Title

DEVELOPMENT OF A MENTORING PROGRAMME FOR COMMUNITY SERVICE NURSES IN THE NORTH-WEST PROVINCIAL PUBLIC HEALTH FACILITIES

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Thesis submitted for the degree *Philosophiae Doctor* in Nursing at the Mafikeng Campus of the North-West University

Promoter: Prof M.A.Rakhudu

Graduation :October 2017

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DEVELOPMENT OF A MENTORING PROGRAMME FOR COMMUNITY SERVICE NURSES IN THE NORTH-WEST PROVINCIAL PUBLIC HEALTH FACILITIES

by

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Thesis submitted for the degree Doctor of Philosophy in School of Nursing Sciences at the Mafikeng Campus of the North West University

Promoter: Professor M.A. Rakhudu

28 September 2017

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DECLARATION

I, **Sisinyana Hannah Khunou**, declare that "**Development of a Mentoring Programme for Community Service Nurses in the North-West Province Public Health Facilities**" is my own work and the sources used have been appropriately acknowledged and that this work has not been submitted at another university for any degree.

Sisinyana Hannah Khunou : .....
Student Number: 22086943

Date Signed : 13/10/2017.

"Every good gift and every perfect gift is from above, and cometh down from the Father of lights, with whom is no variableness, neither shadow of turning"

James 1:17

DEDICATION

This thesis is dedicated to Almighty God for His grace, guidance and protection and for seeing me through this project; through Him all things are possible.

To my beloved and late dad, William Olebile Senosi, who instilled the motivation of education in me; even in absentia, I know this dream is yours too.

To my late brother, Jeffrey Seforapelo Senosi, this work is devoted to you.

To my late husband, Abram Tony Khunou, even in absentia, you are always my love and motivator in my achievements.

ACKNOWLEDGEMENTS

My sincere gratitude goes to the following persons who supported me through thick and thin in completing this study:

- My promoter, Prof M.A. Rakhudu, for expert advice, mentoring, guidance and encouragement.
- The statistician, Mr Kolentino Mpeta, for expertise used in analyzing the findings of this study.
- Dr Vicky Koen, for serving as co-coder for qualitative data.
- My friends, Ms M.G. Serapelwane and Mrs N.P. Mkhokheli, for peer review, advice and support.
- Honourable Community Service Nurses and Nurse Managers who made time to participate in the study, even in their busiest schedules. Without your participation this research would not have been possible. Thank you.
- Professor A. Pienaar and management of the School of Nursing Sciences, for providing me with extended leave to complete this project.
- Professor M.Koen for support in the fanilization of the study
- My colleagues, amidst their workload, saw it necessary to carry mine during study leave. Thank you very much.
- Mr B.J.Molato for helping in the distribution of questionnaires in some districts
- North-West Provincial Department of Health and management of public health facilities, for permission to conduct the study.

- My beloved mother, Mrs Mapiti Senosi, for understanding, love and support.

- To my uncle, Sedumedi Legoale, for being an inspiration and a role model—I am following in your footsteps.

- My brothers, Kealeboga, Mpolokang, Rapula and Pule, for taking care of my child when I was busy with my studies.

- To my best friends, Edith Kgape, Manka Semela, Daphney Motladiile and Mabebe Mosidi, for encouragement and support.

- To my beloved daughter, Neo, thank you for understanding when I was not always there for you due to my studies. You are the source of my strength.

- To my other children, Tshepo, Kgomotso, Refentse, Kamogelo, Lesedi, Unathi, Kitso and Rebaone, thank you.

- To Prof D.C. Hiss, Department of Medical Biosciences, University of the Western Cape, for editorial assistance and typesetting of the manuscript.

ABSTRACT

Newly qualified nurses in South Africa are expected to render mandatory community service for a period of one year as a strategy to equip them with skills and to curb shortage of nurses, especially in the rural areas. Seemingly, Community Service Nurses (CSN) are not mentored; as a result, they lack confidence in rendering quality nursing care. Lack of support and guidance contribute to early burnout and resignations of these nurses. The current information gap becomes even more important given South Africa's demand for nurses and the need for upscaling quality of nursing care in public health facilities settings. These factors underscore the need for a mentoring programme for the CSN in public health facilities in North-West Province (NWP). The purpose of this study was to develop a mentoring programme for CSN in the NWP public health facilities. The study was done in two phases, namely: 1) description and exploration of the perceptions and experiences of Nurse Managers (NM) and CSN regarding mentoring of CSN in NWP public facilities; 2) development of the mentoring programme for CSN in NWP public health facilities. In Phase 1, a convergent, parallel, mixed method design was used. For the quantitative component, a sample of 224 CSN and 174 NM were selected using stratified and simple random sampling methods. Focus group discussions and individual semi-structured interviews were conducted on 28 CSN and 27 NMs. Both quantitative and qualitative findings highlighted the following: 1) need for mentoring of CSN; 2) possible benefits of mentoring; 3) factors that enhance mentoring; 4) factors that inhibit mentoring. These findings formed the basis for the development of the mentoring programme in phase 2. The adapted Kellogg's logic model (KLM) was used to guide the development of this mentoring programme in phase 2. Components of KLM used in this study included: Resources; Programme Activities; and Outputs and Expected Outcomes. KLM was adapted by adding needs analysis as the first component and impact was not indicated because the programme was neither implemented nor evaluated. Proposed guidelines for operationalizing the CSN mentoring programme were also developed.

Recommendations for research included piloting, implementation and evaluation of the mentoring programme. All stakeholders should work together in mentoring CSN.

Keywords: Nurse managers, community service nurses, Kellogg Logic Model, mentoring and mentoring programme

LIST OF ACRONYMS

CEO	Chief Executive Officer
CHC	Community Health Centres
CSN	Community Service Nurse(s)
DPSA	Department of Public Service and Administration
Dr KK	Dr Kenneth Kaunda
Dr RSM	Dr Ruth Segomotsi Mompati
FGD	Focus Group Discussions
HIV	Human Immunodeficiency Virus
HRD	Human Resources Department
HU	Hermeneutic Unit
IMCI	Integrated Management of Childhood Illnesses
KLM	Kellogg's Logic Model
LRO	Labour Relations Officer
MMD	Mixed Methods Design
NMM	Ngaka Modiri Molema
MSNOS	Medical Surgical Nurse Opinion Survey
NANE	Newly Appointed Nurse Educator(s)
NDoH	National Department of Health
NIMART	Nurse Initiated and Management of Anti-Retroviral Treatment
NM	Nurse Manager(s)
NQN/NQPN	Newly Qualified Nurse(s)/Newly Qualified Professional Nurse(s)
NWP	North-West Province
NWPDoH	North-West Province Department of Health
PD	Primary Documents
PMDS	Performance Management Development System
RSA	Republic of South Africa
SANC	South African Nursing Council
SET	Social Exchange Theory
SPSS	Statistical Package for Social Sciences
USA	United States of America

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CHAPTER 1

ORIENTATION OF THE STUDY

1.1 Introduction

The study developed the mentoring programme of community service nurses (CSN) in the North-West Province (NWP) public health facilities. This chapter provides the background and rationale, the problem statement, purpose and objectives of the study. The chapter also describes the significance and the theoretical framework of the study, as well as well as a brief overview of the research design and methodology, and the conceptual framework for programme development. Measures used to ensure data quality and ethical procedures are described. Included also is the chapter outline of the entire thesis.

