaZulu-Natal Province. The affective domain is negatively displayed, due to the fact that they are expected to execute independent and interdependent professional functions while conducting CS year without supervision and clinical accompaniment of an experienced professional nurse in a new environment, all these endeavours are accompanied by responsibility and accountability. The researcher wanted to explore and describe the needs of CSNs and to provide the information to DoH and Amajuba District Management that will empower and instil confidence to CSNs in the public hospitals (see Annexure L). The researcher of this research study is a nurse educator of one of a satellite campus under the KwaZulu-Natal College of Nursing whereby some of the CSNs underwent their education and training.

1.6.2.2 Conceptual definitions

Conceptual definitions refer to the clarification of the keywords of the study and include the specific meaning within the context of this study.

- **Supervision**

According to Meyer *et al.* (2009:224), supervision is the active process of directing, guiding and influencing the outcome of an individual's performance. It can be either direct or indirect supervision. With on-site supervision, the supervisor is physically present or immediately available while the supervisee performs an activity. With off-site supervision, the supervisor is not physically present, but the supervisee is directed through written, verbal and electronic communication to carry out the assigned activity. In that sense the clinical supervisor retains accountability for all the

duties delegated to the employees under his or her supervision, even though the employees do retain their own level of responsibility.

In this research study the experienced professional nurse supervisor is the one who provides supervision worked in a public hospital that is supposed to and develop CSNs in the unit team to optimise their future professional functioning (Jooste *et al.*, 2010:169).

- **Clinical accompaniment**

According to the South African Nursing Council (SANC), “clinical accompaniment” is the conscious and purposeful guidance of community service nurses on the basis of their unique needs by developing a strategy to ensure that learning opportunities are clarified in order to ensure clinical competence and professional growth. The strategy and goals are set by the operational manager of the unit to ensure that community service nurses get exposure to the relevant clinical practice. During the time of clinical practice the community service nurses grow from passive practitioners to be involved and independent critical practitioners (Bruce *et al.*, 2011:254–255).

- **Community service**

The South African Nursing Council Act (33 of 2005) (SA, 2005) and Regulation No. 765 state that to practice as a professional nurse in South Africa all diplomates and graduates who are citizens of South Africa must perform remunerated community service for a period of one year at a public hospital before they can register as a professional nurse. The needs of CSNs were not considered during the formulation of this strategy, especially the provision of a clinical supervisor who is to provide support and guidance in the community service year.

- **Community service nurse**

In this study, community service nurses were nurses who had just completed their diploma or degree in nursing and needed to practice for one year in a public hospital, but still required supervision and clinical accompaniment to become clinically and professionally competent.

- **Public health-care facility**

Public health-care facility refers to a public hospital or primary health-care (PHC) centre or clinic where health-care services or treatment is provided to a health-care user by qualified or specialised staff registered with the SANC and by other members of multidisciplinary health-care teams who are registered with other regulatory bodies. This focus of this research study is on CSNs allocated in public hospitals of Amajuba District as the context for collecting data pertaining to the needs of CSNs with regard to supervision and clinical accompaniment.

1.6.3 METHODOLOGICAL ASSUMPTIONS

The methodological assumptions were designs that described what the researcher perceived as “good science or approach” that were applied in the study. Therefore research methodology was the theory of correct scientific decisions (planning, structuring, and execution) in the study of reality in order to maximise the trustworthiness of the research findings. The aim of the research design was to align the research question to the execution of the research through research methods and ethical considerations (Botma, *et al.*, 2010:289; Mouton & Marais, 2011:15–16).

1.7 RESEARCH METHODOLOGY

1.7.1 Research design

Research design is the blueprint of a research study and in order to achieve the objectives of the study, the researcher opted for a qualitative research design utilising explorative, descriptive and contextual strategies (Botma, *et al.*, 2010:189; Burns & Grove, 2009:219).

1.7.2 Qualitative research design

Qualitative research refers to a systemic, interactive, subjective approach used to describe life experiences and give them meaning, thus providing a dense description of reality as it is perceived by the participants (Burns & Grove, 2009:717). Through a

qualitative design, the researcher aimed to identify the needs of community service nurses after completion of their studies and while completing their community service year in the Amajuba District in north-west KwaZulu-Natal.

1.7.1.1 Exploratory and descriptive strategy

Explorative and descriptive strategies assisted the researcher in obtaining in-depth knowledge about the life experience of community service nurses relating to supervision and clinical accompaniment. New information was elicited and more factual and truthful descriptions were provided (Botma *et al.*, 2010:185; De Vos *et al.*, 2004:109; Polit & Beck, 2010:568).

1.7.1.2 Contextual strategy

The context of the study refers to the research setting/physical location and condition in which data collection takes place (Polit & Beck, 2010:568). The context of this study included three public hospitals (two in urban and one in rural area) in the Amajuba District in north-west KwaZulu-Natal, where the semi-structured interviews with participants were conducted on their needs with regard to supervision and clinical accompaniment by experienced professional nurses in public hospitals. The total number of CSNs were 36 (that is six from each campus of three northern campuses of KZN CN and university assigned to the three hospitals in the Amajuba District the KwaZulu-Natal. The KwaZulu-Natal College of Nursing has ten campuses namely Addington campus, Benedictine campus, Charles Johnson Memorial campus, Edendale campus, Greys campus, Madadeni campus, Ngwelezane campus, Port Shepstone campus, Prince Mshiyeni Memorial campus, and R.K.Khan campus, and affiliated to two universities, namely, the University of KwaZulu-Natal (UKZN) and the University of Zululand (UNIZUL). These CSNs were newly qualified from aforementioned Nursing Education Institutions (NEIs) in KwaZulu-Natal. The assignment of CSNs depends on their selection preferences of public hospitals within KwaZulu-Natal and on the needs of the public hospitals. The total number of 542 professional nurses works in the Amajuba District hospitals and they are distributed between the Newcastle, Madadeni and Niemeyer Memorial public hospitals, however most of posts are currently vacant. An analysis of the total size of

the population in the Amajuba District, namely 833 303, and the total number of professional nursing posts filled provided to the ratio of professional nurses to patients to provide the holistic quality care is undesirable.

1.7.2 Research methods

The research methods of this study included the population, sampling, sample and sample size, methods of data collection and data analysis (Brink, 2010:53).

1.7.2.1 Population

Population refers to the entire group of current community service nurses (N = 38) that comply with common characteristics/criteria for inclusion in the study (Strydom & Venter, 2004:198). The target population in this study consisted of community service nurses who were at the time involved in their community service of one year in public hospitals of the Amajuba District in north-west KwaZulu-Natal.

1.7.2.2 Sampling

The eligibility sampling criteria for participating in this study included:

- Community service nurses.
- Working in the public hospitals of the Amajuba District in north-west KwaZulu-Natal.
- Communicating in English as medium of conversation.
- Males and females.

1.7.2.3 Sample and sample size

In this study a sample was a subset of interested community service nurses who met the sample criteria. The actual sample size was determined by the criteria for “enough rich data” to ensure data sufficiency and saturation (Botma, *et al.* 2010:210; Polit & Beck, 2010:320). The researcher used an all-inclusive voluntary and purposive sampling to give every interested community service nurse an opportunity to participate in the study (Botma *et al.* 2010:126). Once all the participants had

indicated that they were interested after reading and explanation of participant information (Annexure: G) and informed consent was given following the recruitment procedure. Thereafter the participants were individually selected and interviewed until data saturation was reached (Botma *et al.*, 2010: 125).

1.7.2.4 *Setting for data collection*

In this study a venue that provided a silent and private atmosphere in the public health-care facility was arranged with the participants for interviewing them at a time that suited the participants and the public health-care facility. If the participants asked to be interviewed elsewhere they were accommodated.

1.7.2.5 *Data collection methods*

Data collection methods used in this study were individualised semi-structured interviews, voice recordings and field notes to explore and describe the needs of community service nurses regarding supervision and clinical accompaniment in public hospitals in the Amajuba District in north-west KwaZulu-Natal. The researcher used a predetermined interview schedule consisting of open-ended questions. The interview schedule was reviewed by experts in the field. The questions were also field tested with participants. The researcher followed a clue-and-cue-taking process using communication techniques. The participants were probed until they illuminated and described their needs relating to supervision and clinical accompaniment (Botma *et al.*, 2010:207). The researcher had to bracket her own preconceived ideas and experiences in order to understand those of the participants in the study, as the researcher was a nurse educator and had years of experience in working in a hospital (Botma *et al.*, 2010:190). In this study four central questions were used to interview the participant. The questions were as follows:

- 1) You are currently conducting your community service year. What are your needs as community service nurse with reference to supervision by experienced professional nurses in the clinical unit?
- 2) What are your needs as community service nurse with reference to clinical accompaniment by the operational manager in the clinical unit?

- 3) How would you describe the supervision from experienced professional nurses in the clinical unit?
- 4) Do you have any suggestions that can assist community service nurses to enhance professional growth during the year of completing the community service?

The researcher recorded the conversations with a voice recorder to ensure accuracy, and the transcription of recordings was done as soon as possible after the interview. Field notes were made as soon as possible after the interview (Botma *et al.*, 2010:217; Polit & Beck, 2010:354).

1.7.3 Data analysis

Data analysis means categorising, ordering, summarising and describe the data in a meaningful way after the interviews have been transcribed (Brink, 2006:170). Data analysis included identifying significant statements, their description, the generation of themes and sub-themes, and the development of a meaningful description of the real-life situation (Botma *et al.*, 2010:222; Burns & Grove, 2009:522; Polit & Beck, 2010:463).

The information obtained through voice recordings was sent for verbatim transcription to a qualified transcriber knowledgeable about the nursing environment. The researcher read the transcriptions as soon as possible and listened to the voice recording at the same time for verification and to correct the transcript where necessary, as the person who was transcribing had not been present during the interview (Botma *et al.*, 2010:214). The field notes made after interviews were also analysed concurrently with the transcription (Botma *et al.*, 2010:220; Polit & Beck, 2006:307). After this process the researcher started to read through the transcript to identify themes and sub-themes. This was done with every transcript until no new themes were identified as saturation of data had been reached. Data analysis was done collaboratively with the Co-coder and the consensus was reached on the themes and sub-themes (see Annexure J). Literature control was measured by the research findings that were discussed with reference to relevant studies and articles to establish commonalities and compare findings.

1.8 MEASURES TO ENSURE RIGOUR

Rigour in qualitative studies refers to trustworthiness. Rigour of the study was striving for excellence in research through the use of discipline, scrupulous adherence to detail and strict accuracy to ensure that results were the actual reality in the study (Burns & Grove, 2009:720).

The quality criteria for qualitative research according to Botma *et al.* (2010:233), Lincoln and Guba (cited by De Vos *et al.*, 2011:419) and Polit and Beck (2010:492) include the following:

- **Credibility/truth value**

Credibility or truth value is aimed at enhancing the believability of findings by readers. The researcher was consistent and critical during data collection and analysis to ensure the credibility of themes and sub-themes identified (Polit & Beck, 2010:492). The researcher submitted her voice recordings and transcripts to a senior researcher in the field to co-analyse the data.

- **Transferability/applicability**

A dense description of research findings was compiled to allow the contextual generalisation of findings in the same area. Qualitative data cannot be generalised to other contextual areas, as it is applicable only in the context in which it is collected. To enhance applicability the researcher needed to select participants who met the inclusion criteria, conduct data collection until data saturation was reached and provide a report to the Amajuba District management as a strategy for disseminating findings (see Annexure J) (Botma *et al.*, 2010:233).

- **Dependability/consistency**

Dependability relates to the transparency of the research process and whether the researcher used appropriate criteria for context, population, methods for data collection, analysis and interpretation relevant to the research problem, purpose and objectives. The researcher therefore needed to stay focused on the research problem and the objectives of the study. The identification of themes and sub-

themes was conducted with the aid of a senior researcher to ensure dependability (Brink, 2006:119).

- **Confirmability/neutrality**

Confirmability means that findings of the study can be objectively confirmed by another researcher. The researcher avoided bias by ensuring to bracketing her own preconceived ideas about the research topic, thus assisting the researcher to be neutral during data analysis (Botma *et al.*, 2010:233). Congruency was ensured by the involvement of a senior qualitative researcher, as indicated by Brink, (2006:119).

- **Authenticity**

Authenticity refers to the extent to which the researcher fairly and faithfully showed a range of different realities. The researcher's study invited readers, as the report conveyed the feeling tune of participants' needs as they lived them (Botma *et al.*, 2010:234).

1.9 ETHICAL CONSIDERATIONS

Ethics were interwoven into every phase and aspect of research, from conceptualisation, planning and implementation up to the writing of the report and dissemination of the results. The researcher had to rule out all the ethical and moral dilemmas prior to conducting a study in order to protect the participants in all aspects of life, reduce bias and enhance methodological integrity (Botma *et al.*, 2010:4; Burns & Grove, 2009:188). The following ethical aspects were taken into consideration for this study.

- **Permission to conduct the study**

The study commenced only when the ethical approval and permission had been obtained from the following stakeholders:

1. The Ethics Committee of the NWU (Potchefstroom Campus)
2. The Department of Health: KwaZulu-Natal
3. The Ethics Committee of the Amajuba District in north-west KwaZulu-Natal

4. The relevant public hospitals

- **Informed consent**

Voluntary informed consent was obtained in a written format from the participants (community service nurses) in the research study prior to data collection. Thus the researcher was able to abide by the principle of justice in a professional manner (Burns & Grove, 2009:188).

Informed consent is an ethical principle that requires researchers to obtain participants' voluntary participation in a study (Pilot & Beck, 2010:557). The participants were given a full and thorough description of the purpose and objectives of the study, including any benefits or risks. In this study there was no direct benefit for the participants, but the participants were advised that their participation would assist future community services nurses in benefiting through the identification of their needs relating to supervision and clinical accompaniment, as a report with findings and recommendations would be submitted to the Amajuba District management. The participants were informed of their right to choose to withdraw at any time when they felt uncomfortable without any consequences. The researcher ensured anonymity, confidentiality and privacy during the study. The participants were then asked to make an informed decision freely and were not coerced to participate in the study (Botma *et al.*, 2010:16).

- Anonymity and confidentiality

The participants' names were never revealed, as after written consent had been received, an identification code was allocated to the participant. The setting where the study was conducted was also handled discreetly. The information obtained during data collection was held in a secure, locked place, and the transcripts on the researcher's computer were password protected (Pilot & Beck, 2010:129).

1.10 DISSERTATION OUTLINE

Chapter 1: Overview of the research study

Chapter 2: Research design and methods

Chapter 3: Data collection, analysis and interpretation of data in support of literature findings

Chapter 4: Evaluation of study, limitations and recommendations

1.11 SUMMARY

In this chapter the researcher motivated the necessity for the research study by highlighting in the background the extent of the problem identified as a research gap, as no other studies had been conducted on this topic. From the problem statement the researcher formulated the research question and objectives. The research design revealed how the researcher conducted the research study, and the research methods were also explained. Ethical considerations were discussed. In Chapter 2 a more detailed discussion on the methodology is provided.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

Chapter 1 dealt with an overview of this research study. Chapter 2 provides a detailed description of research methodology regarding research design, research methods (inclusive of population, sampling, sample size, pilot study, data collection, data analysis and the integration of literature findings), the rigour to ensure trustworthiness and ethical considerations to validate the research findings.

2.2 RESEARCH DESIGN

A research design is a plan or exposition or blueprint of how the researcher intends to conduct the research study in order to maximise control over factors that could interfere with the validity of the findings (Bak, 2004:24; Burns & Grove, 2009:696). It is also the overall plan for addressing a research question, including strategies for enhancing the study's integrity (Polit & Beck, 2010:567).

The researcher opted for a qualitative research design and utilised explorative, descriptive and contextual research strategies in order to explore and describe the needs of community service nurses (CSNs), regarding supervision and accompaniment at the public hospitals in north-west KwaZulu-Natal. An in-depth understanding of the meaning of the participants' lived experiences was elicited and converted to dense description (Botma *et al.*, 2010:82).