1.2 Background and Rationale

Community service was introduced in 1998 by the National Department of Health (NDoH) for South African doctors followed by dentists, pharmacists and other health professionals, including nurses in 2008. The main objective of community service was to improve access to quality health care to all South Africans and enhance skills acquisition and professional development (NDoH, 2011:73). In addition, the NDoH (2011:73) indicated that the retention strategy should include mentoring community service professionals which is not documented.

The transition period from learning as a nursing student to being a responsible professional nurse has been perceived by new nurses as being very difficult and confusing (Duchscher, 2008:1110; Bjerknes & Bjork, 2012:5). In this regard, nurses experienced stress and anxiety correlated to lack of support. To that effect, mentoring was recommended as one of the vital strategies that can alleviate transitional shock (Duchscher, 2008:1110; Bjerknes & Bjork,

2012:5; Botma, Hurler & Kotze, 2012:813)

A carefully developed and clearly written mentoring programme will help to alleviate the transitional shock of the CSN. Mentoring for nurses started during the era of Florence Nightingale (Mariani, 2012:2; Lorentzon & Brown, 2003:268). The archived letters written by Florence Nightingale in 1873- 1885 indicated an efficient mentor and mentee relationship. It is apparent that mentoring records should be kept as a source of reference which will be used for mentoring the CSN. Evidence in research has proven that effective and successful mentoring of new nurses is beneficial to the organization, the mentor and the mentee (Dunham-Taylor, Lynn, Moore, McDaniel & Walter, 2008:341).

Studies done by Dunham-Taylor et al (2008:341) and Mariani (2012:9) found that effective mentoring can lead to successful retention of the new nurses. In addition, Mariani (2012:9) stipulated that the mentors reported that mentoring met the need for recognition and intrinsic motivation. Good mentoring helps to clarify roles and provides on the job training, thus benefiting the organization (Okurame, 2009:361). Developing the mentoring programme for CSN in South Africa will help to improve job satisfaction among mentors which can lead to their retention.

The study done by Witter and Manley (2013:392) revealed that mentoring significantly benefitted the United States of America (USA) hospitals because it increased the positive feelings of the new nurses about the hospital. In the United Kingdom (UK), it was found that mentoring of newly qualified nurses (NQN) was highly valued by the mentee (Jones, Benbow & Gidman, 2014:49). In support of this notion, Okurame (2009:357) in Nigeria indicated that informal mentoring was correlated to organizational commitment and job satisfaction among health care professionals.

Another qualitative study done in Lesotho by Makhakhe, Williams and Borma (2010:57) found that mentoring was hindered by lack of professional nurses and equipment. In this

regard, the guidelines were formed to tackle the issue of support of the newly qualified professional nurses (NQPN). It is envisaged that effective mentoring might be inhibited by poor working conditions, but a mentoring programme will in a way address the issues of nurse shortages. The literature attests to the need for mentoring NQPN in South Africa, but there is limited information about those who were done specifically in the NWP. A study conducted in Limpopo Province by Lekhuleni, Khoza and Amusa (2013:201) found that the NQPN were incompetent in rendering important nursing care. In this regard, Lekhuleni et al (2013:201) recommended that mentoring should form the major part of the nurses' education programme. Another study done by Setati and Nkosi (2013:97) revealed that communication can lead to successful mentoring.

In addition, Mulaudzi, Libster and Phiri (2009:56) did a case study which suggested Ubuntu, cultural diplomacy and mentoring to socialize new nurses into the culture of nursing. According to Mulaudzi et al (2009:62), it is important to apply these philosophies in mentoring programmes with the goal of creating a welcoming nursing community for the young nurses. The study conducted by Beyers and Jooste (2013:58) highlighted the challenges faced by NQPN, which could be addressed by mentoring. The study done by Seekoe, Arries and Dzvimbo (2009:126) revealed that newly appointed nurse educators (NANE) did not perform according to expected competencies of nurse educators. As a result, a model for mentoring NANE was developed.

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Hlosana-Lunyawo and Yako (2013:7) explored and described the experiences of NQPN with less than two years' experience in the public health facilities in the Eastern Cape Province. Mqokozo, Minnaar and Tjale (2013:7) explored work-related experiences of new nurses in Gauteng Province public hospital in their first year working as professional nurses. Based on this information it is clear that there is limited information about studies that were done in NWP with regard to mentoring of CSN. Substantial evidence indicates that NQPN in the Republic of South Africa (RSA) experience frustrations during the transitional period.

However, few studies were done in the NWP regarding the mentoring of the NQN. Mqokozo, Minnaar and Tjale (2013:57) pointed out that the CSN were left to burn because they were neither supported nor mentored. In Limpopo Province, the study done by Thopola, Kgole and Mamogobo (2013:173) identified numerous challenges whereby the CSN emphasized poor supervision, lack of orientation and mentoring. In this regard, the researchers recommended that there should be orientation programmes and in-service training for the CSN (Thopola et al, 2013:174). Studies done in NWP identified the incompetence of these nurses, but did not address the issue of mentoring. Moeti, van Niekerk and van Velden (2004:73) revealed that most new nurses were incompetent with regard to the Scope of Practice of Registered Nurses (South African Nursing Council/SANC Regulation 2598 of 1984). In support of this assertion, Morolong and Chabeli (2005:43) found that the inexperienced new professional nurses were not yet competent pertaining to the application of the nursing process. With this background, it is clear that mentoring of these nurses is of great need to support the CSN in the NWP.

1.3 Problem Statement

In the year 2008, the NDoH implemented a policy on compulsory community service for nurses (NDoH, 2011:73). According to this policy, newly qualified nurses are expected to serve the community for a period of one year as a strategy to equip them with skills and to curb the shortage of nurses, especially in rural areas. However, the mentoring of these community service nurses is not adequately practiced or if practiced not clearly publicised. On the 13/03/2014, the researcher attended the CSN stakeholder's meeting which was held at the DoH, whereby it was highlighted that the CSN do not have a mentoring programme because they have met all the requirements of the professional qualification. In addition to that, unavailability of a mentoring programme of the CSN is of great concern. This is seen by a lack of confidence in rendering quality nursing care and frustrations of these nurses. Lack of support and guidance contributes to early burnout and resignations of these nurses. The current information gap becomes even more important given South Africa's demand for

nurses and the need for upscaling quality of nursing care in the primary health care settings. These aspects reinforce the need for a mentoring programme for the CSN in the public health facilities in the NWP.

1.4 Purpose the Study

The overall purpose of the study was to develop a mentoring programme for CSN in public health facilities in the NWP.

1.5 Objectives of the Study

The objectives of the study were to:

- Measure the perceptions of CSN and NM about the mentoring of CSN in NWP public health facilities
- Explore and describe the experiences of CSN with regard to their mentoring in NWP public health facilities
- Explore and describe the perceptions of NM with regard to mentoring of CSN in NWP public health facilities
- Identify and conceptualise the framework for CSN mentoring programme development in NWP public health facilities
- Develop a programme to enhance mentoring of CSN in public in NWP public health facilities
- Describe the proposed guidelinelines to operationalize the CSN mentoring programme

1.6 Significance of the Study

It is hoped that a mentoring programme for CSN will help to improve the standard and quality of nursing care to patients by providing adequate support to CSN. The professional,

career and personal development of CSN will be achieved and thus contribute to intrinsic motivation. Mentors will also gain a lot of experience which, in turn, will lead to job satisfaction. The policy makers will better understand the needs of CSN, and thus would benefit from the mentoring programme. It is envisaged that the findings of this research will be available in various data bases and used in research.