2.2.1 *Qualitative design*

Qualitative research is a systematic, interactive, subjective, interpretive approach; its focus is usually broad and holistic in the sense that it gives meaning to the whole (human beings). The data analysis is narrative rather than statistical in nature and the reasoning is predominantly inductive, dialectic and passionate with meaning and

understanding to develop a dense description regarding supervision and clinical accompaniment of CSNs in public hospitals (Burns & Grove, 2009:23). New information that is elicited has factual and truthful descriptions, as it is collected from participants in the real world. In this study, semi-structured interviews were conducted to collate new information received from the CSNs in the public hospitals (research findings) after the data had been analysed.

2.2.2 Explorative strategy

An explorative strategy was undertaken to determine the experiences of CSNs with regard to supervision and clinical accompaniment by experienced professional nurses and operational manager. The explorative strategy assists the researcher to obtain a deeper understanding of the needs of CSNs and to the answers to “what” questions (Botma *et al.*, 2010:185). New data was collected until data saturation was reached. It was important for the researcher to remain “open” during the interview and to use probes and cues to explore the opinion of CSNs with regard to supervision and clinical accompaniment as they experienced it during their community service year.

Fouché and De Vos (2011:95) and Denzin and Lincoln (2006:294) state that this strategy is used to gain insight into the real situation phenomenon (supervision and clinical accompaniment), to provide answers to the problems CSNs experienced in the real clinical world, and to suggest recommendations during the explorative process. The researcher’s basic research goal was to explore the needs of CSNs regarding supervision and clinical accompaniment in the public hospitals of the Amajuba District in north-west KwaZulu-Natal. Based on the latter the recommendations was formulated and forwarded to relevant stakeholders to upgrade the community service strategy for CSNs (see Annexure L).

2.2.3 Descriptive strategy

A descriptive strategy displays a picture of the specific details or facts of a situation, social setting or relationship and focuses on “how” and “why” questions, providing a

truthful description of phenomena (Krueger & Neuman, 2006:23; Botma *et al.*, 2010:85).

Rubin and Babbie (2005:25) refer to this strategy as an intensive examination of phenomena and their deeper meanings, thus leading to a dense description. The researcher intended to describe the needs of CSNs regarding supervision and clinical accompaniment in the public hospitals of the Amajuba District in north-west KwaZulu-Natal.

2.2.4 Contextual strategy

The research study is contextual in that it focuses on CSNs assigned to carry out their duties in public hospitals in the Amajuba District. The findings are therefore only valid in that specific context, time and circumstances where the study was conducted and are not intended for generalisation (Swayer & Cosby, 2004:111). The situations, participants' lived experiences with particular experiences in the specific environment, as well as the researcher's personal experiences make this research study contextual (Brink, 2006:64; Botma, *et al.*, 2010:195). In this research study the focus is on the needs of CSNs with regard to clinical supervision and clinical accompaniment by the experienced professional nurses while executing allocated nursing tasks related to quality patient care in the public hospitals of Amajuba District, north-west KwaZulu-Natal Province.

The Amajuba District is 6911,8 m² in size and occupies 7,32% of the total geographical area of KwaZulu-Natal. The Amajuba District consists of three (3) sub-districts or local municipalities, namely Newcastle, Emahlangeni (previously Utrecht) and Dannhauser. In Figure 2.1 the Amajuba District is indicated in pink (<http://www.statssa.gov.za/publications/p03011/p030112007.pdf>).

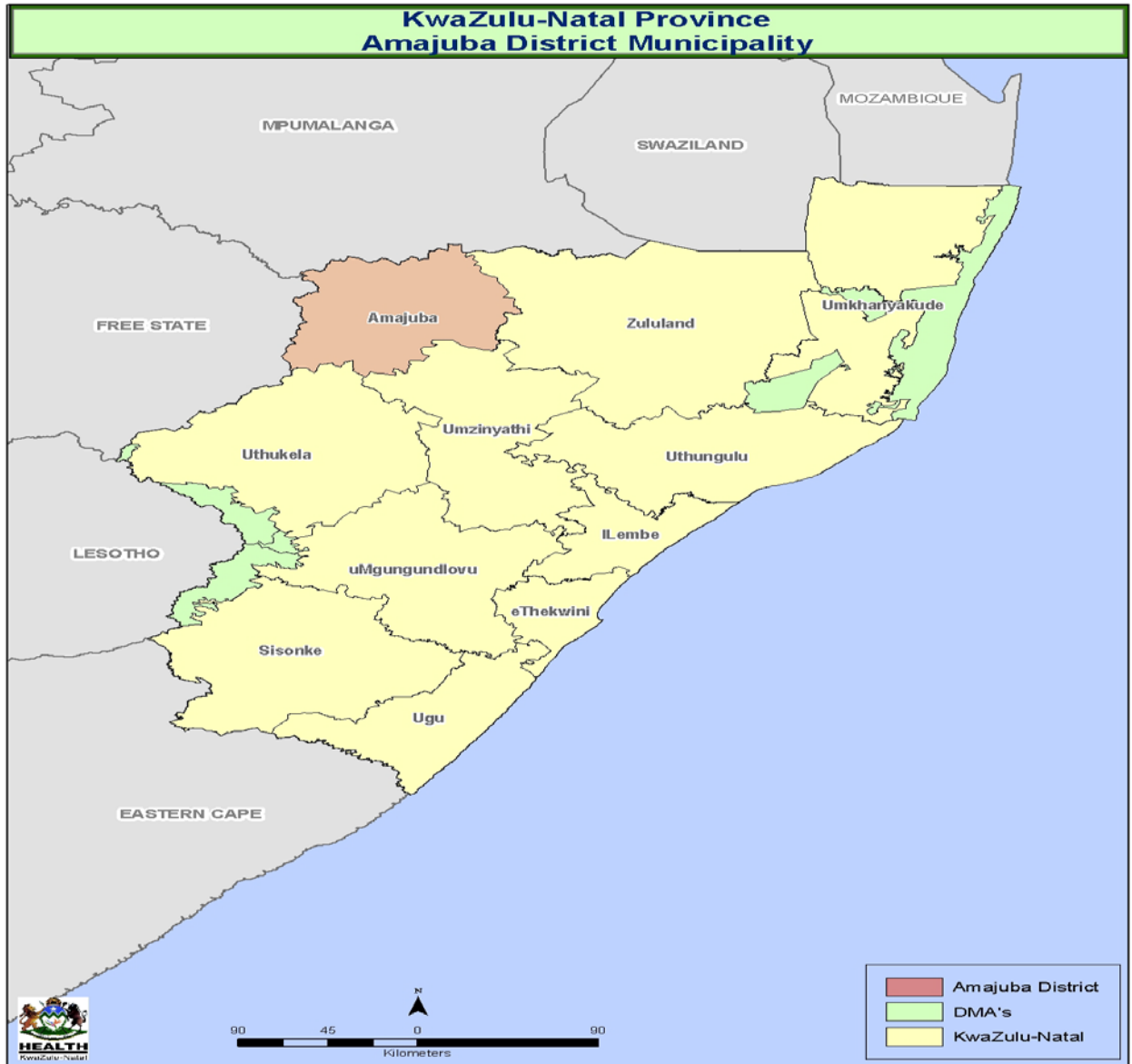


Figure 2.1 Map of the Amajuba District

The Amajuba District provides hospital services to its community through three public hospitals of which two public hospitals, namely the Madadeni and Newcastle hospitals, which are classified as regional hospitals, therefore operate as level 2 hospitals. And other one is Niemeyer Memorial Hospital a public hospital classified as district hospital, makes their referrals of certain patients who need high or intensive care to Madadeni and Newcastle if they cannot provide the required health services and operates as level one hospital (<http://amajuba.gov.za/demography>).

There should be 542 professional nurses working in the Amajuba District hospitals, divided between the Newcastle, Madadeni and Niemeyer Memorial hospitals, because most posts are currently vacant which need to be filled at later stage when moratorium is lifted. An analysis of the total size of the population in the Amajuba District, namely 833 303, and the total number of professional nursing posts filled provided the ratio of professional nurses to patients is undesirable (<http://amajuba.gov.za/demography>). Therefore holistically, quality health care cannot be provided as expected.

The introduction of community service was intended to bridge this gap by increasing the number of professional nurses in underserved communities and to improve holistic quality health care to patients. However, it has highlighted the needs of CSNs with regard to supervision and clinical accompaniment in the public hospitals of the Amajuba District in north-west KwaZulu-Natal. The main language spoken by CSNs is English, though the population in the district is multi-lingual.

The total number of CSNs (38) assigned to the three hospitals in the Amajuba District comprised 36 CSNs from the KwaZulu-Natal Nursing College, which has ten campuses, and one from each university, namely the University of KwaZulu-Natal (UKZN) and the University of Zululand (UNIZUL). These CSNs were newly qualified at nursing education institutions (NEIs) in KwaZulu-Natal. According to the Labour Relations Act (66 of 1995), and in terms of section 40(3) of the Nursing Act (33 of 2005), the assignment of CSNs depends on their selection preferences of public hospitals within KwaZulu-Natal and on the needs of the public hospitals.

2.3 RESEARCH METHOD

The research method refers to techniques used to structure a study and to gather and analyse information in a systematic way (Brink, 2006:53; Klopper, 2008:69; Polit & Beck, 2010:567). The research method (population, sampling, data collection, data analysis, ethical considerations and research rigour) that was utilised in this research study is described below.

2.3.1 Population

A target population refers to an entire population having some common characteristics for inclusion in a research study (Polit & Beck, 2010:563; Burns & Grove, 2009:715). In this study, the target population was the CSNs busy with their community service year in the public hospitals of the Amajuba District in north-west KwaZulu-Natal. The total number of the target population was 38 (N = 38).

2.3.2 Sampling

A sampling process is defined as the selection of a portion of the target population to represent the entire population (Burns & Grove, 2009:42; Polit & Beck, 2010:567). In this research study an all-inclusive voluntary sampling technique was adopted (Burns & Grove, 2009:355; Brink, 2006:133; Polit & Beck, 2010:309). This was ideal, as the participants who showed interest in this study did have an equal opportunity to be selected and invited for a semi-structured interview (Nieuwenhuis, 2007:70; Polit & Beck, 2010:312). The inclusion criteria refer to the participants who have specific characteristics to be part of the research study (Burns & Grove, 2009:345; Polit & Beck, 2010:306).

The eligibility sampling criteria for participating in this study included:

- Community service nurses.
- Working in the public hospitals of the Amajuba District in north-west KwaZulu-Natal.
- The participants had to be able to communicate in English as a medium of conversation.
- Male or female CSNs.

2.3.3 Sample and sample size

The size is determined by the saturation of the data. The repetition of themes or sub-themes determines data saturation (Botma *et al.*, 2010:200).

Burns and Grove (2009: 42) refer to the sample size as a sub-set of the target population that meets the sample criteria and is selected for a research study. The researcher obtained permission from the deputy nursing manager of each hospital (see Annexure D, E & F respectively) to make a PowerPoint presentation to CSNs to inform them of the research study. After the presentation a letter of invitation with the researcher's details was handed out and participants were requested to send a text message to the researcher if they were interested. The researcher wrote down all the names and cell phone numbers of interested CSNs and placed them in a hat. The researcher randomly picked names and contacted participants with a phone call to make an appointment. During the appointment the participant was provided with information guide regarding the purpose about the study (see Annexure G). If the participants agreed to participate, they were given a consent form to sign as proof of informed consent (see Annexure H). An interview date that suited both the participant and the researcher was then scheduled.

2.3.4 Pilot study/pre-test

A pilot study is a small-scale version of the study in preparation for a major study to refine the methodology, whereas a pre-test tests only some aspects of the study such as, usability of the measuring tool and recording forms. The pre-test is usually informal, administered to a few participants who meet the eligibility criteria. It contributes to the establishment of relationships with the participants; establishes effective communication pattern; and assists in estimating the time and costs that may be involved and pre-empts the challenges that may be stumbling blocks during the empirical semi-structured interviews (Botma *et al.*, 2010:211; Strydom & Delport, 2011:394). In this research study a pilot study was conducted to check whether the semi-structured interview schedule can be refined and to identify possible problems for the real situation interviews that could have an influence on the reliability of the research study thus ensure user friendly schedule. CSNs used as participants were not included in the research sample. Appropriate adjustments were made regarding phrasing of the questions and to adjust the distance between a voice recorder and a research participant.

2.3.5 Data collection

Data collection is described as a precise, systematic gathering of information relevant to the research objectives and questions of the study (Burns & Grove, 2009:43). Data collection methods used in this study were semi-structured interviews, voice recordings and field notes. A dense description was obtained by exploring and describing CSNs' needs in an epic perspective during their community service year regarding supervision and clinical accompaniment in public hospitals in the Amajuba District in north-west KwaZulu-Natal.

A semi-structured interview is a flexible technique that facilitates and guides the participant instead of dictating the encounter. It allows the researcher to concentrate during the interview and monitor the coverage of the interview schedule, provided that the researcher has read and assimilated the interview schedule in advance. The participant is offered a strong role in determining how the interview proceeds, having read the interview schedule with the researcher (Greeff, 2011:353).

Prior to the commencement of the interview, the researcher created rapport with the participant. The researcher then followed a clue-and-cue-taking process using appropriate communication techniques. The participants were probed until they had identified and described their needs relating to supervision and clinical accompaniment (Botma *et al.*, 2010:207). This ensured that the information obtained was accurate and a self-report of participants' experiences.

Sometimes the semi-structured interview was time consuming and became intense and involved, so that the researcher had to focus and constantly monitor the interview to avoid deviation. The researcher did bracket her own preconceived ideas and experiences in order to understand those of the participants in the study (Botma *et al.*, 2010:190; Burns & Grove, 2009:405; Greeff, 2011:353).

The informed consent was obtained from each participant prior to the semi-structured interview, voice recording and field notes. The researcher used a predetermined interview schedule consisting of open-ended questions that guided the interview. The interview schedule was reviewed by experts in the qualitative field. After an interview had been conducted, the researcher loaded the interview on the

computer and sent the interview to a qualified transcriber, who transcribed the interview. In this study, four central questions were used to interview the participant. The questions were as follows:

- 1) You are currently conducting your community service year. What are your needs as community service nurse with reference to supervision by experienced professional nurses in the clinical unit?
- 2) What are your needs as community service nurse with reference to clinical accompaniment by the operational manager in the clinical unit?
- 3) How would you describe the supervision from experienced professional nurses in the clinical unit?
- 4) Do you have any suggestions that can assist community service nurses to enhance professional growth during the year of completing the community service?

The forms of record keeping in the participants' studies will be the logs, field notes and voice recordings (Polit & Beck, 2010:354). Field notes are broad notes taken by the researcher to record the unstructured observations made, and the interpretation of those observations in the field; and after an interview had been conducted (see Annexure K) (Polit & Beck, 2010:555). These notes are important to enrich the data collected during the interview and indicate what the researcher hears, sees, experiences and thinks about it. Babbie (2007:311) suggests that notes should be gathered in phases. In this study the researcher initially made sketchy notes (words and phrases); followed by more detailed notes that were documented immediately after when the researcher had sufficient time, in a quiet place. The latter enhanced the flow of events and conversations from mind onto the paper.

- Descriptive notes/observational notes are objective descriptions of events and conversations, and the context within which they occurred (thick description).
- Personal notes/reflective notes are a researcher's personal experiences/perceptions, reflections, and progress while in the field. These notes may influence what was being observed; therefore the researcher should be cognisant with ethical issues pertinent to the research study.

- Theoretical notes document the researcher's interpretive efforts to attach meaning to observations while in the field, and serve as a beginning of subsequent analysis (Botma *et al.*, 2010:218; Polit & Beck, 2010:355).

Using voice recordings during the interviews assisted the researcher in capturing the rich data as described by the participants. The researcher ensured that the participants were well informed about the use of the voice recorder and participants who felt threatened were allowed to withdraw from participation in the research study. The participants were also informed that the principle of anonymity would be adhered to.