1.7 Theoretical Framework of the Study

Two theories were applied in the study, namely: Mentoring Role Theory and Social Exchange Theory.

1.7.1 Mentoring Role Theory

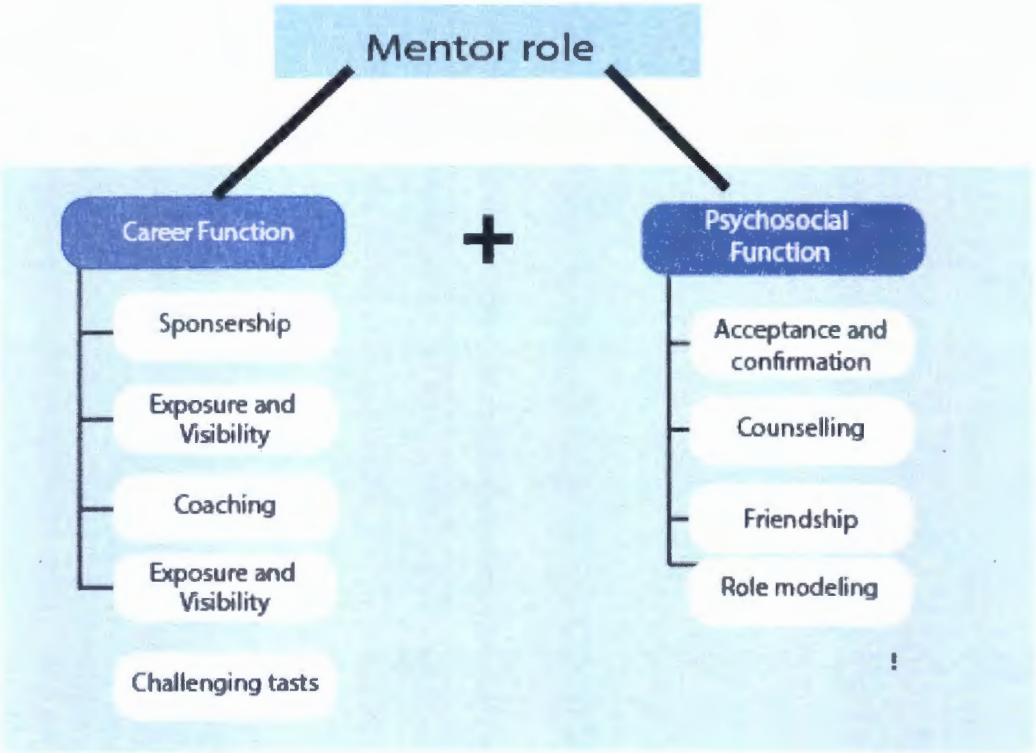
Figure 1.1 shows the mentoring roles theory which was applied in the study. According to Kram and Isabella (1985:124), mentoring is the work-related interaction between an experienced employee and inexperienced one to provide two important functions: the career and psychosocial support. Kram and Isabella (1985:124) interviewed mentees and mentors and found that the mentee is shown organizational ropes and prepared for work-related opportunities. Five specific work-related theories are (Kram & Isabella, 1985:125): 1) Sponsorship; 2) coaching; 3) Exposure and visibility 4) Protection, and 5).Providing challenging assignments.

Four important functions emerged from the psychosocial role: 1) Role modelling; 2) Acceptance and confirmation; 3) Counselling, and 4) Friendship.The psychosocial role of the mentor helps to enhance interpersonal relations and mentee 'self-efficacy and personal development (Kram & Isabella, 1985:125). The mentoring programme will help to achieve these two broad functions.

1.7.2 Social Exchange Theory

Social Exchange Theory (SET) was applied to understand and describe NM's mentoring perceptions (Blau, 1964 in Yu & Belschak, 2010:8). Blau (1964) in Yu and Belschak

(2010:8) described social exchange as when a person does a favour to another and the person who did the favour to the other may expect a favour in the future. According to Thibaut and Kelley (1959), cited in Loue (2010:10), SET posited that in the mentoring relationship, the mentee can get: 1) Direct and indirect benefits; and 2) Costs which include negative experience and dysfunctional behaviour (Yu & Belschack, 2010:8).



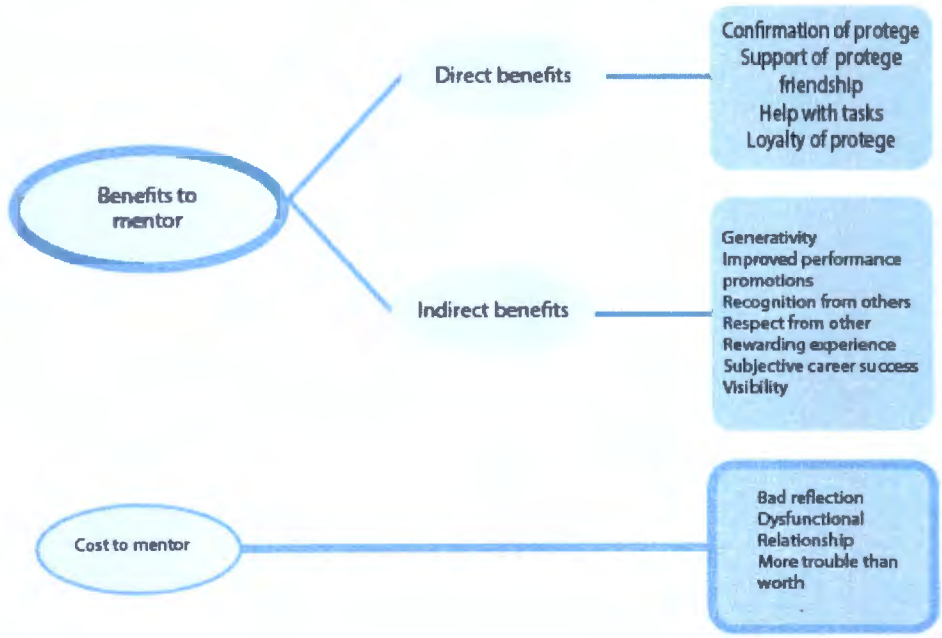
Source: Kram & Isabella (1985:125)

Figure 1.1: Mentoring role theory

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The mentor can also get: 1) Direct and indirect benefits; and 2) Costs which include bad reflection, dysfunctional relationship, more trouble than worth, nepotism and time consuming (Yu & Belschack, 2010:8). Furthermore, Yu and Belschack (2010:28) highlight that this reciprocal relationship of the mentor and mentee should be well understood to get a better insight of the mentoring process. Therefore, it was imperative to investigate the perceptions of the NM to that effect. In order to determine the cost and benefit effect on the mentor,

Ragins and Scandura (1994:971) developed the mentoring cost and benefit scale which was used in the study. Figure 1.2. Indicates the SET.