2.3.6 Data analysis

Data analysis means categorising, ordering, summarising and describing the data in a meaningful way after the interviews have been transcribed. A process of inductive reasoning, thinking and theorising is used to make inferences from empirical data of social life (Brink, 2006:170; Schurink *et al.*, 2011:399). Data analysis includes identifying significant statements, the description and interpretation of observations, the generation of themes and sub-themes; the development of a meaningful description and the patterns of relationships in a real-life situation (Babbie, 2007:378; Botma *et al.*, 2010:222; Burns & Grove, 2009:522; Polit & Beck, 2010:463).

The information obtained through voice recordings was sent for verbatim transcription to a transcriber knowledgeable about the research field (see Annexure I). The researcher read the transcriptions as soon as possible for verification and corrected the transcript where necessary, as the transcriber had not been present during the interview (Botma *et al.*, 2010:214). The field notes made after interviews were also analysed together with the transcription (Botma *et al.*, 2010:220; Polit & Beck, 2006:307).

The researcher opted for content analysis, as it is a continuum approach in methods of analysing textual data that emphasise what was said by the participants. After receiving a transcript, the researcher read through the transcript to search for specific words used or ideas expressed (manifest content analysis), and identified codes and categorised primary patterns by means of open coding (Botma *et al.*,

2010:222). This was done with every transcript, until categories and codes were exhausted. These categories and codes were used to identify themes and sub-themes. A detailed description with integrated literature findings is provided in Chapter 3.

The set of raw data was given to an experienced senior qualitative researcher, who acted as a co-coder (see Annexure J). Consensus between the researcher and the senior researcher was reached through a consensus discussion during the third contact session. Data analysis was conducted according to the interrelated stages of the Creswell method, which incorporates the eight steps of the coding process of Tesch (1990), which is an interactive approach (Creswell, 2009:186).

Step 1: Organise and prepare

The researcher ensured that the data was transcribed verbatim by a knowledgeable transcriber in the field of research. The researcher typed the field notes and arranged the field notes into different types of sources of information, e.g. methodological, personal and theoretical aspects regarding the researcher's and participants' responses (Creswell, 2009:186).

Step 2: Develop a general sense

The researcher read through all the data, obtained a general sense of the information and reflected on its overall meaning. The researcher started to write notes in the margins and integrate general thoughts about the data (Creswell, 2009:186).

Step 3: Code the data according to content analysis of Tesch

A detailed analysis commenced with a coding process.

- The researcher developed a sense of all the data (transcriptions, field notes, listened to voice recording again for tone of voice) and read all the transcriptions and field notes carefully and jotted down ideas that came to mind in the margins.

- The researcher chose one interesting and short transcript and went through it, highlighted and underlined important points and jotted down notes in the margins.
- The researcher read through several participants' data and went through them, highlighted and underlined important points and jotted down the major categories, unique categories and general information in the margin.
- The researcher used the latter information and revisited the data, abbreviated the categories as codes and wrote codes next to the appropriate segment of the text. The researcher considered whether new categories and codes had emerged.
- The researcher wrote descriptive words for identified categories and turned them into major categories in order to reduce similar/related categories. The researcher drew a table indicating the major categories and codes underpinning these major categories.
- The researcher made a final decision on the abbreviation for each category and alphabetised those codes.
- The researcher gathered the codes belonging to each category in one place and executed a preliminary analysis.
- Recoding on the existing data was not done (Creswell, 2009:186).

Step 4: Describe and identify themes

Themes refer to the major findings and are used to create headings in the report of findings. They should indicate multiple perspectives from individuals and should be supported by diverse quotations and specific evidence (Creswell, 2009:186).

Step 5: Represent findings

The researcher used a narrative stance to convey the findings of the analysis and also included the themes, sub-themes, specific illustrations, perspectives from individuals and quotations, and a discussion with the interrelationship with the theme. Visuals or tables were used as adjuncts to the discussion (Creswell, 2009:186).

Step 6: Interpret data

The researcher interpreted the meaning of the data emanating by reading through transcripts a few times in order to immerse in to the data. The second time the researcher read through the data themes was derived. The transcripts were read again to determine which themes could be sub-themes and which could be main themes. After this process the researcher submits the data analysis to an independent experienced co-coder who analysed the data finally. After initial appointment and discussions of themes and sub-themes all transcripts and field notes were left with the co-coder. A follow up appointment was scheduled and a discussion and agreement on main themes and sub-themes were reached. Data was thus interpreted from an inductive to a deductive manner.

2.3.7 *Integration of data with literature findings*

After the research data had been analysed, organised into patterns, themes and sub-themes, literature was searched and reviewed with a notion of integration in order to make a meaningful description of the data. Searching substantive literature in the area being studied enhanced analysis (Bogdan & Biklen, 2007:169).

2.4 MEASURES TO ENSURE RIGOUR

Rigour in qualitative studies refers to trustworthiness and it is the means of displaying the plausibility, credibility and integrity of the research process. Rigour of the study involves striving for excellence in research through the use of discipline, scrupulous adherence to detail and strict accuracy to ensure that results are the actual reality in the study (Burns & Grove, 2009:720). The quality criteria for qualitative research according to Botma *et al.* (2010:233), Lincoln and Guba (cited by De Vos *et al.*, 2011:419) and Polit and Beck (2010: 492) include the following:

- **Credibility/truth value**

Credibility was achieved through prolonged engagement with the community service nurses during the semi-structured interview. The researcher adhered to the interview schedule when collecting the data and simultaneous data collection allowed the

researcher to probe for more information in order to obtain relevant information applicable to the research question. The researcher attempted to ensure that the research question was answered properly before moving to the next question. The researcher was supervised by experienced researchers and a pilot study with the interview schedule was also conducted prior to the beginning of the research study in order to adapt the research schedule if it was necessary. In this research study, it was not necessary to adapt the interview schedule after the pilot study.

Credibility refers to truth value and confidence developed in the data to enhance the believability of findings for readers, therefore the researcher avoided bias by ensuring that her own preconceived ideas about the research topic were bracketed. This assisted the researcher in assessing the information in the participants' responses by obtaining knowledge, insight and understanding. The researcher was consistent and critical during data collection and analysis to ensure the credibility of themes and sub-themes identified (Polit & Beck, 2010:492). The researcher returned a printed copy of the transcript to the interviewees to allow them to make sure that was what they had actually said – this process is called member checking. The researcher also submitted her voice recordings and transcripts to a senior researcher in the field to co-analyse the data to enhance the credibility of the data analysis.

- **Transferability/applicability**

A dense description of research findings was compiled to allow the contextual generalisation of findings in the same area, as qualitative data cannot be generalised to other contextual areas – it is applicable only in the context in which it is conducted. To enhance applicability the researcher selected participants who met the inclusion criteria, conducted data collection until data saturation was reached and provided a report to the Amajuba District management as a strategy to disseminate findings (Botma *et al.*, 2010:233; Polit & Beck, 2010:492).

- **Dependability/consistency**

Dependability is interrelated with credibility, refers to the stability of data over time and conditions (Polit & Beck, 2010:492). Dependability also relates to the transparency of the research process, in terms of which the researcher had to use

appropriate criteria for context, population, methods of data collection, analysis and interpretation relevant to the research problem, purpose and objectives. The researcher therefore stayed focused on the research problem and the objectives of the study. The identification of themes and sub-themes was conducted with a senior researcher to ensure dependability (Brink, 2006:119). Therefore in this study the researcher did obtain dense description with data analysis integrated with literature control.

- **Confirmability/neutrality**

Confirmability means that findings of the study can be objectively confirmed by another researcher. The researcher was free from bias and neutral during data analysis (Botma *et al.*, 2010:233). Congruency in data analysis was ensured by the involvement of a senior qualitative researcher, as reiterated by (Brink, (2006:119) and Polit and Beck (2010:492). The original research voice recordings, transcriptions and field notes were kept in a locked cabinet and on the computer the voice recordings and transcriptions were password protected and were available for possible audit by an independent researcher (confirmability audit).

- **Authenticity**

Authenticity refers to the extent to which the researcher fairly and faithfully showed a range of different realities. The researcher's study should invite readers as the report conveys the feeling tone of participants' needs as they lived it (Botma *et al.*, 2010:234). The research study report's findings and recommendations were therefore forwarded to the provincial DoH, the Amajuba District management office and relevant public hospitals, and for publication (see Annexure L).

2.5 ETHICAL CONSIDERATIONS

Ethics should be interwoven into every phase and aspect of research, from conceptualisation, planning and implementation up to the writing of the report and dissemination of the results. The researcher did rule out all the ethical and moral dilemmas prior to conducting a study in order to protect the participants in all aspects of life, reduce bias and enhance methodological integrity (Botma *et al.*, 2010:4;

Burns & Grove, 2009:188). The following ethical aspects were taken into account for this study:

- **Permission to conduct the study**

The study only commenced when the ethical approval and permission had been obtained from the following stakeholders:

- The Ethics Committee of the NWU (Potchefstroom Campus) (see Annexure A).
- The Department of Health: KwaZulu-Natal (see Annexure B).
- The Ethics Committee of the Amajuba District in north-west KwaZulu-Natal (see Annexure C).
- The relevant public hospitals (see Annexure D, E & F).
- Voluntary informed consent was obtained from the prospective participants in the research study (see Annexure H).

- **Informed consent**

Voluntary informed consent was obtained in a written format from the participants prior to data collection. The researcher adhered to the principle of justice and professionalism (Burns & Grove, 2009:188).

Informed content is an ethical principle that requires researchers to obtain participants' voluntary participation in a research study (Pilot & Beck, 2010:557), whereby the participants are given a full and thorough description of the purpose and objectives of the study, including any benefits or risks.

- **Benefits**

In this study there was no direct benefit for the participants, but the participants were advised that their participation would assist future community service nurses through the identification of their needs relating to supervision and clinical accompaniment. The researcher compiled a report with research findings, recommendations and

submitted this to the provincial DoH, the Amajuba District management and the relevant public hospitals.

- **Respect**

The participants had the right to choose to withdraw at any time they felt uncomfortable without any consequences. This right is enshrined in section 16 of the Constitution (1996), according to which everyone has the right to freedom of expression, which includes academic freedom and freedom of scientific research. The researcher also ensured privacy as prescribed in section 14 of the Constitution (2006), according to which everyone has the right to privacy, including the right not to have the privacy of their communication infringed during the research study. The participants freely made an informed decision to participate in a research study conducted in their public hospitals (Botma *et al.*, 2010:16).

- **Anonymity and confidentiality**

The participants' names were never revealed, as after written consent had been obtained, identification codes were allocated to the participants. The setting where the research study was conducted was handled with discretion. The information obtained during data collection was placed in a secured, lockable place; the transcripts on the researcher's computer were password protected for possible audit (Pilot & Beck, 2010:129).

2.6 SUMMARY

Chapter 2 of the research study highlighted the detailed research design, indicating how the researcher conducted the research study, the research methods and measures to ensure rigour. Ethical considerations were also discussed.

CHAPTER 3

RESEARCH RESULTS AND LITERATURE CONTROL

3.1 INTRODUCTION

In Chapter 2, the researcher offered a detailed description of the research design, the research method, the ethical considerations and the measure of reliability that were employed during the research process. In this chapter, the researcher explains the realisation of data collection and analysis relating to the needs of community service nurses with regard to clinical supervision by experienced professional nurses and clinical accompaniment by the operational manager in the public health hospitals of the Amajuba District in north-west KwaZulu-Natal, and the literature control to either compare, confirm the research findings or determine the findings of the research study to be unique.

3.2 REALISATION OF DATA COLLECTION AND ANALYSIS

The following paragraphs contain a comprehensive discussion on the realisation of the individual interviews, followed by the analysis of the transcribed interviews.

3.2.1 *Data collection*

The research study was conducted over a period of three months on planned dates with the three hospitals of the Amajuba District in KwaZulu-Natal, namely Newcastle, Madadeni and Niemeyer Memorial hospitals. The researcher visited the abovementioned research settings as planned and no problems were encountered, she met the participants in a designated place suitable and accessible to the participants for an interview. In this research study, an all-inclusive voluntary sampling technique was adopted (Burns & Grove, 2009:355; Brink, 2006:133; Polit & Beck, 2010:309), and was ideal, as all the participants who showed an interest in this study did have an equal opportunity to be selected and invited for a semi-structured interview (Nieuwenhuis, 2007:70; Polit & Beck, 2010:312).

Written permission to conduct the research study was granted by the Ethics Committee of the NWU, Potchefstroom Campus (see Annexure A), the Department of Health: KwaZulu-Natal (see Annexure B), the Ethical Committee of the Amajuba District in north-west KwaZulu-Natal (see Annexure C), and the relevant public hospitals (see Annexure D). Voluntary informed consent (see Annexure E) was also obtained from the participants in the research study.

The participants who had read the information (see Annexure G) about the research study and readily agreed to participate in the study were warmly welcomed and rapport was also created to build trust. The participants gave informed consent (see Annexure H) to participate voluntarily without coercion.

Semi-structured interviews were conducted by the researcher. After the participants had read the interview schedule (see Annexure I) with the researcher for clarity (Greeff, 2011:353), the interview process started. The researcher followed a clue-and-cue-taking process and used appropriate communication techniques (probing, clarifying and elaborating) to allow the participants to illuminate and describe the needs relating to supervision and clinical accompaniment during the interview (Botma *et al.*, 2010:207). This ensured that the information obtained was accurate and a self-report of the participants' actual experience. Sometimes semi-structured interviews were time consuming and became intense and involved, and the researcher had to focus and constantly monitor the interview to avoid unacceptable deviation. The researcher did bracket her own preconceived ideas and experiences in order to understand those of the participants in the study (Botma *et al.*, 2010:190; Burns & Grove, 2009:405; Greeff, 2011:353).

The sample size consisted of a total of twelve (12) participants from all three public hospitals in Amajuba district, over and above were two (2) initial interviews conducted for pilot study and pre-test and were excluded from the data analysis and research results. In the twelfth interview the researcher determined that data saturation had been reached, as no new information surfaced and categories and codes were being repeated.

The research data was collected using the following research techniques: semi-structured interviews, field notes and digital voice recordings. The researcher

conducted interviews and collected field notes, assisted by the voice recording for the accuracy of the information. The set of raw data (voice records) was mailed to the transcriber, an expert in transcription. After transcribing the voice records, the transcriber mailed the transcripts in password-protected format back to the researcher to listen again with the voice record and to correct transcripts to ensure verbatim transcripts.

3.2.2 *Data analysis*

After receiving the transcripts, the researcher started to read through the transcript to search for specific words used or ideas expressed; and identified codes and categories. That was done with each transcript, until categories and codes were exhausted. A detailed description was given regarding themes and sub-themes and these were integrated with literature findings. Data analysis was conducted according to the content analysis of Tesch, as had been suggested by the supervisor and co-coder. Detailed information in this regard was provided in Chapter 2: section 2.3.6. A consensus decision between the researcher, the study supervisor and the independent co-coder was reached with regard to the themes and sub-themes that emerged from the transcriptions, field notes and digital voice records.

3.3 RESEARCH FINDINGS AND LITERATURE INTEGRATION

Four main themes and subsequent sub-themes identified from the community service nurses' needs with regard to supervision and clinical accompaniment in the public hospitals of the Amajuba District in north-west KwaZulu-Natal are illustrated in Table 3.1 to follow. A dense description of the themes and sub-themes will subsequently be enriched by direct quotations from the participants and integrated with relevant national and international literature where applicable to authenticate the research study.

Table 3.1 Main and sub-themes

| 1. Needs for clinical supervision and accompaniment (main theme) | 2. Benefits of community service (main theme) | 3. Challenges experienced by community service nurses (main theme) | 4. Suggestions for professional growth (main theme) |
|--|---|--|--|
| <p>1.1 Sub-theme: A strategic plan for community service nurses:</p> <ul style="list-style-type: none"> ● Induction and orientation, policies and procedures to be in place. ● Clinical supervision should be provided. ● Constructive support and emotional support should be provided by giving or arranging counselling, coaching and guidance. ● Sensitive feedback should be provided, as community service nurses are still new in the profession. ● Education and demonstration of procedures. ● Enhance practice and theory integration. ● Rotation in different nursing units. ● Experienced professional nurses with positive attitude | <p>2.1 Sub-theme: Being alone without supervision can be empowering because it teaches the community service nurse to work independently and boost the community service nurse's self-confidence and enhances resilience.</p> <p>2.2 Sub-theme: Community service nurses arrive for community service with dormant knowledge that needs to be activated through various impetuses, for example presence of the experienced professional nurse as a clinical supervisor.</p> <p>2.3 Sub-theme: Community service nurses develop an appreciation towards the experienced professional nurse's constructive support.</p> <p>2.4 Sub-theme: Community service can be a platform</p> | <p>3.1 Sub-theme: Organisational challenges that impact negatively on the community service nurse:</p> <ul style="list-style-type: none"> ● Human resource challenges, namely failing to translate and delayed remuneration. ● Nursing staff challenges through the shortage of nursing staff, insubordination and a negative attitude from the experienced nurses towards the community service nurses, resignation of nurses due to the rationalisation of services. ● Operational challenges such as high workload relating to high patient turnover against nurse shortages, absenteeism from experienced professional nurses, shortage of linen and stock. ● Bureaucratic decision-making that overrules patient-centric decision-making. | <p>4.1 Sub-theme: Having community service strategic plan that entails sufficient induction, orientation, a clinical supervisor to demonstrate clinical procedures, constructively support, provide feedback, and ensure exposure to all the general and advanced specialised units and to guide community service nurses and provide teachable moments regarding unusual conditions.</p> <p>4.2 Sub-theme: Motivation for posts, recruitment and retaining experienced professional nurses to assist community service nurses in the unit.</p> <p>4.3 Sub-theme: Suggestion box by means of which community service nurses can contribute with tangible inputs.</p> |

| | | | |
|---|--|--|---|
| <p>within the units.</p> <ul style="list-style-type: none"> • Job description of the community service nurse. | <p>where the community service nurse can be a change-agent through innovation and creativity to improve the practice.</p> <p>2.5 Sub-theme: Community service stimulates community service nurses' eagerness towards acquiring new knowledge and skills.</p> | <ul style="list-style-type: none"> • Lack of or insufficient induction and orientation to community service nurses regarding the physical layout of the unit and institution as a whole, the introduction, the routine, policies and procedures, who has to attend workshops and seminars and in-service education. • Insufficient accommodation and transport for community service nurses. | <p>4.4 Sub-theme: Staff development to community service nurses by means of workshops, seminars and in-service education.</p> <p>4.5 Sub-theme: Providing a designation to community service nurses.</p> <p>4.6 Sub-theme: Timeous response from the South African Nursing Council and nursing education institutions to process completion records and provide certificates to community service nurses.</p> |
| <p>1.2 Sub-theme: Clinical supervision is a learning opportunity and provides clinical experience to the community service nurse.</p> | | <p>3.2 Sub-theme: Challenges due to the absence of a clinical supervisor who is experienced, can guide and constructively support community service nurses.</p> | |
| <p>1.3 Sub-theme: Staff development.</p> | | <p>3.3 Sub-theme: Community service nurse-specific challenges:</p> <ul style="list-style-type: none"> • Community service nurses are working alone and follow a trial-and-error approach in decision-making, which is time consuming and which may result in compromising the | |

| | | | |
|--|--|--|--|
| | | <p>health of the patient and increase the ethical-legal risks for the hospital.</p> <ul style="list-style-type: none">• Negative emotional experiences such as stress, fear, frustration, grievance, disorientation in a new place, self-blame.• Community service nurses need to have an identity within the unit, therefore they are in limbo with regard to their position within the unit. These nurses are untitled, do not have distinguishing devices and designations next to their names, might be disrespected by experienced nurses (enrolled nurses and enrolled nursing auxiliaries) and cannot discipline them. | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | | <p>3.4 Sub-theme: Challenges due to the community service nurses' training:</p> <ul style="list-style-type: none">• Community service nurses are disconnected from medical-surgical nursing due to the focus on midwifery and psychiatric nursing in their final study year.• Full and compact training programmes causing community service nurses not to have practical exposure to all the procedures needed and conditions encountered. | |
|--|--|--|--|

3.3.1 Main theme 1: Needs for clinical supervision and accompaniment

The first main theme identified entailed a list of needs expressed by the community service nurses (CSNs) regarding their needs for clinical supervision during their community service year. Clinical supervision is an activity that brings skilled supervisors and CSN practitioners together in order to reflect on practice. Clinical supervision is the responsibility of experienced professional nurses who are highly skilled to guide when reflecting on their practice, they guide and coach by giving advice, clarifying questions and supporting the CSNs in their endeavours in the nursing unit. Clinical accompaniment is the responsibility of the operational manager, as the one person who plays a major role in overseeing and enabling supervision to materialise and in encouraging experienced professional nurses to participate in clinical supervision of the CSNs in the nursing unit.

Supervision aims to provide realistic solutions to identified problems, thus improving clinical practice and improving personal development and understanding of professional issues. It supports practice to promote standards of nursing care, and involves practitioner reflection on practice under the guidance of a skilled adviser. The operational manager develops the guidelines for clinical supervision. Although all practitioners should be supervised, the clinical supervisor should have a realistic number of practitioners to supervise, and should be prepared through on-the-job or off-the-job education programmes and the evaluation of the effectiveness of clinical supervision (Sullivan & Garland, 2010:257).

The following are the sub-themes that emerged during the analysis of data with regard to the need for clinical supervision among the CSNs during their community service year in the hospital.

Theme 1, sub-theme 1: A strategic plan for community service nurses

- The community service nurses recommended that a **strategic plan** dedicated to them should be in place, indicating the exposure of CSNs to different skills and patient conditions managed in the hospital (general and advanced specialised units). The objectives of the strategic plan should enhance learning

opportunities and clinical experience to ensure that CSNs are competent and independent practitioners by the end of their community service year. The strategic plan need to be established, executed and reviewed through the evaluation of the CSNs' performance with regard to the job description provided in the unit by the operational manager, as reiterated by Muller (2009:115). When the CSNs were asked about their needs with regard to clinical supervision and clinical accompaniment, they responded as follows:

“... they need to have a programme scheduled for us for each and every month that we are there which will state, which will have the objectives of the community service and the achievements that he or she must achieve at the end of each and every month”.

“There should be certain objectives that each and every community service nurse has in hand and they should also be communicated...”

“There's a, there's a shortcoming when it comes to the, you know to the, to the, to the, or to the full orientation of policies”

The policies and procedures should be in place as the requirement of CSNs which will assist in productivity from assigned nursing tasks in a specific clinical unit. These are legal guidelines that provide protection to CSNs in the event that legal action is taken, and also provide guidance on the best practices for quality patient care. Therefore they need to be consistently followed and regularly updated or confirmed as current implementation (Geyer, 2013:87).

- Induction and orientation, policies and procedures to be in place

CSNs were further of the opinion that **induction and orientation, policies and procedures need to be in place and need to be actively implemented**. The relevant stakeholders for the CSN, (human resources department, deputy nurse manager, and operational managers of units, infection control manager and the occupational health manager) should be responsible for the development of an induction and orientation programme. The stakeholders mentioned above should be informed when to expect the allocated CSNs and plan how the induction and

orientation programme should be presented. The induction and orientation programme is an on-going event and the cornerstone of any organisation. The induction and orientation programme expresses the culture of the organisation, promotes excellent interpersonal relationships and enhances work productivity as the vision, mission and objectives of the institution have been explained and are owned by the CNSs. The quotations below indicate the need for an induction and orientation programme before CNSs start their community nursing service.

“We didn’t get orientation, induction was done, but it was not that good induction, because we had lot of questions which were not eh answered”.

“In these 5 months we did just not know anything about what is happening in this hospital. And also the hospital we don’t know. If a person was asking about the, some other areas here in hospital, we don’t know, we don’t even able to give them direction.”

“There was no orientation for me which was not good because I will take lot of time looking for some things to do some procedures and it’s not right. If the person come to the ward for a first time there must be somebody senior to you who will do the orientation and, and explain how I will reckon here”

“Uhm I would say uhm it was very frustrating, very frustrating, very frustrating because I had to move around, first of all there was no orientation”.

“... then I tell myself that maybe it was that I was the only one at that time because most of the CSN they’re coming end January. I’m the only one from the University who came in February and they didn’t give me the orientation for a hospital”.

This seems to be contrasting in a sense that it is clear that under normal circumstances when a new employee is employed, induction and orientation is mandatory but with CSNs nothing is in place for them and they are partially induced and orientated, this act increases the levels of anxiety being in the new post and

environment. Booyens (2008:214), elaborates on the overall goal of orientation is to ease the path of the new employee into the public hospitals and into the allocated units where they will work. Effective orientation has a profound effect on the individual's professionalism, commitment to high standards of care and long-term work productivity. The induction programme is aimed at helping the CSN to develop the necessary skills to function appropriately in the allocated unit. Orientation should be delivered according to a strategic plan for CSNs. Phase 1 relates to a general hospital orientation, namely life safety issues, infection control, occupational health and safety, fire hazards and disaster management. Phase 2 involves employee-specific orientation with regard to policies and procedures, and Phase 3 relates to the specific unit to which the CSN is assigned, with the CSN working with the experienced professional nurse in the unit, who acts as a supervisor for the CSN. Therefore induction and orientation programmes should be in place and timeously implemented for appropriate adaptation of CSNs during their CS year.

- Clinical supervision should be provided

The **need for clinical supervision** to be available in the institution **was persistently mentioned by the CSNs**. Initially the experienced professional nurses to whom the CSNs were allocated would have to evaluate the CSNs' skills, and then follow a tactical plan developed from the objectives stated in the strategic plan for CSNs by the operational manager to ensure clinical skills are acquired and professional growth takes place during the time the CSN is allocated to the unit. All experienced professional nurses should be responsible for and available to CSNs.

According to Warren and Denham (2010:4) it is the responsibility of the experienced professional nurse to teach, instruct, supervise and serve as a role model for CSNs working in different units in the hospital. Research confirms that clinical supervisors play a vital role in preparing CSNs for nursing practice. Adequate preparation of clinical supervisors to assume these responsibilities regarding supervising, educating, and evaluating tasks of CSNs during execution of nursing care is therefore needed (Warren & Denham, 2010: 10). The teaching of clinical skills is the responsibility of the experienced professional nurse. The need for constructive and emotional support is illustrated by the following quotations.

“And we must have supervisor, who are to supervise, who will guide you, as community service nurse from the beginning until the end of the term in that unit”.

“to supervise me as I’m still learning and growing in the profession so I’ll still needing a person who’s going to help me through my community service here”

Supervision of the CSNs has positive and negative attributes: quoted “(the shortage it is about the shortage of the staff actually that make me, on the other side it is negative and the other side it is positive)”. The positive attributes are crucial in the development of confidence, competence and constructive feedback, and the negative ones are challenges that the CSNs are facing. To identify challenges ahead (see Theme 3), these challenges inspire the CSNs to be creative, work independently (“So being alone sometimes gives me strength to do things, to make my decisions which would benefit the patient”), and have the ability to transfer skills and knowledge to any situations encountered in the line of duty (Sullivan & Garland, 2010:106). The role modelling opportunities are created through responsive teaching by clinical supervisors, who may positively influence the diverse behaviour resulting from changing roles from being a learner nurse to being a CSN (Johnston & Mohide, 2008:346).

- Constructive and emotional support by giving or arranging counselling, coaching and guidance

Constructive and emotional support refers to the clinical supervisor engaging with the CSNs objectively on the grounds of helping and encouraging them in their performance stages of emotional instability in the nursing unit. They can then develop from novice diplomate or graduate nurse to an advanced beginner, ending as a competent CSN with a wealth of experience, including unusual experiences and an awareness of the importance of on-going professional development during their on-going professional career path (Van Ooijen, 2003:21; Meyer & van Niekerk, 2008:154).

The CSNs expressed their great concern about the need for a clinical supervisor to constructively guide, be a role model and a sounding board to whom they can relate their experiences encountered in the clinical area. They also expressed the hope that the supervisor would be of great assistance directly and indirectly during the community service year.

“...just to give me that clearance to me those things...”

“...also need this thing of eh counselling. Sometimes you, you have been exposed to a very traumatic event, so you cannot sleep at night. If you go to bed you start to think about that traumatic experience”

The narrative above indicates that the CSN experienced emotional anxiety, which is a common feeling for every new employee. This can be reduced by an induction and orientation programme. Induction and orientation is a vehicle for social integration of the new CSN into the existing multi-disciplinary health team, thus promoting effective work, good communication and co-operation (Sullivan & Garland, 2010:144). The CSNs experience anxiety, which is increased by lack of confidence when the nursing unit is busy because there are limited opportunities to learn new skills on the job. The CSN nurses “just had to get stuck in and do the best you can” to meet needs of the patients and work expectations (Clark & Holmes, 2006:1219).

- Provision of sensitive feedback, as community service nurses are still new in the profession

The experienced professional nurses should provide **effective and sensitive feedback** to the CSNs, as they are still young emotionally and are still new in the profession. Effective feedback should be given by professional nurses as needed in a form of praise that will make CSNs feel that they are valued and respected. Positive judgement and constructive criticism on their actions motivate them to keep on working and acquiring new skills and knowledge. Negative criticism or judgement on the actions of CSNs is ineffective and can hamper their professional growth,

development and work productivity (Sullivan & Garland, 2010: 106; Bruce *et al.*, 2011: 327).

“...and this and you are incompetent in 1, 2, 3, 4, 5.”

“to practice this skill in front of you and then you’ll do it there the next time”

The CSNs do expect the experienced professional nurses to value and ask them about the problems they encounter in the unit, as they would like to develop a sense of belonging in the new environment. The CSNs would also like to be provided with constructive criticism in a polite manner if they did not perform their tasks the way they were supposed to be done. According to Van Ooijen (2003:161), feedback should be balanced (based on positive perspective), owned (owning personal experiences), clear (unambiguous), concrete (feeling of support or criticism received) and supportive (constructive feedback for growth and development). The CSN should be given feedback about performance observed that will promote professional development. This can be done, via verbal or non-verbal cues while performing a task and contributes to a positive practice environment for professional growth, as confirmed by Sullivan and Garland (2010:145) and Botma, *et al.* (2012:76).

- Education and demonstration of procedures

Educating and demonstrating some unusual procedures, as they are from different public health-care facilities. Although the clinical facilities where learners conducting their practical’s, were accredited by the South African Nursing Council, not all of these institutions are at level one (Academic hospitals). After training most CSNs are allocated to level two and three institutions whereas most complicated patients are transferred to level one institutions thereby depriving CSNs of those procedures missed during their training due to a lack of exposure to a level one hospital. Learning of new procedures depends, on the CSNs’ knowledge and willingness to learn, but to a certain degree, on the experienced professional nurse as their clinical supervisor in the nursing unit. In some instances, most of the

experienced professional nurses thought that CSNs displayed a high degree of responsibility for learning of new skills, while a few thought the CSNs were well prepared regarding knowledge to execute tasks assigned to them with enthusiasm.

“So you need somebody who is senior to accompany you. Eh like on your own there are unusual procedures that we were not exposed to eh when we’re doing our training. Here now in Madadeni hospital there is a high care ward where dialyses are done”

In the CSN’s perspective, the clinical supervisor should assist by bridging the gap resulting from poor exposure to certain nursing procedures due to the abovementioned rationale by providing extensive support, on-going education and monitoring to ensure that their educational and clinical skills needs are met and reinforced (Warren & Denham, 2010:5).

- Enhance practice and theory integration

The **integration of theory and practice should be enhanced** in the sense that, the experienced professional nurses need to give opportunity to CSNs to **reflect** on the theoretical knowledge they obtained during their training and their current clinical practice. The CSNs also indicated that the experienced professional nurses should be their role models with regard to theory and practice integration. The clinical supervisor should be a ward-based experienced professional nurse, who can concentrate on clinical education and constructive criticism support in an attempt to narrow the theory-practice gap (Cassimjee & Bhengu, 2006:46).