Source: Yu & Belschak (2010:22)

Figure 1.2: Mentoring costs and benefits

1.8 Research Design and Methodology

1.8.1 Design and Method

To address the research objectives, the mixed methods approach which was used to gather, analyze and integrate both quantitative and qualitative (Creswell, 2014:305). Mixing both types of data were to capture the perceptions about a complex issue of mentoring CSN. The mixed methods are divided into four, namely: embedded, explanatory, exploratory and triangulation types (Creswell, 2014:304; Onwuegbuzie, Slate, Leech & Collins, 2007:13). According to Creswell (2007:65), an explanatory method, qualitative phase is used to explain the quantitative phase. The exploratory design is a sequential design where the first phase, qualitative, helps in the development of the quantitative phase. The triangulation method is

whereby both quantitative and qualitative phases occur at the same time and are given the same weighting (Creswell & Plano-Clark, 2007:65). Convergent parallel mixed methods design (MMD) in triangulation method was utilized in the present study. In this research, both quantitative and qualitative data were collected at the same time and analyzed separately, results were then compared and merged (Creswell, 2014:305).

1.8.2 Research Approach

The convergent parallel approach was adopted, whereby the researcher used both structured questionnaires and semi-structured interviews to collect data from CSN and NMs regarding their perceptions about mentoring of CSN in public health facilities in the NWP. CSN and NM's perceptions pertaining to the mentoring of CSN were quantitatively described. Furthermore, the experiences of CSN and perceptions of NMs were qualitatively explored and described about mentoring of CSN in NWP public health facilities. In order to interpret the study results, the researcher compared, contrasted and merged both quantitative and qualitative results. The purpose of using the convergent parallel mixed methods approach was to achieve the following:

- **Triangulation** was done by comparing quantitative results with the qualitative results to better understand the mentoring of CSN.
- **Complementarity** was explored, whereby both quantitative and qualitative results were weighted and given the same priority
- **Completeness**: combination of both methods provided integrated and a more complete understanding of mentoring (Onwuegbuzie, Slate, Leech & Collins, 2007:13).

The limitations of the convergent parallel approach are as follows:

- The consequences of having two varied samples should be strongly taken into consideration when merging the two.

- Sometimes it is not easy to combine the two sets of data in a meaningful way (Creswell & Plano Clark, 2007:67)..Table 1.1 summarizes the two components or strands of the MMD.

Table 1.1: Research design and methods

Component	Objective	Design	Population	Sampling method	Data collection	Data analysis	Data quality
QUANTITATIVE	Measure the perceptions of CSN and NM about the mentoring of CSN in NWP public health facilities	Quantitative descriptive cross-sectional	Community service nurses Nurse managers	Probability stratified and simple random	Structured questionnaires	Descriptive Inferential statistics SPSS version 23	Validity: Face, content validity was ensured Pilot study was conducted Reliability: Internal consistency was measured by determining the Cronbach Alpha
QUALITATIVE	To explore and describe the experiences of CSN with regard to their mentoring in NWP public health care facilities. To explore and describe the perceptions of NM with regard to mentoring of CSN in NWP public health care facilities	Qualitative exploratory	CSN Nurse managers	Non-probability and purposive	Semi-structured Interviews Audio tapes	Atlas ti 7	Credibility Dependability Conformability Transferability

1.8.3 Research Process

The research process was conducted in two phases, namely: Phase 1: Description and Exploration of Perceptions of the CSN and NM and conceptualisation of the CSN mentoring programme; Phase 2: Mentoring Programme Development and proposed guidelines for operationalization of the CSN mentoring programme. Phase 1 consisted of quantitative descriptive and qualitative explorative analyses of the CSN and NM on their perceptions pertaining to mentoring of CSN. This convergent parallel MMD consisted of both quantitative and qualitative data collection, analysis, merging and interpretation (Creswell, 2014:227). The emphasis was put more on both methods.

1.9 Mentoring Programme Development

Concept identification and classification for the development of a conceptual framework was conducted from the empirical data and literature contextualization. This process formed the basis for the mentoring programme for CSN. The Kellogg's Logic model was adopted, adapted and used to develop the mentoring programme for CSN in the NWP. The Kellogg's Logic Model (KLM) is also known as the theory of change and is a tool used by funders, managers and evaluators of programmes to evaluate the effectiveness of a programme (Kellogg Foundation, 2004:1). The key components of the logic model are: 1) Resources or Inputs; 2) Activities; 3) Outputs; 4) Outcomes and 5) Impact. It must be noted that impact component was not used in this study as it required that the programme should be implemented and evaluated first. Given the limited time for this study, the implementation and evaluation of the impact is left for the post doctoral studies. The proposed guidelines were also described to operationalize the mentoring programme. For the purpose of this study, a need analysis, problem statement and assumptions were included in the development of the mentoring programme for CSN. The study focussed on the planning and designing of the mentoring programme for CSN. The rationale for using the KLM is to provide key role players in mentoring with a road map of describing sequence of related events connecting the need for planned programme with programme desired outcomes.

1.10 Measures to Ensure Validity, Reliability and Trustworthiness

1.10.1 Validity and Reliability

In order to ensure content validity, questionnaires were submitted to the mentoring expert, the statistician and the promoter for expert scrutiny. The tools used in this study were piloted on twenty participants who did not form part of the main study population. Internal consistency was determined to ensure that the items in the questionnaires measured mentoring of CSN (Cronbach, 1951:363). Validity and reliability are elaborated in Chapter 3.

1.10.2 Trustworthiness of Qualitative Data

Trustworthiness was ensured by applying four criteria which are applicable and relevant to qualitative research: credibility, dependability and confirmability (Krefting, 1991:217 in Guba, 1981).

1.10.2.1 Credibility/Truth Value

The researcher remained in the field until data saturation was reached and participants were quoted verbatim in transcripts.

1.10.2.2 Dependability/Consistency

In this study, data were verified for authenticity and accuracy to confirm whether the actual data were recorded during the interviews.

1.10.2.3 Confirmability/Neutrality

In this study, the audit procedure was done by the promoter to validate whether the transcripts resembled raw data on the tape and were transcribed verbatim.

1.11 Ethical Measures

The rights of the participants in the study were respected as follows:

1.11.1 Ethical Clearance

Ethical clearance was obtained from North-West University's Ethics Committee (Mafikeng Campus) (NWU003-16-14-A9) (Annexure A.)

1.11.2 Permission to Conduct the Study

Before starting the research, the researcher obtained permissions from NWPDoH (Annexures C). In order to get access to the participants, permission was obtained from the district managers and facility managers of the public health facilities where the study was conducted (Annexures C and E1 to E5).

1.11.3 Participants' Rights

The researcher adhered to three fundamental ethical principles for protection of human rights throughout the study as follows: respect for persons, beneficence and justice:

1.11.4 Informed Consent

The participants were provided with a consent form (Annexure G) and information sheet which explained the purpose and objectives of the study (Annexures F and H). The information sheet was written in English as it is the language understood by all the participants.

1.11.5 Principle of Respect for Person

In order to ensure autonomy, participants were informed that their participation in the study was voluntary and that they have the right to withdraw from the study at any time.

1.11.6 Principle of Beneficence

The researcher ensured that participants were not coerced by explaining that they were not obliged to participate and that their participation should be completely voluntarily. To prevent harm, the participants were informed that they were free to withdraw from the study

at any stage and to omit any question which made them uncomfortable.

1.11.7 Principle of Justice

This principle was observed by adhering to the following rules: Right to fair selection and treatment and right to privacy.

1.11.8 Right to Fair Selection and Treatment

For the purpose of fair selection and treatment, the participants who met the inclusion criteria were invited to participate in the study. Information about the research was outlined to the CSN and NM to promote voluntary participation.