“for instance at the University we deal more, especially with the theory not the practical on the third and fourth year we focus more on midwifery and psychiatry, so as I’m working in medical wards I think it should be the better

option that, the unit manager to give me maybe a supervisor so that he or she can supervise me because I'm, I'm not familiar with things that are done practically".

"Eh first of all, during my training we were doing all the procedures and we were supervised, so some of the skills we acquired as we were the students. So as is very important for us to be supervised so that where we, we what we learn from theory we applied it to the clinical field. So the need is that the supervisor must be there where like uhm, you benefit from what she is doing while you are observing and also we, you find a learning opportunity where you, you do the skill and then she observe you"

"It is important that each and every procedure what did I do, I have to do it under the, under this supervision of an experienced or a senior professional nurse"

The CSNs are expected to develop the key characteristics of professionalism (competency, confidence and loyalty), that will assist them in functioning in high-intensity working relationships and environments and in providing safe, high-quality health care with a personalised approach to the patient. It is that confidence that propels integration of theory with practice (Booyens, 2008:222).

Professional nurses with years' experience developed an intuitive component, which has subsequently become the hallmark of expert nursing practice. However, at the end of the community service year, the CSN should be able to scientifically justify her reasons for making a clinical decision. Hence theory and practice are viewed as not exclusive, single entities, but the two are integrated. Therefore the CSN is expected to reflect on what has happened with particular patients and relate back to theoretical knowledge. Her experience is grounded in theory and theory has grounded in her practical experience (Ivarsson & Nilsson, 2009:514; van Ooijen, 2003:114). However, the pressures of work often mean that there is no time to integrate and consolidate skills and knowledge and there are limited possibilities for reflection during the working day (Clark & Holmes, 2006: 1212).

- Rotation in different nursing units

It is important for **CSN placements** in different units in the hospital **to be planned to ensure that the CSNs are rotating in the different nursing units** so that they are exposed to different units and patients' conditions in order to broaden their scope of practice. This will ensure that they master most of the clinical skills, be it general or advanced specialised procedures. An experienced professional nurse should always be available to them, at least for the first two weeks of working in the new unit. Subsequent visits will be random to observe how they are coping. CSNs maintained that they should not be working in the same unit for six months, as it deprived them of an opportunity to broaden their scope of practice, as the community service was only for a period of one year. They also emphasised that during their education and training their clinical exposure to different units was limited due to full and compacted training programmes. Unit rotation will help the CSNs to identify the clinical field of interest in which they can specialise when deciding on a career path.

“So I would like just to rotate maybe in 3 months work in that ward and change after that just to gain experience of what is happening around”

“We must be allocated into different wards so that we can be exposed to many procedures and get more information”

“But if they keep on allocating us in the same ward it's not fair, because we are not benefiting from that. But I think they should re-look our allocation for the clinical purpose because there's a lot to learn in this hospital”

Having a clinical placement co-ordinator would be beneficial, to ensure adequate placement of the CSNs in different nursing units for efficient exposure to different nursing skills and patient conditions. Betony emphasises that, exposure of less than a week in a unit is equivalent to observational placement rather than “doing” assigned tasks (Betony, 2011:25). It has transpired the some CSNs can benefit from gaining experience in various nursing units (Duffin, 2004:7).

- Experienced professional nurses with a positive attitude within the nursing units

Some CSNs mentioned that **experienced professional nurses** did provide the clinical supervision and displayed a positive attitude towards CSNs in the allocated nursing units, yet these were in the minority.

“Okay the experienced professional nurses that are there, they are helpful, uhm they do assist us if they, if they are there... They do assist very much yeah. Because they do understand that we need help here and there so they are there to help us yeah”

According to Dube and Jooste (2006:25) the experienced professional nurse as a clinical supervisor possesses certain personality traits. These essential traits include leadership skills, intelligence, self-confidence, emotional and physical balance, adaptability, creativity, co-operation, integrity, alertness, spontaneity, desire to excel, drive for responsibility, task orientation and an eagerness to achieve more, excellent communication skills. These skills equip the experienced professional nurse to establish a supportive learning environment within the nursing unit and the ability to value and appreciate the CSNs' contribution, thus positively influencing the CSNs by acting as a role model. The experienced professional nurse with the abovementioned traits is prepared for unpredictable reality situations and utilises these where possible as teaching moments for CSNs (Dube & Jooste, 2006:25).

- Job description of the community service nurse

The CSNs were of the opinion they should have a **well-defined job description during the community service year**. They were not happy about the way they were being handled – as if they were “limbos”, not knowing what to do, taken from pillar to post, always asking or searching for things themselves, as this was time consuming. Situations like staff shortages, forced CSNs to independence overall clinical experience, however it is not the ideal for obtaining the necessary clinical skills. At the same time, they had to keep the overall situation in mind, which meant that they

had to adapt the unforeseen circumstances with the aid of dormant knowledge that needed to be activated through various impetuses (Van Ooijen, 2003: 125).

“I think they should maybe provide job descriptions, the CSNwill be able maybe to understand what are done, how things are done in the ward rather than, rather than asking, asking every ...”

According to Muller (2009:123) a job description is a written, standardised, comprehensive statement of the CSNs' expected outcomes, duties, tasks, responsibilities and relationship of authority within the nursing unit, as well as inherent requirements and specifications required for the community service. The CSN's job description is compiled in a way that includes the duties and responsibilities of the CSN, hence the operational manager and the experienced professional nurse supervisor should take into consideration the duties and responsibilities determined and relate them to the objectives of the nursing unit to ensure the smooth running of the nursing unit and avoid overlapping of responsibilities. This does not mean that the CSNs cannot perform the tasks; provided they were demonstrated and supervised, and constructive feedback was given. In unavoidable circumstances, where the experienced professional nurse needs to take over from the CSN, feedback can be given later about what went wrong in order to ensure clarity for the CSN. Negative feedback should never be given in front of a patient. It is the duty of the experienced professional nurse to ensure that the CSNs practice within the ethical framework.

Theme 1, sub-theme 2: Clinical supervision is a learning opportunity and clinical experience to the community service nurse

The CSNs emphasised that clinical supervision by experienced professional nurses assisted them in gaining learning opportunities and clinical experience during a period of community service, in the sense that they became familiar with the new developments in the clinical field. They also gained in clinical experience regarding

unusual procedures and received constant exposure to certain procedures with which they were not familiar while they were training to become competent, independent practitioners. They also appreciated the support received from experienced professional nurses and expressed appreciation for those that provided them with learning opportunities and clinical experience. The CSNs indicated that working with experienced professional nurses with a positive attitude automatically allowed them to develop a reciprocal approach as a sign of “UBUNTU”, thus enhancing the team spirit and the smooth execution of duties in the nursing unit (Geyer, 2013:226).

“... can be different from institution to institution but that change that make me just to ask all those things, how are they doing it as I’m coming from another institution, but they’ve assisted me very well in terms of clinical experiences”

“So far the guidance that we get from our operational manager, I would say it’s, it is very good. She’s assisting us in many areas uhm we are learning, as I’ve said that we are learning new things (teachable moments)”

“it’s a great experience to be supervised because you learn more during your thing and it’s more uhm informative if you put yourself in situations where you can learn something”

“So that’s a great experience, so you need somebody to, to practice this skill in front of you and then you’ll do it there the next time”.

“... gives me strength to do things, to make my decisions which would benefit the patient”

The experienced professional nurse plays a major role in creating a clinical learning environment for effective learning and CSNs acquire clinical experience as they get familiar with all clinical areas (Botma *et al.*, 2012:81; Benner *et al.*, 2009:56).

Theme 1, sub-theme 3: Staff development

The nursing units are highly designated clinical practice areas in the hospital and the CSN is deemed to be a competent, independent nurse practitioner who provides quality nursing care. However, due to some of the challenges as indicated in section 3.3.3 (see Theme 3, sub-theme 1), CSNs need on-the-job training relating to work assigned in the allocated nursing unit so that they can learn and improve their professional knowledge, skills, values and attitudes in accordance with the workloads in nursing units (Muller, 2009:350).

The need for **staff development during community service** should be taken into consideration. The CSN should also be provided with the clinical learning opportunity to attend workshops and seminars and be allowed access to in-service education to keep on par with the new developments pertaining to skills and the management of certain illnesses. The latter education programmes promote the effective and efficient functioning of CSNs within a team context in the nursing unit; rectify shortcomings in the CSNs' values and attitudes and prepare them for changes in the execution of the assigned duties and responsibilities (Eaton *et al.*, 2007:316).

Clark and Holmes argue that, "the CSNs are expected to be competent and able to practice independently without direct supervision however; the reality is for most CSNs their training has not equipped them with the necessary knowledge, skills or confidence for independent practice" (Clark & Holmes, 2006: 1210). Below are the opinions of the CSNs provided during the interviews.

"...some of the comserve, should be included in those, in those seminars or workshops and it should be like a year plan actually for the comserve"

"If there should be a library within the institution you are also going to be helped because you can open a book fast"

It was discovered that the on-the-job training workshops for the CSNs, ward-specific programmes offered and the evaluation of CSNs' performance while they were using new knowledge contributed towards the professional development of CSNs (Sullivan

& Garland, 2010:145; Booyens, 2008:220). Clark and Holmes emphasise that to expect the CSNs to be competent and independent practitioners during their community service is unrealistic; therefore they need ongoing development while performing their assigned tasks in the nursing unit, even during the community service year.

3.3.2 Theme 2: Benefits of community service

The second main theme identified was community service nurses' experiences that there were various benefits associated with community service. Although the objective of this research study was to explore and describe the needs of CSNs with regard to clinical supervision and clinical accompaniment, the benefits of community service were also mentioned during interviews. This indicated that the implementation of community service year was not experienced only negatively, but was seen as a positive contribution towards CSNs' professional development. The following benefits of community service were mentioned and identified as sub-themes:

- **Being alone without supervision could be empowering** because it taught the community service nurse to work independently and boosted the community service nurse's self-confidence and enhanced resilience. That showed on the other hand that the CSNs arrived for community service **with dormant knowledge that needed to be activated through various impetuses, for example the presence of the experienced professional nurse as a clinical supervisor**. The latter was supported by their statements.
- Community service nurses arrived for community service with **dormant knowledge that needed to be activated through various impetuses**, for example the presence of the experienced professional nurse as a supervisor.
- Community service nurses **developed an appreciation towards the experienced professional nurse's constructive support**. That indicated that working with experienced professional nurses with a positive attitude automatically developed a reciprocal approach, a sign of "UBUNTU", thus enhancing team spirit and smooth execution of duties in the unit.

- Community service could be a **platform where the community service nurse can be a change-agent through innovation and creativity to improve the practice**. This was manifested when they gave tangible inputs to improve working conditions and structure the routine in a workable atmosphere, such as control of stock and absenteeism.
- Community service **stimulated community service nurses' eagerness to acquire new knowledge and skills**, regardless of the fact that there was a mentor or experienced personnel for the sake of a patient's life which need not be compromised. They took drastic action for the benefit of the patient, put the "patient first", as the Batho Pele Charter stipulates. In a way this sub-theme can be an impetus for developing an interest or career path in that involvement experience in the clinical area.

3.3.3 Theme 3: Challenges experienced by community service nurses

The third main theme identified was that community service nurses experienced numerous challenges throughout the year of doing community service. These challenges are not related to the objective of the study but are mentioned as the CSNs identified these challenges as main concerns preventing them from providing quality patient care. However, these challenges will be utilised to formulate the problem and recommendations to the provincial DoH, district health management and the hospitals involved in the study.

Theme 3, sub-theme 1: Organisational challenges that impact negatively on the community service nurse

- Human resources challenges, namely failing to change the position of the learner after training to a CSN and this leads to a delay in correct remuneration.
- Nursing staff challenges through the shortage of nursing staff, insubordination and a negative attitude from the experienced nurses towards the community service nurses, resignation of nurses due to the rationalisation of services.

- Operational challenges such as a high workload relating to a high patient turnover against nurse shortages, absenteeism of experienced professional nurses, shortage of linen and stock.
- Absent or insufficient induction and orientation to community service nurses regarding the physical layout of the unit and institution as a whole, the introduction, the routine, policies and procedures, who should attend workshops and seminars and in-service education.
- Insufficient accommodation and transport for community service nurses. They were from different institutions where they did their R 425 Comprehensive programme, now the CSNs found themselves in a dilemma where they had to report for duty and at the same time they had to look for accommodation and transport and they did not even know the crime rate of the area in which they were being employed to work.

Theme 3, sub-theme 2: Challenges due to the absence of a clinical supervisor who is experienced, can guide and constructively support community service nurses

The CSNs experienced this challenge with respect to the fact that there was a drastic shortage of the nursing staff in the nursing units due to nursing staff attrition caused by the rationalisation of services in the hospitals of the Amajuba District in north-west KwaZulu-Natal. The rationalisation programme brought challenges to the CSNs in the sense that there were a limited number of experienced professional nurses in the allocated units where they found themselves working as “limbos”, without any experienced professional nurses. They ended up being the acting sister in charge of the nursing unit, yet they were not registered professional nurses, they still needed guidance and constructive support from experienced professional nurses to ensure their competency and independence.

Theme 3, sub-theme 3: Community service nurse-specific challenges

- Community service nurses were working alone and followed a trial-and-error approach in decision-making, which was time consuming and may have

resulted in compromising the health of patients and increasing the ethical-legal risks of the hospital.

- **Negative emotional experiences such as stress, fear, frustration, grievances and disorientation in a new place, self-blame.** These emotions were displayed due to the fact that CSNs experienced stress as a result of the exposure to traumatic events. The failure of experienced professional nurses to acknowledge that most of the CSNs were young on their completion of diploma or degree studies, and that other categories such as enrolled nurses and enrolled nurse auxiliaries also refused to accept tasks delegated to them by the CSNs resulted in intimidation and undermining of the authority of CSNs. The CSNs had to be assertive and firm and display good communicating skills while delegating unit tasks to the lower categories of nursing staff without being biased, and to discipline them accordingly as need arises. Furthermore the stress was aggravated by the fact that the human resources department delayed to change their rank from learner nurses to community service nurse's, which meant that the correct CSN's salary was not paid timeously, causing severe financial constraints. This also led to difficulties in finding accommodation and transport.
- CSNs needed to have an identity within the unit; therefore they were in limbo with regard to their professional position within the unit. These CSNs were untitled, did not have CSN-distinguishing devices and designations next to their names, the latter may be cause disrespectful attitude by experienced nurses (enrolled nurses and enrolled nursing auxiliaries) and CSNs could not discipline and give relevant sanctions them.

Theme 3, Sub-theme 4: Challenges due to the community service nurses training

- Community service nurses were disconnected from medical-surgical nursing due to the focus on midwifery and psychiatric nursing in their final study year.
- Full and compact training programmes, resulting in community service nurses not having practical exposure all the procedures needed and conditions encountered.

3.3.4 Main Theme 4: Suggestions of community service nurses for professional growth

The fourth main theme was that community service nurses' highlighted the suggestions of developing their professional growth during their community service year. These suggestions can be used to develop recommendations to the three hospitals; district and provincial management to address the problems experienced by CSNs with regard to supervision and accompaniment (see 3.3.1).

Theme 4, sub-theme 1: Having a community service strategic plan

The strategic plan should entail sufficient induction, orientation, a clinical supervisor (in this study the experienced professional nurses in the unit) to demonstrate clinical procedures, constructively support, provide feedback, ensure exposure to all the general and advanced specialised units and to guide community service nurses and provide teachable moments regarding unusual conditions

The discussion relating to this sub-theme was discussed in section 3.3.1 and suggestions were recommended. During the process of data analysis the researcher and co-coder identified repetitive feedback on needs and suggestions. The suggestions will be acknowledged in the formulation of recommendations.

“...due to the institution where I’m coming from, I was never exposed to an, to an ICU”.

“...I’m coming from a small hospital, which is level one hospital...”

Theme 4, sub-theme 2: Motivation for posts, recruitment and retaining experienced professional nurses to assist community service nurses in the unit

The CSNs were of the opinion that posts for experienced professional nurses should be created, experienced professional nurses should be recruited and retain so that the CSNs can gain the assistance they needed from them, i.e. clinical supervision

during the year of community service in the hospitals of the Amajuba District in north-west KwaZulu-Natal. This problem emanated from the rationalisation of services which resulted in the attrition of some experienced professional nurses who resigned and others who migrated to the private sector. The following quotations reiterate the importance of this sub-theme.

“I think maybe, this is for the institution maybe to advertise, to get uhm some of experienced professional nurses to guide comserve”

“...is “important that wherever, ever we are, we are sent to there should be enough staff and enough staff to ensure that we are, we are being supervised”.

Vasuthevan (2013:44) acknowledges that the shortage of health-care experienced professional nurses is a challenge in South Africa, and that it is exacerbated by the migration of nurses to other sectors of the economy; resulting in the public health-care facilities losing expert experienced professional nurses. The situation compromises patient safety and the provision of quality care, as there are no experienced professional nurses who can assist in the clinical supervision of CSNs to provide for professional growth and development.

Recruitment and selection is the process of finding quality, experienced professional nurses appropriate for full service commitment and guiding and coaching the CSNs to be confident and competent, if not expert and independent, when they have completed their community service year. A consensual decision of selecting the experienced professional nurses should be based on quality patient care and clinical supervision of the CSNs in the allocated nursing units. Experienced professional nurses should also be retained for promoting harmonious nursing unit working relationships. The strategy for **providing motivation for posts, recruiting and retaining experienced professional nurses** is the responsibility of top management, human resources departments and operational managers of the hospitals (Sullivan & Garland, 2010: 237).

Theme 4, sub-theme 3: Suggestion box by means of which community service nurses can contribute tangible inputs

- The CSNs requested that their needs, problems and complaints be heard and attended to timeously, for example with regard to insufficient accommodation and transport for community service nurses. Because they were from different institutions where they did their R 425 Comprehensive programme, the CSNs found themselves in a dilemma where they had to report for duty and at the same time they had to look for accommodation and transport, and they did not even know the crime rate of the area in which they were employed to work.

“we need somebody to come and have uhm like to have our complaints or suggestion box where we can write our views about the, the community service and also for the benefits of the patient, because our, the, the, the service is based on the community”

“...there must be a suggestion box where you can be able to voice out the things that you need or should be assisted with...”

“It does disturb because I’m new to this place, I didn’t know, maybe I’ll find a place in the other section. In the hospital there are other section I have to look for the transport, the transport that will take me to work at town and on time and also I have to ask, that is time consuming and also the place that we are staying at, we don’t know about the crime of that area, so it does affect our work”.

The CSNs have a right to freedom of speech – in terms of section 16 of the Constitution (1996) everyone has a right to freedom of expression. The top management of the health-care institution also has an obligation in terms of the principles of Batho Pele in health-care to address the issues of the CSNs under their jurisdiction, as referred to and reflected in the principle of openness and transparency (Stellenberg, 2013: 167).

Theme 4, sub-theme 4: Staff development to community service nurses by means of workshops, seminars and in-service education

Staff development to CSNs by means of workshops, seminars and in-service education was already discussed in Theme 1, sub-theme 3 (see 3.3.1). Staff development of CSNs is neglected currently and therefore it was discussed as a need for supervision to ensure professional growth, yet the researcher kept this as a suggestion as well. During the process of data analysis the researcher and co-coder identified repetitive feedback on needs and suggestions relating to staff development. The suggestions will be acknowledged in the formulation of recommendations.

“...working alone make me gain the confidence of independency. I’ve learn a lot”.

“So it’s a great experience to be supervised because you learn more during your thing and it’s more uhm informative if you put yourself in situations where you can learn something”.

“But now we’ve got all the time on our side or we do need people who will, who will show us everything into, into that...”

The nursing summit organising committee and the ministerial task team proposed an input into strategic priority 1: Education and training. They are of the opinion that their clinical teaching departments should be re-established at the NEIs or hospitals, supported by a coordinated system of preceptors and clinical supervisors. That is an excellent idea, because learner nurses would be assisted by preceptors, who will hand over assistance to clinical supervisors when they become CSNs doing community service. In that case the clinical supervisor’s role will be to re-enforce and topping up what was acquired during education and training when need arises (Uys & Klopper, 2012: 38; Botma *et al.*, 2012: 82).

Theme 4, sub-theme 5: Providing a designation to community service nurses

As was explained in main theme 3, sub-theme 3.3, CNSs need to have an identity within the unit, and therefore are in limbo with regard to their position in the units. These CSNs were untitled, did not have CSN-distinguishing devices and

designations to their names, may be disrespected by experienced nurses such as enrolled and auxiliary nurses, and experienced difficulties in disciplining them if necessary.

“I also suggest that, there should be a title giving to, to community services nurses, because they end up not knowing or should they call themselves professional nurses or should they call themselves community service officers, but there should be a title learns giving to them”

“...to be recognised by South African Nursing Council because currently I’m not sure about the, about the term that we use, whether is it correct or not”.

Although the criterion for designation was for nurse/midwifery specialists, the designation of community service practitioner can also be considered (Duma *et al.*, 2012:113).

Theme 4, sub-theme 6: Timeous response from the South African Nursing Council and nursing education institutions to process completion records and provide certificates to community service nurses

This sub-theme is currently a big problem experienced by all NEI, as many diplomates and graduates from all over the country complete their training. The allocation of CSNs is done in their fourth year of training, yet sometimes the allocation is only known in December, when the nursing campus is already closed. The campus needs to phone the learner nurses and inform them of their allocation. The completion instructions for registration of CSNs are forwarded via the KwaZulu-Natal College of Nursing (as this college has 10 campuses) to the SANC. Due to a high workload it takes the SANC up to three months to register these learners as CSNs. In the meantime the learners still have to survive on a learner’s stipend and be prepared to start their community service year without a proper dress code (no epaulettes as a distinguishing device). This result in a lot of emotional stress and poor productivity, as was mentioned under main theme 3: sub-theme 3.1.

“they were having that attitude eh because I’m young and the other staff are old”

“Maybe the problem is of that I was not having epaulettes”

“Uhm there, there are times, there are times that makes a comserve not to be happy uhm in terms of uhm the remuneration like comserve, we study under the, the Department of Health and when we start our comserve but we still remained as uhm student nurses in terms of getting our salaries and for months and months and months and when they submit our certificates, it takes long for the institution to back pay the comserve, those are some of the challenges”

Although the development of a formal system of licensing, registration, and certification for nurse/midwifery specialists is in place, a similar one for community service practitioners doing community service in the public health-care facilities in the country should be considered (Duma *et al.*, 2012:115).

3.4 SUMMARY

In Chapter 3, the realisation of data collection and data analysis were briefly described; the results of the research study were discussed with literature integration. In the next chapter, Chapter 4, the discussion of the research results will be collated in concluding statements, followed by an evaluation of the research study, the limitations of the research study and recommendations for practice, nursing education, research and policy.

CHAPTER 4

EVALUATION OF THE RESEARCH STUDY, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In the previous chapters of the research study the researcher discussed the overview, research methodology, the realisation of data collection and analysis and the research findings on the needs of community service nurses with regard to clinical supervision and clinical accompaniment by experienced professional nurses in the public hospitals of the Amajuba District in north-west KwaZulu-Natal with the literature integration to compare, confirm the research findings and to determine whether the findings of the research study were unique.

In this chapter, the researcher will compile the concluding statements; followed by an evaluation of the research study. The limitations and recommendations are then highlighted, and finally the research findings report to the provincial Health Research Committee of the PDoH, the district manager of the Amajuba health district and chief executive officer of the relevant three public hospitals, will be compiled.

4.2 CONCLUDING STATEMENTS

The following concluding statements were formulated from the research study results and literature integration.

- Appropriate consideration should be given to the CSNs' needs with regard to supervision and clinical accompaniment during the community service year. The exploration and description of the CSNs' needs with regard to supervision and clinical accompaniment revealed the positive and negative impacts to patient safety, work production and growth and development in the nursing profession. The following were the needs of CSNs that warrant immediate attention by the authorities of the PDoH, the Amajuba District and relevant

public hospitals (see Chapter 3, Table 3.1; Theme 1 for more detailed information).

Main theme: Need for clinical supervision and accompaniment

The following sub-themes were identified and discussed below.

Sub-theme: A strategic plan for community service nurses

Related issues

- Induction and orientation programme plan, policies and procedures to be in place.
- Clinical supervision should be provided.
- Constructive support and emotional support by giving or arranging counselling, coaching and guiding.
- Sensitive feedback, as community service nurses are still new in the profession.
- Education and demonstration of procedures should be considered, scheduled and implemented when the need arises.
- Enhanced practice and theory integration by allowing the CSNs to reflect on the performance of clinical skills and reflect with experienced professional nurses as their clinical supervisors.
- Rotation in different units according to a proper schedule for unit placement.
- Experienced professional nurses with a positive attitude within the units are essential for supervision of CSNs.
- Job description of the community service nurse should be in place.

Sub-theme: Clinical supervision is a learning opportunity and clinical experience to the community service nurse

- Identification of teachable moments and their utilisation by either the experienced professional nurse or operational manager to train CSNs on the spot.

Sub-theme: Staff development of CSNs for growth and development in the nursing profession and enhancement of patient safety

- Though the benefits and the challenges of CSNs' supervision by experienced professional nurses and clinical accompaniment by operational managers were identified during the research study, they will not be summarised in the discussion as they were not part and parcel of this research study. However, they highlighted that the benefits were outnumbered by the challenges experienced by CSNs in their execution of allocated tasks in the public hospitals (see Chapter 3, Table 3.1; Theme 2 and Theme 3).
- The following suggestions were formulated to be submitted to the relevant stakeholders, namely the Chairperson: Provincial Health Research Committee of the PDoH, the district manager of the Amajuba District and the chief executive officers of the relevant three public hospitals.
- The human resources department manager (HRD) in the PDoH to formulate the guidelines that will assist the CSNs in receiving guidance, constructive support and coaching from experienced professional nurses during the one year of community service.
 - HRD manager to create the clinical supervisor's post for an experienced nurse with the following elements: desirable traits/attitudes, qualities and skills, well-defined job description, stipulated maximum clinical experience.
 - To structure the public health-care facility placement for CSNs, taking the level of the public health-care facility where they obtained their education and training into consideration, rather than compulsory community service placement catering for the demands of the institution instead of the patients' safety and CSNs' preferences for only one year of community service.
 - To stipulate the hours for unit placement, to allow rotation of CSNs to various general and specialised nursing units so that they can be exposed to different (including unusual) procedures and patients' illnesses, thus facilitating the learning opportunities and learning

experience for CSNs to eradicate the myth that “nursing is no longer a calling”.

- To formulate, in collaboration with the South African Nursing Council, the induction and orientation programmes that will be implemented for CSNs who are doing community service, as they are not yet competent and independent enough to run the unit.
- District manager of the Amajuba District and the chief executive officers of the relevant three public health-care facilities respectively, to increase the number of experienced professional nurses by embarking on appropriate procedures for motivation for posts, recruitment and the retention of experienced professional nurses. There is a “cry” from CSNs that needs immediate attention by top management, as their support is needed in this regard and also appreciated.
 - To motivate for a clinical supervisor who will guide, coach and give constructive and emotional support to the CSNs and also refer them to clinical psychologists if the need arises; and provide a well-defined job description.
 - To motivate for a unit placement co-ordinator who will work collaboratively with the clinical supervisor for the CSNs.
 - To provide a strategic plan dedicated to CSNs, which will indicate an induction and orientation programme, the exposure of CSNs to different clinical skills and patient illnesses managed in the hospital, as they will be placed in different general and advanced specialised nursing units.
 - To develop a staff development plan for CSNs during their community service year to provide clinical learning opportunities to attend workshops, seminars and in-service education to keep on par with new developments pertaining to skills and the management of certain patients’ illnesses.

4.3 EVALUATION OF THE RESEARCH STUDY

The evaluation of the research study reflects the significance of the study conducted with the purpose of achieving the research objective and providing constructive feedback on the appropriateness of the research methodology.

In summary the research study title was: The needs of community service nurses with regard to supervision and clinical accompaniment. The research conducted developed the platform for identifying the needs and generated relevant suggestions for CSNs' growth and development in the nursing profession during their community service year. The significance of the research study was confirmed by the background and problem statements of the study, discussed in Chapter 1 (see paragraphs 2 and 3 respectively).

The identification of the needs of CSNs, the benefits and challenges of community service and the suggestions for improving community service implementation strategy in future with regard to supervision and clinical accompaniment, were the key points of this research study. The literature integration confirmed the possible needs of CSNs' with regard to supervision during their community service year as is mentioned by the findings of the research study conducted.

The research objective set in Chapter 1 (see paragraph 5) was achieved, because the researcher was able to identify the needs of CSNs with regard to supervision and clinical accompaniment. A research report to the chairperson of the provincial Health Research Committee of the PDoH, the district manager of the Amajuba District and the chief executive officer of the relevant three public hospitals also indicated the results and recommendations of this research study.

The utilisation of a qualitative research design using contextual, explorative and descriptive strategies to explore and describe CSNs' needs relating to supervision and clinical accompaniment was shown to be effective, as four themes and many sub-themes could be identified. Furthermore the research results were confirmed when the technique of literature integration was applied.

In conclusion, the study revealed that in reality, after conducting their period of community service, the CSNs were not fully competent to ensure independent

practice. Therefore there is a need for clinical supervision by experienced professional nurses who need to assist them with continued development of skills in clinical practice. Again the study also emphasised that it should be clear to the experienced professional nurses that, not all the CSNs were able to practise autonomously during the community service period and that it should be acknowledged that confidence and competency develop during this period and are influenced by clinical supervision from experienced professional nurses as clinical supervisors.

4.4 LIMITATIONS OF THE RESEARCH STUDY

The following limitations were identified in this study:

- A contextual strategy for research study limited the generalisation of the study findings to public health service in the Amajuba District in north-west KwaZulu-Natal.
- The focus of the research study was on the needs of the CSNs with regard to supervision and clinical accompaniment. In the semi-structured interviews the participants also provided information about the benefits and the challenges of the community service implementation strategy, therefore the main themes and sub-themes not relevant to this study were only mentioned.
- Only the attitude/traits, qualities and skills of experienced professional nurses in the supervision and clinical accompaniment of the CSNs were explored, described and analysed, but not those for other nursing categories (enrolled nurses and enrolled nursing auxiliaries).

4.5 RECOMMENDATIONS

Recommendations play a major role in improving the community service implementation strategy in future with regard to the supervision and clinical accompaniment of CSNs and the promotion of their growth and development in the nursing profession in the public hospitals of the Amajuba District in north-west KwaZulu-Natal. The recommendations are as follows:

4.5.1 Recommendations to the provincial health research committee of the PDoH of KwaZulu-Natal

- HRD manager to create a clinical supervisor's post for an experienced nurse with the following requirements: desirable traits/positive attitude, qualities and skills obtained from at least six years clinical experience', with a well-defined job description stipulating exactly what is expected of them.
- To formulate a policy to guide health-care facilities on how to ensure that CSNs obtain maximum clinical experience and exposure from their institutional placement.
- To structure the public health-care facility placement of CSNs with due consideration to the level of the public healthcare facility where they obtained the education and training, rather than compulsory community service placement catering for the demands of the institution over the patient safety, as CSNs are allocated only one year of community service.
- To stipulate the hours for unit placement, to allow rotation of CSNs to various general and specialised nursing units in order to expose them to different procedures (including unusual) and patients' illnesses, thus facilitating the learning opportunities and learning experience of CSNs. This will broaden specific applicable knowledge of CSNs in practice.
- To formulate the CSN strategies to address their needs as identified in this research study in collaboration with the South African Nursing Council.

4.5.2 Recommendations to the district manager of the Amajuba District and the chief executive officer of the relevant three public hospitals

- To increase the number of experienced professional nurses in the health-care facility, for the delivery of efficient and quality patient care. Because CSNs are working alone following a trial-and-error approach in decision-making, which is time consuming and which may result in compromising the health of the patient and increase the ethical-legal risks of the hospital.