1.11.9 Right to Privacy

In the present study, privacy was maintained by adhering to the following: Anonymity and confidential procedures: The researcher informed the participants that their names would be written in the consent forms and not in the questionnaires. Participants were advised not to write their names in the questionnaire in order to ensure their anonymity. The right to confidentiality was guaranteed by ensuring that the information provided was not made accessible to parties other than those involved in the research. The completed questionnaires were safely locked at the university archives for a duration of five years.

1.12 Definition of Concepts

1.12.1 Community Service Nurse

According to Regulation R765 of 2007 (Nursing Act, 2005), a Community Service Nurse (CSN) is a South African nurse trained under the South African Nursing Council (SANC) Regulation R425 of 22 February 1985. In the proposed study CSN is this nurse allocated at public health facilities in the NWP.

1.12.2 Nurse Manager (NM)

The professional nurse who is knowledgeable, skilful and responsible for leadership and mentoring (Meyer, Maude, Shangase & van Niekerk, 2009:160). In this study, a NM is a nurse qualified with a nursing diploma or degree and has an experience of five years or more and working at the public health facilities with CSN

1.12.3 Mentee

A member of mentoring relationship who is less experienced and younger and whose professional development and career advancement are the focus of the mentoring relationship (Zey, 1991). A CSN with less than 3 years as a professional nurse in NWP public health facilities is a mentee.

1.12.4 Mentor

The member of the mentoring relationship who is more experienced and acts as a teacher, friend, guide and is actively involved in the empowerment and professional development of the mentee (Meyer et al, 2009:160). In this study, the mentor is the professional nurse with five or more years' experience and working with the CSN.

1.12.5 Mentoring

This is a professional relationship whereby the mentee learns from the mentor (Bland, Taylor, Shollen, Weber-Main & Mulcahy, 2009:12). In this study, mentoring is a professional relationship between CSN and NM.

1.12.6 Programme

A plan which has been developed for a particular purpose. In the present study, the programme is a plan developed for the purpose of mentoring CSN in the NWP public health facilities.

1.12.7 Public Health Facility

A public health facility is the whole or part of a facility, building or place managed and owned by the public health sector, that is operated or designed to provide health care services (NDoH,2013:9). In this study, public health facilities are NWP regional, district hospitals, community health centres and local clinics where CSN are allocated.

1.12.8 North-West Province

The province according to Section 103 of the Constitution of the Republic of South Africa, Act 108 of 1996 (South Africa,1996). In this study, the province refers to the area where newly qualified nures are placed for community service.

1.13 Limitation of the Study

The study limitation is that simple random sampling technique was used to select CSN and NM in public health facilities. Other health facilities were not included because permission was not granted, or the participants were not available. However, adequate representation was ensured by selecting participants proportionately in the four NWP districts to achieve a required number for the quantitative study. The study was conducted at eight hospitals, 28 clinics in NWP, where CSN are placed.

1.14 Dissemination of the Results

The results of this study will be:

- Presented in the School of Nursing Sciences and faculty research seminars;
- Presented at the local, national and international conferences; and
- Published in accredited journals.

1.14 Outline of the Study

The chapters are arranged in the following manner:

Chapter 1: Orientation of the Study

Chapter 2: Literature Review

Chapter 3: Research Methodology

Chapter 4: Quantitative Research Results

Chapter 5: Qualitative Research and Literature Control

Chapter 6: Converged Quantitative and Qualitative Results, and Conceptual Framework

Chapter 7: Development of a Mentoring Programme for CSN and proposed guidelines for operationalization of the programme.

Chapter 8: Study Evaluation, Limitations, Recommendations and Conclusions

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1.15 Summary

The study was based on the development of the mentoring programme for CSN in NWP public health facilities. In this chapter, the study was introduced, and a background of mentoring of NQPN was discussed. Several challenges faced by the NQN were described. This chapter also reflected on the problem statement, definition of terms, purpose and objectives, theoretical framework, significance and limitations. Dissemination of results and outline of the study were described. Chapter 2 will outline the literature review undertaken in the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The aim of this chapter is to provide a literature review in nursing and health science that highlights the mentoring of NQN. This chapter provides current knowledge on mentoring in nursing with the intention of suggesting or developing a programme for nurse educators and managers to strengthen the nursing workforce. Though concept analysis on mentoring has been conducted, there is minimal attention to applying concepts to transition, practice and support to CSN. Therefore, this literature review examines the mentoring phenomenon in nursing. Findings may guide administrators and managers in developing new programmes and support systems to help CSN.

2.2 Purpose of the Review

The purpose of this literature review was to critically review the research articles on mentoring and mentoring programmes of NQN and CSN. The term mentoring is not new and has been studied by several researchers. Through a critical look at mentoring efforts and activities, it is envisaged that important lessons may be learned may be learned about mentoring. These examples may be utilised and considered in the development of the mentoring programme of the CSN in NWP public health facilities. The objectives of the literature review were to: 1) understand the concepts related to mentoring of NQN; 2) Identify the gaps regarding methodology in the research studies done on mentoring of NQN; Construct the conceptual framework that should be used in the study.

2.3. Review of the Literature

An integrative literature review was conducted to get empirical and non-emperical data about mentoring (Whittemore & Knalf, 2005:58). The researcher did a critical review of theories around mentoring so as to investigate supportive and non-supportive evidence which was useful in the development of the mentoring programme (Whittemore & Knalf, 2005:58). Articles that were used in the literature review focussed on the mentoring in nursing, in order to get a better understanding of this phenomenon. Thus, to assimilate the non-empirical literature on mentoring, the researcher used mentoring books, editorials, case studies and dictionaries. In this chapter, the following themes were revealed: (1) Overview of mentoring; (2) Models of mentoring; (3) Components of nurses' mentoring programmes; (4) Theoretical framework of the study; (5) Mentoring of nurses in South Africa.

2.3.1 Overview of Mentoring

2.3.1.1 Definition of Mentoring

The term mentoring is defined as any relationship where people assist each other with career transitioning and gaining new knowledge, experience and skills (Grossman, 2013:5). Similarly, several authors defined mentoring as a process in which a person who is experienced, wise and trusted guides an individual to develop their full potential (Simpson & Beynon, 2005:6; Russell, 2004:609). Mentoring has also been defined by different authors according to different perspectives (Green, Herscowitz & Sheppard, 2007:9). In support, Hnatuik (2012:43) defined mentoring as a mutual learning interactive process between two people who have common goals and responsibilities. These definitions indicate that CSN will also acquire and learn skills from the experienced NMs.

2.3.1.2 History of Mentoring

The concept of mentoring has been traced back to the Greek history of Odysseus, whereby the King of Ithava appointed his friend called Mentor to guide, act as a role model and advisor for Telemachus (Gibson & Heartfield, 2005:17). According to Buell (2004:57),

Mentor's task was to manage Telemachus' professional, political, personal, educational and socialization enhancement. According to Buell (2004:56), historically, business was the first of the organizations to develop and implement mentoring practices, followed by teaching. Chiles (2006:736) also found that the business workplace used a goal focused mentoring programme. Rehabilitative centres benefited from the mentoring programmes as mentees indicated that they were not likely to live their jobs in the next five years (Shannon, 2009:95). The availability of a mentor is significant in growth and development of the young inexperienced person.

2.3.1.3 Benefits of Mentoring

Literature indicates that the mentee, mentor and organization can benefit from mentoring. According to Chiles (2007:105), mentees learn new skills which prepare them for promotions, career development, personal and professional growth and a clear socialization in nursing. The mentee is also recognized internally and externally by different stakeholders (Russell, 2004:611). As a result, the mentee grows quicker professionally and become elligible for promotions. According to Russell (2004:611), it has been well-documented that employees who were mentored report significantly greater work-related intrinsic and extrinsic satisfaction because of the promotions and increased wages.