- To recommend to the PDoH to develop a job description for the community service nurses allocated to the public hospitals. They require an identity within the nursing unit, as they are in limbo with regard to their position within the nursing unit at present.
- To motivate for a clinical supervisor who will guide, coach and give constructive support and emotional support to the CSNs, and also refer them to a clinical psychologist if the need arises; and also provide a well-defined job description.
- To motivate for a unit placement co-ordinator who will work collaboratively with the clinical supervisor of the CSNs to ensure rotation of CSNs in different nursing units for maximum exposure to different general and advanced specialised nursing procedures and certain patients' illness.
- To provide a strategic plan dedicated to CSNs that will indicate an induction and orientation programme, the exposure of CSNs to different clinical skills and patient illnesses managed in the hospital as they will be placed in different general and advanced specialised nursing units.
- To develop a staff development plan for CSNs during their community service year; by providing clinical learning opportunities from attending workshops, seminars and in-service education to keep on par with new developments pertaining to the skills and management of certain patients' illnesses.
- To develop a strategic point with a suggestion box through which community service nurses can contribute with tangible inputs and their complaints.
- To advise the human resources department about timeous change of position from the learner nurse post to CSNs post so they receive their remuneration and attend to their personal issues.
- To ensure that the nursing units are well equipped with linen and ward stock.
- To ensure bureaucratic decision-making that overrules patient-centric decision-making is abolished in terms of transferring the patient to other nursing units due to overflow in a certain nursing unit.
- To arrange and provide accommodation and transportation to community service nurses from other places in KwaZulu-Natal owing to compulsory community service, where they find themselves not having a place to live, do not know about the crime rate in the area and about transport routes to work.

- To establish means of providing a designation for community service nurses working in the public hospitals, because the CSNs are untitled, do not have CSN-distinguishing devices and designations next to their names, are disrespected by experienced nurses (enrolled nurses and enrolled nursing auxiliaries) and cannot discipline them.

4.5.3 Recommendations for further research

The following research problems are presented for further research:

- A mixed-method research approach may be used to compare the research findings about the needs of CSNs with regard to supervision and clinical accompaniment in the different public health-care facilities of KwaZulu-Natal so that the research results can be generalised. A longitudinal research design may be ideal to involve professional nurses within a year after community service.
- Involvement of all other experienced nursing categories to explore and describe their attitudes/traits, qualities and skills with respect to the CSNs doing their community service year.
- Further research on the benefits experienced by CSNs during their community service year.
- Further research on the challenges experienced by CSNs during their community service year.

4.5.4 Recommendations to NEIs of the KZNCN

- The NEIs should timeously submit the completion records and instructions of learner nurses via the KwaZulu-Natal College of Nursing (as this college has 10 campuses) to the SANC for their registration as a CSN. This will reduce a lot of emotional stress and poor work productivity, as they will receive CSN compensation earlier.
- Lecturers and clinical preceptors need to see that they visit the clinical field specifically with their learner nurses to ensure that they obtain the clinical skills necessary to be ready for the community service year.

- Restructuring of the full and compacted nursing education and training curriculum programme is essential as the learner nurses complete general nursing science in their second (diplomates) and third (graduates) year, and this is too early to ensure that they will be ready for their community service year with regard to the general nursing aspect.

4.5.4 Recommendations for policy

- Policy should be formulated in the province to guide health-care facilities on how to ensure that CSNs obtain maximum clinical experience and exposure from their institutional placement.
- Recommended rotations between different units should be emphasised as some of the CSNs are allocated up to six months in one unit, limiting their ability to acquire new skills to practise the following year as an independent professional nurse.
- Policy should be formulated in the province regarding receiving CSNs in the public hospitals.

4.6 SUMMARY

In this chapter the discussion of the research results was collated in concluding statements, followed by evaluation of the research study, limitations of the research study and recommendations for the provincial health research committee of the PDoH of KwaZulu-Natal, practice (district manager of the Amajuba District and the chief executive officer of the relevant three public hospitals, respectively), nursing education, research and policy.

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Annexure A:
Ethical Approval of the NWU: Potchefstroom Campus



NORTH-WEST UNIVERSITY[®]
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOMKAMPUS

Privaatsak X6001

Potchefstroom

Suid Afrika

2520

Tel: 018299 1111/2222

Web: <http://www.nwu.ac.za>

AUThER

Tel: 018 299 4237

E-pos: 10055355@nwu.ac.za

Aan wie dit mag aangaan

13 Augustus 2012

Geagte Prof./Dr./Mnr./Me.

Etiekaansoek: NWU-00050-12-S1

"Leadership and governance as mechanisms towards excellence in South African health systems"

Die komitee is tevrede dat die kommentaar van die paneel voldoende aangespreek is en etiese goedkeuring word aanbeveel.

Vriendelike groete

Prof. H.H. Vorster

Voorsitter

Annexure B: Ethical Approval Letter of PDoH KwaZulu-Natal Province



health

Department
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
18 - 100 Natalo Building, 100 Langalibalele Street
Private Bag 35651
Pietermaritzburg
3206
Tel: 033 - 395 2805
Fax: 033 - 394 3762
Email: hkrm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM 106/13
Enquiries : Mr X Kaba
Tel : 033 - 395 2805

Dear Mrs BE Shazi

Subject: Approval of a Research Proposal

1. The research proposal titled 'The needs of community service professional nurses with regard to supervision and clinical accompaniment' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby approved for research to be undertaken at Meddeni, Newcastle and Ntameyer Hospital.

2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 18-102, PRIVATE BAG 35651, PETERMARITZBURG, 3206 and e-mail an electronic copy to hkrm@kznhealth.gov.za

For any additional information please contact Mr X. Kaba on 033-395 2805.

Yours Sincerely

Dr E Lutje
Chairperson, Health Research Committee

Date: 2/05/13

uMnyango Wecwepho - Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

Annexure C: Ethical Approval Letter of Amajuba District



health

Department
Health
PROVINCE OF KWAZULU-NATAL

MEMORANDUM

Tel: 034 328 7000/1/3
Fax: 034 312 3123
E-mail: pravina.naidoo@kznhealth.gov.za
www.kznhealth.gov.za

| | |
|----------|---|
| TO | : Mrs Duzaliswe E Shezi M. Car Student |
| FROM | : MRS. A. M. E. T. TSHABALALA DISTRICT MANAGER |
| DATE | : 08 APRIL 2013 |
| FILE REF | : 5/2/3 |
| INDEX | : 41/64/0813 |
| RE | : LETTER OF SUPPORT TO CONDUCT RESEARCH IN AMAJUBA HEALTH DISTRICT |

I have pleasure in informing you that permission has been granted to you by Amajuba District Office-Department of Health to conduct research titled "The Needs of Community Service Professional Nurses with Regard to Supervision and Clinical Accompaniment at the Hospitals of Amajuba District in Northern KwaZulu-Natal Province" in Amajuba District.

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The Amajuba District Office-Department of Health will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the Amajuba District Office - Department of Health.

Thank you,


MRS. A. M. E. T. TSHABALALA
DISTRICT MANAGER
AMAJUBA DISTRICT OFFICE

154 1203A/0001/11/AN/0012/11-01/12/08

020/09/09

10 MAY 2013

DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

uMnyango Wazempilo - Department van Gesondheid

Fighting Disease. Fighting Poverty. Giving Hope

Annexure D: Ethical Approval Letter of Madadeni Hospital



health

Department
Health
PROVINCE OF KWAZULU-NATAL

Tel: 034 - 3288007
Fax: 034 - 3291525
E-mail:
Hlongwe.Hela@kznhealth.gov.za

| | |
|------|--|
| TO | : Mrs. B. E. Shezil |
| CC | |
| FROM | : Dr. H. A. Hela ACTING CEO |
| DATE | : 2013-04-15 |
| RE | : PERMISSION TO CONDUCT RESEARCH STUDY ON SUPERVISION AND CLINICAL ACCOMPANIMENT AT MADADENI HOSPITAL |

Permission is hereby granted to by Madadeni Hospital to conduct the
aforementioned research in line with all the ethical and research protocols laid down
by the University and the Provincial Health Research Committee.

Thank you,



Medical Manager and Acting CEO



Annexure E: Ethical Approval Letter of Newcastle Provincial Hospital



health

Department:
Health

PROVINCE OF KWAZULU-NATAL

MEMORANDUM

Newcastle Provincial Hospital
4 Hospital Street, Newcastle, 2040
Private Bag X 6653, Newcastle, 2040
Tel: 034 326 0000 Fax: 034 3123991/3280022
Email: sukile.mavundla@kznr.health.gov.za

| | |
|-------|---|
| TO | : MRS.D.E. SHEZI M.CUR. STUDENT |
| FROM | : MS.M.V. MAVUNDLA HOSPITAL MANAGER NEWCASTLE PROVINCIAL HOSPITAL |
| DATE | : 16 TH APRIL 2013 |
| RE | : LETTER OF APPROVAL FOR RESEARCH AT NEWCASTLE PROVINCIAL HOSPITAL |
| INDEX | : 1702813 |

You are hereby granted a permission to conduct your research at Newcastle Provincial Hospital as per your request.

Kindly inform the institution of your commencement date in advance so as to inform the relevant departments.

Thank you


MS M. V. MAVUNDLA
HOSPITAL CEO
NEWCASTLE PROVINCIAL
HOSPITAL

Ms M. V. Mavundla

CEO

Newcastle Provincial hospital

iMnyongo Wazempilo. Department van Gesondheid

Fighting Disease. Fighting Poverty. Giving Hope

Annexure F:
Ethical Approval Letter of Niemeyer Memorial Hospital



health

MEMO

Department:
Health

PROVINCE OF KWAZULU-NATAL

Tel: 0343313811
Fax: 0343314420
E-mail: sikhosane@kznhealth.gov.za
www.kzn.gov.za

| | |
|----------|---|
| TO | : MRS. G.E. SHEZI |
| FROM | : DR S.B. NKOSI ACTING HOSPITAL CEO |
| DATE | : 07 MAY 2013 |
| FILE REF | : 312/3 |
| RE | : LETTER OF APPROVAL TO CONDUCT RESEARCH AT NIEMEYER MEMORIAL HOSPITAL (AMAJUBA HEALTH DISTRICT) |

I have pleasure in informing you that permission has been granted to you by Niemeyer Memorial Hospital (Amajuba Health District) to conduct research titled "The Needs of Community Service Professional Nurses with Regard to Supervision and Clinical Accompaniment at Niemeyer Memorial Hospital" in Amajuba District.

Thank you


Dr S.B. Nkosi
Acting Hospital CEO
Niemeyer Memorial Hospital

07/05/2013
Date



Annexure G:
Participant's Information Guide



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

P.O. Box 11096

Newcastle

2940

Madadeni/ Newcastle/ Niemeyer Provincial Hospital

Amajuba District

North-West KwaZulu-Natal

Dear Participant

RE: PARTICIPANT INFORMATION AND INVITATION TO PARTICIPATE IN RESEARCH STUDY

I am a Masters student currently conducting a research study in the public hospitals namely; Madadeni, Newcastle and Niemeyer of Amajuba District in North-West KwaZulu-Natal Province, as a requirement for M. Cur, at School of Nursing Science, North-West University (Potchefstroom Campus).

The title of research study/ project:

THE NEEDS OF COMMUNITY SERVICE PROFESSIONAL NURSES WITH REGARD TO SUPERVISION AND CLINICAL ACCOMPANIMENT

The research proposal has been approved by North-West University – Potchefstroom Campus, Ethics Committee and “Leadership and governance as

mechanisms towards excellence in South African health systems” proposal is the umbrella program, my research study falls under.

The purpose of the research study is as follows:

- To explore and describe the needs of community service professional nurses with regard to supervision and clinical accompaniment.
- To submit a report to Department of Health KwaZulu-Natal, Amajuba District Management and participating hospitals, eliciting the problems of community service nurses regarding supervision and clinical accompaniment during their community service year.

You as community service practitioners are invited to participate. Participation is totally voluntary and can withdraw at any time without penalty. You may terminate your participation at any time even after signing the consent without being discriminated, as the choice to participate lies on you alone.

Data gathered through semi-structured questions will be kept strictly confidential and anonymous. A report on the data will be generated but no identifying information of participants will be included, even in the publication of the results.

It is envisaged that, the data will be used to generate a dense description of the needs of community service practitioners regarding the supervision and clinical accompaniment by an experienced professional nurse (clinical accompanist) in the public hospitals of Amajuba District in North-West KwaZulu-Natal Province.

The benefit to you is that from this data the strategies to retain highly competent, critical thinker, knowledgeable and well behaved professional nurses can be developed and refined. I undertake to give feedback regarding this project and its findings and recommendations. No monetary benefits will be awarded.

If you agree to participate and that the data gathered may be used for the purpose of the above mentioned research study, please complete the attached consent form. Thereafter, the researcher will arrange to interview you at a time and a place convenient for you. The researcher will asks you semi-structured questions which will be a typed interview schedule about the needs of community service practitioner

regarding supervision and clinical accompaniment in the clinical health care facility. The approximate time required for in-depth interview is 45 to 60 minutes. With your permission the researcher will take field notes and voice record an interview.

I am hoping for your favourable consideration.

Thank you

Mrs. B.E.Shezi

M.Cur. Student

Cell phone no. 082 797 9775

e-mail address. shezi.busisiwe@gmail.com

C.E. Muller

SUPERVISOR & CO-SUPERVISOR

Dr. C.E. Muller and Dr. R. Pretorius

Annexure H:
Informed Consent Form

INFORMED CONSENT FORM

CONSENT TO PARTICIPATE IN THE STUDY

TITLE OF THE RESEARCH STUDY:

THE NEEDS OF COMMUNITY SERVICE NURSE WITH REGARD TO
SUPERVISION AND CLINICAL ACCOMPANIMENT

I, hereby give informed consent to voluntarily participate in the above mentioned research study.

I have read and understood that my participation is voluntary and that I may withdraw at any time from participating in the study without discrimination or penalty. The entire proceedings regarding data gathering techniques, confidentiality and anonymity have been explained. I was also given an opportunity to ask questions and was answered honestly and some points clarified to my advantage.

Participant's signature

Date

Witness's signature

Date

Researcher's signature

Date

Annexure I:
Example of a Transcription

I: ***Interviewer***

R: Respondent

I: Morning.

R: Good morning.

I: How are you?

R: I'm fine and you?

I: I'm fine. Thank you for allowing me to be your researcher. You are going to be my participant as you have given me your consent for this eh research which is titled the needs of the community service professional nurse with regard to supervision and clinical accompaniment in the clinical health care facilities of Amajuba district in Northwest, KZN. I hope you understood the information regard this topic as well as the questions that are in front of you. Now you can start with any question that is in front of you and you are going to lead the whole session. It's up to you now, thank you. And please be honest.

R: Okay I will start by answering question 3. According to my side in my ward eh I have my unit manager and other 2 senior sisters. The first day the taught me, they give me induction so that I will understand the things that I've done in the ward. I appreciate for what they have done to me because I was, I was totally lost eh to start community service at here at Madadeni.

I: So what assistance do you think you need with regard to, no matter they've given you induction if you come as a community service nurse (comserve) in a new institution.

R: I think it is the, a good idea eh to, to inform me about I think the policies on the routine of the ward as well as to introduce me to the staff, because if you are doing community service in the new institution, you, you become disorientated, disorientated because it is new. Uhm

I: And if you are to answer a question, please read the question that you are going to answer

R: Okay. What are the needs of a community service nurse with reference to supervision by experience professional nurse in the clinical facility. I think they should give me eh everything that are done in the ward so that I can understand especially eh the policies uhm everything that is done in the ward, I think it's all.

I: If you are saying everything please elaborate on that.

R: Okay. For instance the routine that I know is different to the routine that are done here at Madadeni and the things that are done here is different from the things that are done where I come from. For instance here at the CSSD (central steam sterilising department) they, the CSSD eh staff they bring, they bring gauze and cotton wool for the ward, but they don't know eh maybe in the ward they need you know gauze or they need cotton wool. Whereas from other institution they write the paper and they write things that they want like maybe they want twenty the gauze okay and they want twenty cotton wool swabs, it is totally different. And then what I've seen it when they are doing a roll call eh you mention the time, the time, we, we mention the time, the arrival time, and then hear is different from other institutions and then they roll call and then they tick; they only tick that is different.