Mentors are likely to benefit from mentoring the mentees. A study conducted in the USA indicated that mentoring positively influences a great sense of satisfaction which ultimately enhances retention of registered nurses in the profession (Mariani, 2012:9). Eby, Durley, Evans and Ragins (2006:427) also found mentoring provided mentors with technical support, which created a sense of responsibility and contributed enormously to the institution. In support to that Smith, McAllister and Crawford (2001:105) indicated that mentoring promotes growth and development of mentors, thus increasing motivation and self-esteem. Consistently, Wanberg, Kammeyer-Muller and Marchese (2006:421), found that more mentoring was related to positive mentee and mentor outcomes. Evidence in research has

proven that effective and successful mentoring of new nurses is beneficial to the organization (Dunham-Taylor et al, 2008:341). Effective mentoring contributes to increased work-related satisfaction which ultimately brings about retention of new nurses (Dunham-Taylor et al, 2008:341). Mentors are likely to be attracted and remain employed in the institution due to the fact that they are empowered and motivated by imparting skills (Dunham-Taylor et al, 2008:341). Seemingly, retention of new nurses and experienced nurses result in overcoming the issues of staff shortages and clients' dissatisfaction and, therefore, enhance a positive work environment (Okurame, 2009:361).

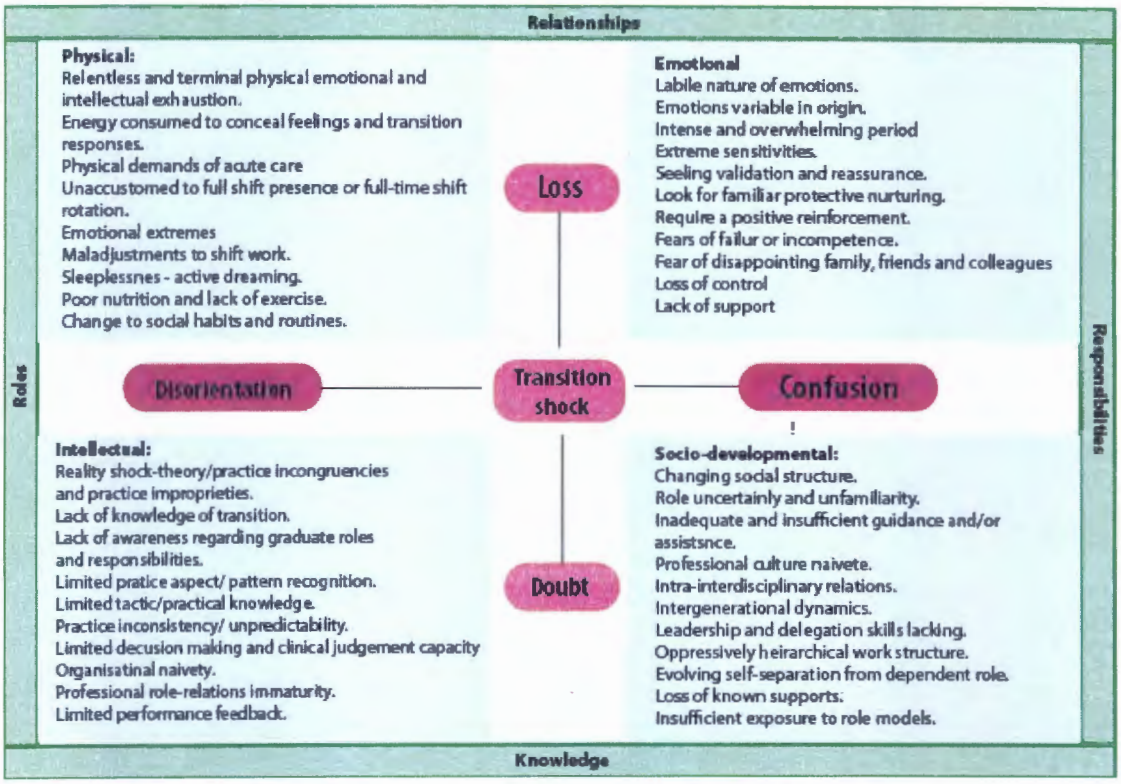
2.3.1.4 Mentoring of Nurses

Florence Nightingale was identified as one of the best mentors who supported and nurtured many nurses (Mariani, 2012:2; Lorentzon & Brown, 2003:268). The archived letters written by Florence Nightingale in 1873-1885 to mentor matron Rachel Williams indicated efficient mentoring attributes. In some of the letters, Florence Nightingale viewed the relationship they had as motherhood. The study indicated that Florence Nightingale had a mentoring programme whereby the report was written about the progress made in mentoring of matron Rachel Williams as a mentee (Lorentzon & Brown, 2003:268). Even after several years of holding the position, Florence Nightingale still wrote letters to check on her. It is apparent that mentoring records should be kept as a source of reference which will be used for mentoring future CSN.

2.3.1.5 Transitional Shock and Mentoring of Nurses

Transition time from being in class as a nursing student to being a qualified nurse has been seen as stressful, difficult and confusing (Figure 2.1). According to Duchscher (2009:1110), NQPN experience anxiety due to inadequate and insufficient functional and emotional support. To this effect, Duchscher (2009:1110) recommended that the nursing school can alleviate the transition shock by using an effective mentoring programme. Similarly, Bjerknes and Bjork (2012:5) found that NQN were not supported and guided by experienced

nurses. To that effect, Bjerknes and Bjork (2012:5) recommended adequate support in an effective mentoring environment to ease this transitional stress.



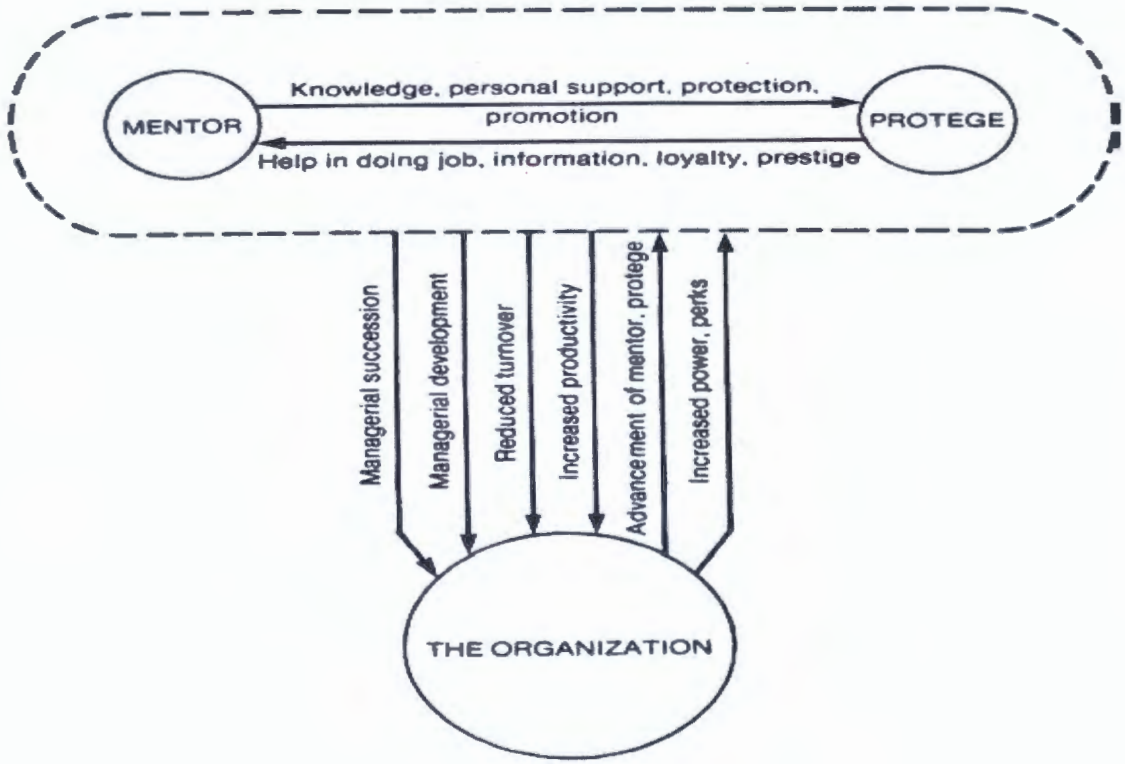
Source: Duckscher (2009:1108)

Figure 2.1: Transitional shock conceptual framework

Adequate mentoring can influence effective development and experience in the working environment (Bothma, Hurtler & Kotze, 2012:813; Eby & Lockwood, 2005:449; O'Kane, 2011:50; Kammeyer-Muller & Marchese, 2006:421; Smith et al & Crawford, 2011:105). In support, Pellico, Brewer and Kovner (2009:200), suggested mentorship and orientation to help in the socialization of graduate professional nurses. Dyess and Sherman (2009:406) recommended long-term guidance on clinical judgement, debriefing and skill development of graduate nurses. It is envisaged that through mentoring, the CSN in NWP can be socialized into the nursing profession.

2.3.2 Models of Mentoring

Zey's Mutual Benefit Model (1991) points out that the important role players in the mentoring relationship are: the mentor, mentee and organization. These members contribute towards achieving the four levels of mentoring activities coupled to the relevant supportive importance. The mentoring activities and benefits are graded from the lowest to the highest and are made up of the learning and teaching (Zey, 1991). Through teaching, the mentee would benefit the knowledge. The support given to the mentee would contribute to personal growth of both the mentee and the mentor. The sponsoring would lead to career advancement. Through organizational interventions, the mentee would benefit protection. According to Zey (1991), effective and successful mentoring must constitute these three components as indicated in Figure 2.2.

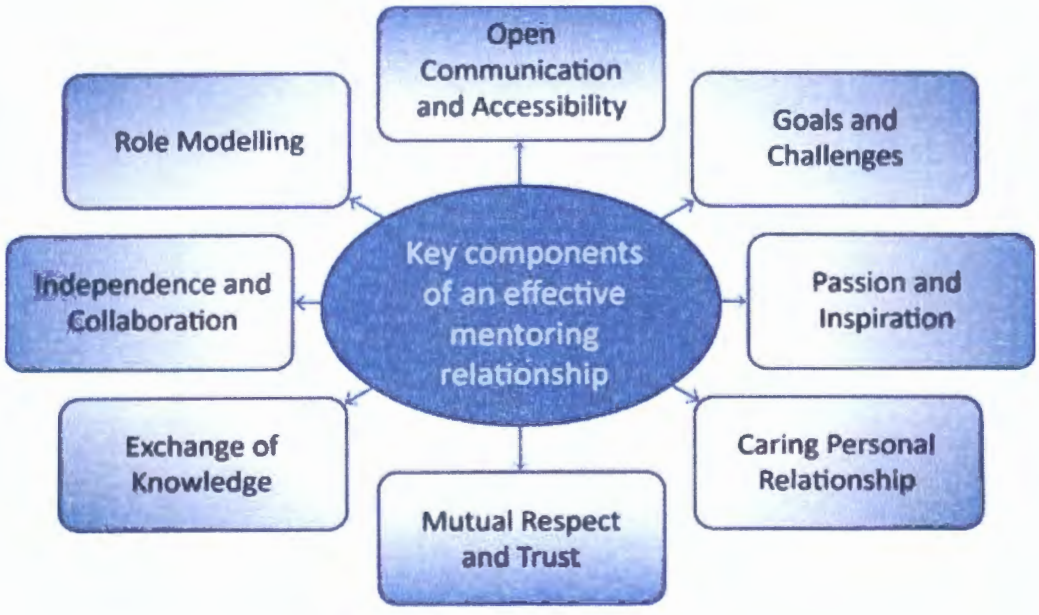


Source: Zey, (1991)

Figure 2.2: Mutual benefit model

Mentoring was described as an interactive process between the mentee and the environment

by Johnson, Geroy and Girego (1999:389). Three dimensions of mentoring relationships were identified: task development, socialization and lifespan development. Each of these constructs influence the mentor and mentee relationship. In this regard, socialization is whereby a mentee learns the skills to cope with life situations or problems. Task development consists of work skills which assist the mentee to be competent and achieve job satisfaction. Lifestyle development is the dimension which examines the change and growth across a person's life (Johnson et al, 1999:389). Several key components of the mentoring relationship have been identified (Eller, Lev & Feurer, 2013:817;, 2010:97; Bothma et al , 2012:6). Both the mentees and mentors indicated that there should be open frequent communication characterized by freedom of expression (Eller et al, 2013:817). Clear, precise goals and expectations were regarded as important in the mentoring relationship. The participants also pointed out that the relationship should be comprised of passion and inspiration whereby the mentors inspire critical thinking, creativity and confidence. Both parties unanimously agreed that there should be mutual respect and caring personal relationship wereby the mentoring relationship considers the psychological aspects of both the mentees and mentors. Figure 2.3 indicates the key components of mentoring.



Source: Eller et al (2013:817)

Figure 2.3: Components of an effective mentoring relationship

Benner (1982:401) posited that the new nurse passes through five developmental stages to be independent and confident in making decisions. These levels are described as: 1) novice who has no experience pertaining to situation and expected performance; 2) advanced beginner: is task orientated; 3) competent who is guided by predicting, planning, and achieving goals for the patient; 4) proficient and able to predict an adverse condition and act accordingly; and 5) an expert nurse is more competent and does not need to refer from guidelines.

2.3.3 Components of Nurse Mentoring Programmes

Before commencing the development of the mentoring programme for CSN, intense literature was studied to understand the different approaches of nurses mentoring programme development. Grossman (2012:122) describe programme development as continuous integrated plan process used to commence projects.

The planning process involves (Grossman, 2012:122):

- Identification of goals and objectives;
- Conducting a needs assessment to analyze the situation;
- Setting priorities based upon the needs identified;
- Identifying stakeholders and resources;
- Designing an action plan; and
- Implementing that plan and assessing the level of achievement.