I: You mean the supervision here is not good or what?

R: Eh things that are done here is totally different from the institution where I come from, but the, the supervision it's very, very good.

I: Oh it's very good.

R: It's very good especially my unit manager.

I: Uh-huh.

R: Yeah. Do you have any suggestion which can be, which can assist community service nurses to enhance professional growth during the year of conducting community service. What I can think, what I can suggest is that eh if there are comserve at the, at the beginning of the year, I think the unit manager or the matrons I think they should maybe prepare maybe or deal the pamphlets that will guide here, the community service nurses so that they will able maybe to understand what are done, what things that are done in the ward rather than, rather than asking, asking every time they are asking. And then if there is a community service nurse that is coming in the ward, I think they should introduce, they should introduce him or her to the ward because if you don't have for instance eh epaulettes, people they think that you are a staff nurse or you are enrolled nursing assistant or you are nursing auxiliary and then they should eh I think they should plan maybe or they should make a timetable for that person that is new in the ward. And then they should make uhm a timetable so that and then the timetable and then they will allocate time and then for certain things that they will discuss on that specific time. That's all.

I: That can help you for professional growth that to have the guidelines as well as introduction to other personnel so that they know your title.

R: Eh sure as the, the policies and the procedures that are done according.

I: The guidelines yeah.

R: Yes.

I: Okay.

R: Number 2. What are the needs of a community service nurse with reference to clinical accompaniment by experienced professional nurse in a clinical facility. I don't get it clearly in this question.

- I: You know with a clinical accompaniment that you need to have a clinical accompanist, somebody who is more experienced who accompany, eh eh during the time when you arrived you know would you previously were a student nurse you mostly dependant to others, now you are to work independently. But you are in a new institution, new routine, there are a lot of things that they have changed since from your period of your training, now do you think that you need clinical accompaniment maybe for a certain period or none at all, it's up to you.
- R: Eh what I can say I need eh sort of a mentor so that he or she can show me especially uhm about the ward things that I've done in the ward so that I, are be able to, he or she be able to teach me and the I will be able to do it for myself.
- I: Because you do have your skills, knowledge that you acquired during the training only just for guidance, you mean that.
- R: Yes for, for instance at the University we deal more, especially with the theory not the practical on the third and fourth year we focus more on midwifery and psychiatry, so as I'm working in medical wards I think it should be the better option that, the unit manager to give me maybe a mentor so that he or she can supervise me because I'm, I'm not familiar with things that are done practically.
- I: Anything to add?
- R: Eh what I can say in community services, I think they should give eh someone who is supervising especially if he or she is starting to a new institution.
- I: How is the communication here with the top management as well as the unit managers?
- R: Eh, eh with my unit manager we communicate well and my senior professional nurse we communicate well as well as my other colleagues that are doing also comserve and we communicate well with the matrons of, matrons for medical, medical wards, yes.

I: Uhm. So do you know the hierarchy for example where is the CEO office here, where you introduced?

R: Eh unfortunately I completed the course at the end of January so they didn't gave me the orientation for a hospital so I know only the office for nursing manager and eh, and like eh and my ward, it's 1A and HR, I don't know other wards because they didn't gave me the orientation because I came late, I came on the 5th of February.

I: No matter you, you came late, you don't deserve not to be orientated because it's a new institution, you'll have to, to be familiar with everything that is happening, don't put excuses of coming late please.

R: Yes I understand that maybe I, I visualise about that and then I tell myself that maybe it was that I was the only one at that time because most of the community services they're coming end January. I'm the only one from the University who came in February.

I: Okay.

R: Yes.

I: Uhm. Then how are the relationships between you and the human resource because you said you weren't there.

R: Eh it was not good uhm earlier, it was not good because they don't know every, they, they didn't give me the adequate information about the things that I have to do, that I will do here at the hospital eh for instance they did not ask me about what, what is the name of the institution and then they thought I was studying at my academic campus, so and then I went back on the following day to informed them that I'm coming from the University, I don't have even a persal number, I don't know everything, so you must make sure that you gave me adequate information, you make sure that you, you give me the, enough forms to fill, so that at the end of the day I mean getting me paid.

I: You were not paid I'm so sorry to hear that. So the way you were welcomed I think it's not nice that's all.

R: Yes it was not nice.

I: But after this it was rectified, but after that it was rectified.

R: Yes eh in two weeks, in three weeks back they called us with other community service nurses to do orientation, but it was not adequate also because eh still now I don't know the wards, I only know the medical ward and HR office and office of the nursing manager and OPD.

I: That's all.

R: That's all.

I: Oh I'm so sorry about that. Okay I hope you'll rectify that problem. Anything?

R: That's all.

I: But if you look at the procedures, are the procedures they same?

R: Procedures?

I: The way they are being done here, are they the same as from where you are coming from?

R: Not all procedures are the same, it's different, and other things are different here. But I have to adopt because I'm working here, yes.

I: Uhm, uhm, okay. So I'm looking on the part whereby you have to have a clinical accompanist whose just going to guide you, code you within the first eh maybe months of your placement in a certain ward.

R: I think so but my unit manager did that very well, I appreciate for that

I: Okay.

R: As well as all my senior professional nurses did that. They appreciate it.

I: How is the nursing staff in the ward in terms of their number and attitude.

R: Eh earlier they were, they were having that attitude eh because I'm young and the other staff are old so they were having the attitude of that they were not nursing me because I'm young and they are old. But now they are fine, they understand that I'm a professional nurse.

I: Okay.

R: Maybe the problem is of that I was not having epaulettes but now they do respect me.

I: Okay. In terms of number, how is the nursing staff in the ward?

R: Actually we have 2 teams, team A and team B, I'm only in team B with my, with my senior professional nurse from provincial hospital and then we have, we are, we are 6

I: you are many!

R: We are 6, for 2 cubicles.

I: Okay

R: Eh the patient, we admit and the, the beds dated eh around 25, yeah it's 25. But most of the time we admit maybe 2 or 3 patients, it should be clear to serve 6 patients, it should be clear, we only 2 cubicles with my senior professionals.

I: Okay. If there's nothing to add, thank you very much for participating. Thank you.

R: Thank you too.

Annexure J: **Co-Coder's Guidelines**

DATA ANALYSIS STEPS TO FOLLOW:

- Get a sense of all data (transcriptions, field notes and listened to the vice recording again for the tone of the voice.
- First transcription selected depends on the researcher's interest, read through; highlight/underline the core aspects related to the purpose of the research study, jot down the major/unique categories and general information in the margin.
- Repeat the same procedure for the rest of the transcriptions.
- Revisit the data, abbreviate categories codes and write to the appropriate segment of the text
- Write descriptive words for the highlighted latter information/parts/segments on the drawn table indicating the major categories and codes underpinning these major categories.
- Read through all again the categorised information.
- Final decision is made on abbreviation for each category and alphabetised those codes and re-code if there is a need.
- Identify the main themes and sub themes to create headings in the report of the research findings
- NOTE WELL: diverse quotations and specific evidence may be included as supporting statements.

Annexure K: **Field Notes of an Interview**

Methodology

The researcher arrived in the abovementioned hospital, was welcomed by the top management personnel who were Acting Chief executive officer and Deputy nursing manager as prior arrangements were done. They appreciated the visitation and were so grateful about the research study that I was conducting and said “Wow what an interesting topic, we wish you good luck in your endeavours and we request for the article when you are done”. Thereafter they called the secretary to show me the private room for one of the secretary staff who was on leave where I had to conduct the interviews, it was cosy. The researcher selected the participants accordingly (see chapter 2 under data collection). Furthermore the researcher prepared the room to suit the interview session. The door was closed and placed a warning notice “Do not disturb interviews in progress” at the entrance to ensure anonymity, privacy and confidentiality, but were disturbed once hence the office was for the secretary Desk table in place on which digital voice recorder, material for field notes and small token of appreciation were positioned. The researcher and the participant sat squarely on two separate chairs to maintain eye contact and to observe participant gestures during the interview. The researcher was the interviewer. Prior the interview with the participant, the researcher explained the aim of the study, the objectives as well as the ethical considerations and information brochure given. During the interview semi-structured questions were formulated as interview schedule and were given the participant whose opinions were explored after a voluntary informed consent was obtained and was asked to lead the session as she pleases, to read questions and honestly answer them. Initially was nervous but became more relaxed as the interview progressed. The participant engaged with caution in a deeper level of the semi-structured interview. There were instances where the participant were not

happy with the community service you would feel from the tone of her voice “disorientated because it is new environment” meaning without proper orientation, “asking, asking every time, asking” because there is no clinical supervisor and “it was not nice” indicating that they delayed their translation and be paid community service nurse salary. The researcher had to use communication techniques to gain dense description of live experiences and realities of community service nurse conducting community service year.

Personal

The researcher was the interviewer, used the interviewing skills and communicating techniques learnt during her psychiatric nursing science study. It was an interesting experience. The researcher ensured anonymity, privacy and confidentiality throughout the interview session though the participant was initially nervous but became more relaxed as the interview progressed. The participant was engaged with caution in a deeper level of the semi-structured interview. The researcher was able to gain a dense description of live experiences and realities of community service nurse conducting community service year. Some of deliberated issues about community service year were shocking where they execute tasks independently without clinical supervision and had to take hesitant decision which may jeopardise the patient’s life and pose ethical and legal connotations.

Theoretical

The researcher was so focused during the interview and came to conclusion that the CSN need clinical supervision and accompaniment, the community service strategy has benefits and challenges to the community service nurse which need to be taken into consideration and lastly but not least, the researcher came out with the suggestions for CSN professional growth. The latter information was concurred by the study supervisor, the independent co- coder and the participants per se.

Annexure L: Research Report



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

P.O. Box 11096

Newcastle

2940

30 November 2013

The Chairperson: Provincial Health Research Committee

KwaZulu-Natal Department of Health

Health Research and Knowledge Management

Private Bag x 9051

Pietermaritzburg

3200

Dear Sir/ Madam

RE: RESEARCH REPORT: The needs of community service nurses with regard to supervision and clinical accompaniment

I hereby humbly submit a research report regarding the results about the study conducted in the public hospitals namely: Madadeni, Newcastle and Niemeyer Memorial hospital.

Community service nurses need to obtain clinical experience under the supervision of experienced professional nurses in a public health facility for a period of one year. The escalation of triple burden diseases (TB, HIV/AIDS and chronic conditions) has put further strain on the effectiveness of an already struggling health-care system, and the delivery of health-care services to those who are most in need necessitated the implementation of community service.

This community service strategy, which aims to empower community service nurses, is a contentious matter, as these community service nurses are often placed in an area where they have to work independently within the first year after qualifying as a diplomate or graduate without being supervised and supported in the public health facility.

The community service nurses experience a lack of confidence and competence due to limited clinical exposure resulting from full and compacted nursing education programmes. The need for an experienced professional nurse as supervisor with a clearly defined job description by the provincial Department of Health is mandatory to prevent role conflict and confusion. However, the provision of such supervision has not yet materialised because of the shortage of experienced registered nurses in the health-care system.

The main objectives of the study were as follows:

- To explore and describe the needs of community service nurses with regard to supervision and clinical accompaniment.
- To submit a report to Department of Health KwaZulu-Natal, Amajuba District Management and participating hospitals, eliciting the problems of community service nurses regarding supervision and clinical accompaniment during their community service year.

The study only commenced when the ethical approval and permission was obtained from the following stakeholders:

- The Ethics Committee of NWU (Potchefstroom Campus).
- Permission to be obtained from Department of Health: KwaZulu-Natal.
- The Ethics Committee of Amajuba District in North West KwaZulu-Natal.

- Permission to be obtained from the relevant public healthcare facilities
- Voluntary informed consent to be obtained from the prospective participants of research study.

Research design: A qualitative design using exploratory, descriptive and contextual strategies ensured access to tangible information regarding the supervision and clinical accompaniment needs of community service nurses.

Data collection: Data was collected using semi-structured interviews, field notes and digital voice recordings. The participants were community service nurses who had completed six months of their community service year. A total of $n = 12$ participants out of $N = 38$ were interviewed in the three hospitals of the Amajuba District in KwaZulu-Natal until no new data emerged and data saturation was reached.

Data analysis: Content analysis assisted the researcher to identify the relevant code, categories, themes and sub-themes to clarify the data. Literature control was used to underpin the research findings.

Research findings: The community service nurses appeared to be in desperate need of clinical supervisors to guide, coach, support, and be a role model to them. Community service nurses needed to develop confidence, competence, independence and critical thinking skills during community service practice. In reality, community service nurses were not fully competent and independent to practise autonomously during their community service. Therefore the need for clinical supervision by experienced professional nurses who need to assist them with continued development of skills in the clinical practice. Again the study also emphasised that it should be clear to the experienced professional nurses that not all the CSNs are able to practice autonomously at the community service period and acknowledge that confidence and competency develops during this period and is influenced by clinical supervision from experienced professional nurses as clinical supervisors. The following recommendations were formulated which could be of assistance to the KwaZulu-Natal PDoH regarding clinical placement of community service nurses.

Recommendations to Provincial Health Research Committee of PDoH of KwaZulu-Natal

- Establish a clinical supervisor's post at each institution, who is an experienced professional nurse with the following requirements: desirable traits/ positive attitude, qualities and skills obtained from **at least 6 years clinical experience**.
- To formulate a policy to guide health care facilities on how to ensure that CSNs obtain maximum clinical experience and exposure from their institutional placement.
- To stipulate the hours for unit placement to allow **rotation** of CSNs to various general and specialised nursing units, to be exposed to different procedures (including unusual) and patient's illnesses, thus facilitate the learning opportunities and learning experience from CSNs. This will broaden the specific applicable knowledge of CSN in practice.
- **Timeously change of position** from a learner nurse to CSNs; hence they will receive their appropriate remuneration. This problem was not an objective of this study but most of the CSNs reveal that re-allocation creates severe financial constraints as they need to move. Housing and transport expenses are challenges for these CSNs.
- To establish means of **providing a designation** to community service nurses working the public hospitals because the CSNs are untitled, do not have CSN **distinguish devices and designation next to their names**, are disrespected by experienced nurses (enrolled nurses and enrolled nursing auxiliaries) and cannot discipline them.

Recommendations to the District manager of Amajuba district and Chief Executive Officer of the relevant three public hospitals, respectively

- To increase the number of experienced professional nurses in the health care facility for the delivery of the efficient and quality patient care. Because CSNs are working alone following a trial-and-error approach in decision-making which is time consuming and which may result in compromising the health of the patient and increase the ethical-legal risks of the hospital.
- To recommend to PDoH to develop a job description of the community service nurse allocated in the public hospitals. Hence they want to be part and parcel

have an identity within the nursing unit, therefore they are in limbo with regard to their position within the nursing unit.

- To provide a strategic plan dedicated to CSNs which will indicate induction and orientation programme, the exposure of CSNs to different clinical skills and patient illnesses managed in the hospital as they will be placed in different general and advanced specialized nursing units.
- To develop a staff development plan for CSNs during community service year to provide the clinical learning opportunity to attend workshops, seminars and in-service education to keep on par with the new developments pertaining skills and management of certain patient's illnesses.
- To ensure that the nursing units are well equipped with linen and ward stock.

Recommendations for further research

The following research problems are presented for further research:

- A mixed method research approaches may be done to compare the research findings about the needs of CSNs with regard to supervision and clinical accompaniment in different public healthcare facilities of KZN Province so that the research results can be generalised. Longitudinal research design may be ideal to involve professional nurses within a year post community service.

Thank you for granting permission from your office to conduct the study and the researcher hope that you could utilise the findings of this study.

Yours faithfully

Mrs. B.E.Shezi (M.Cur. Student)

Cell phone no. 082 797 9775; E-mail address: Shezi.busisiwe@gmail.com

C.E. Muller

Dr C.E. Muller and Dr R. Pretorius

(018) 299 1873 / 082 422 8993