For the purpose of this study, Kellogg's logic model (KLM) (W.K.Kellogg Foundation, 2004:4) was modified and adapted to plan and develop the mentoring programme for CSN. Carrion (2010:106) developed the mentoring programme which included theoretical and experiential learning for the graduate nurse. Rush, Adamack, Gordon, Lilly, and Janke

(2013:352) also stipulated that mentoring programme length and time should be determined by its context. Anatole, Magge, Redditt, Karamaga, Niyonzima, Drobac, Mukherjee, Ntaganira, Nyirazinyoye and Hirschhorn (2013:139) obtained the baseline data by conducting Focus Group discussions with district managers and other stakeholders, and this contributed to development of the mentorship programme in Rwanda. Mentoring activities included the facilitation of quality improvement projects based on the initial needs assessment and observations (Anatole et al, 2012:141). Jamieson, Harris and Hall (2012:34) developed the programme that promoted work-based learning by supporting the individual's professional progression, developing his or her confidence and assisting him or her in making choices about career development. All NQN were expected to register in this mentoring programme which lasted for 1 year. Seemingly, even if different approaches were used in these mentoring programmes, the ultimate goal of providing support to the inexperienced nurses was achieved.

According to Ragins and Scandura (1999:495), mentoring programmes help the organization to meet its goals and objectives of increased staff retention, self-esteem and mentor professionalism. Two approaches of mentoring have been identified in the literature, namely: informal and formal mentoring (Gazza & Shellenbarger, 2005:253). The informal mentoring approach occurs spontaneously and with the informal approach mentors are appointed. The mentors in both approaches are experienced and able to socialize the new employee in the organization.

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Therefore, the two approaches are equally important because the mentor is familiar with the organization (Gazza & Shellenbarger, 2005). However, Gazza and Shellenbarger (2005), emphasized that several important factors need to be considered when mentoring the new employee, namely: 1) Orientation; 2) Functioning efficiently; and 3) Reflective practice. The new employee should be orientated to the workplace issues, in order to understand and have insight into the organizational hierarchy and power.

Mentoring should clearly guide the new employee on how to work efficiently, specifically with regard to work-related activities. The new employee should have the opportunity for reflection in order to grow and develop in the profession. Similarly, Dunham-Taylor et al (2007:338) highlighted that a mentorship programme should aim at realizing the departmental vision and mission.

The following important activities should be considered:

- **Micro and macro socialization:** The mentee is orientated generally and specifically to the specific role in the workplace;
- **Collaboration:** The mentee is taught how to access information and function collaboratively with other team members;
- **Operations orientation:** The mentee is made to understand the written and unwritten policies and procedures of the new environment;
- **Validation and evaluation:** The mentoring process should include giving one another constructive criticism, praise, helpful advice. This will help the mentee to be less insecure and nervous about the new role, on the other hand boosting the confidence and self-esteem;
- **Expectations**: These include proper planning and balancing between personal and professional life, to prevent burn out and job dissatisfaction;
- **Transformation:** There should be overall change in the way mentee are treated. Each and every experienced nurse should be able to provide positive feedback;
- **Reputation:** The mentor should be able to instill the professional reputation of nursing inside and outside the organization. The mentor need to demonstrate appropriate and inappropriate behaviours;

- **Documentation:** The mentee should be informed about the importance of documentation and record keeping;

- **Generation:** Experiences that were acquired during the previous generation can still be used for mentoring the new person; and

- **Perfection:** The mentee should not be expected to be perfect. In other words, the mentor should encourage creativity and innovation; at the same time allow minor mistakes to happen. This will help the mentee to learn positively from the mistakes.

The mentoring programme was developed in Rwanda to support nurses in the implementation of several clinical protocols (Anatole et al, 2013:139). According to the authors, mentors were workshopped with regard to the following: Key principles of clinical mentoring and giving feedback. The monthly meetings were held, whereby the mentors received continuous coaching and training (Anatole et al, 2013:139).

The mentees were mentored side by side, whereby the mentors accompanied the mentees in their clinical duties, and management of complex cases, and enhanced physical examination skills. Subsequently, this accompaniment increased a trusting relationship and role modelling professionalism (Anatole et al, 2013:139). The mentees were also provided with constructive feedback. In between, the mentors provided group sessions and teachings on case presentations, skills demonstrations, recording and quality improvement.

Matching of mentors has also been highlighted as a process whereby the mentor and the mentee should select one another so that negative mentoring is avoided. According to Grossman (2012:135) the mentor usually prefers the mentee who are interested in the mentoring programme and have the following characteristics :Self empowered; Not stressed; Practiced in conflict management; Ethical; Interested in improving communication skills; Caring; Practiced in team building; and Trustworthy and assertive. Characteristics of the mentor were also indicated as: Commitment; Willing to give frequent feedback; Collaborates

with the mentee to revise goals as mentorship evolves; Perceives the mentee's input as valuable; Demonstrates respect for the mentee; Able to empower others; and Provides experience to the mentee.

Zhang, Qian, Wu, Wen and Zhang (2014:136) revealed that mentors need to be developed and empowered on work-related socialization, mentoring, conflict and stress management. These training schedules equipped the mentors with skills which were used for understanding the novice nurse and therefore provide adequate mentoring (Zhang et al, 2014:136). Furthermore, the nurse mentors were trained through lectures and workshops with topics on nurse mentorship, decision-making, problem resolving, time management, and communication skills and self-reflection (Zhang et al, 2014:136).

The first step to mentoring process was described as important in development of the mentoring programme (Seekoe, Arries and Dzvimbo , 2009:155). In summary, these steps were highlighted as: 1) Identification of human resources and their responsibilities; 2) Selecting an ideal mentoring model that is suitable in that context; 3) Determination of mentoring objectives; 4) Developing the criteria for a good mentor, recruitment and selection of mentors; 5) Pairing of mentors to mentees; and 6) Training and induction of mentoring pairs. The majority of these steps concur with the logic model which was applied in the mentoring programme for CSN in the NWP public health facilities.

2.3.4 Theoretical Frameworks of the Study

The study applied the Mentor Role Theory and the Social Exchange Theory.

2.3.4.1. Mentoring Role Theory

The study applied the mentoring role theory by Kram and Isabella (1985:122), which posited that the mentoring relationship could enhance the mentee's career and psychosocial development. In this regard, Kram and Isabella (1985:125) indicated that the peer relationship provided two-way mutual benefits because the two individuals are able to gain the sense of

empathy and equality. According to Kram (1985:126), the mentor provides the mentee with career support through the following: 1) Sponsorship whereby mentor nominate mentee for promotions; 2) Exposure and visibility is realised when mentor gives tasks that make mentee to have direct contact with higher level people and these may see his potential, facilitating future promotions; 3) Coaching, by guiding mentee to adjust to working environment; 4) Protection is when mentor ensures that mentee's failures are not exposed.

According to Kram and Isabella (1985:125), psychological support is provided to the mentee through the following activities: mentor role model positive attitudes and behaviours that can be copied by mentee; acceptance and seeing mentee's potentials; counselling is provided when the mentors offers support in mentee's personal challenges; friendship is provided when relationship involves social. These roles are summarized in Figure 1.1.

2.3.4.2 Social Exchange Theory

The Social Exchange Theory (SET) was applied in the present research to describe mentoring perceptions of NM (Blau, 1964 in Yu & Belschak, 2010:8). According to Blau (1964) in Yu & Belschak, 2010:8), social exchange occurs when a person does a favour to another and the peand Kelley (1959) in Loue (2010:10), individuals intend to mentor depending on their perceptions of costs and benefits associated with relationship (Thibaut & Kelley, 1959 in Loue, 2010:10). The greater the costs associated with the relationship, the less likely individuals will enter into the relationship (Thibaut & Kelley, 1959 in Loue, 2010:10). According to Homans (1958) in Yu and Belschack (2010:8), the SET (Figure 1.2) is made up of four important concepts applicable to mentoring, namely: 1) Cost benefit analysis; 2) Norm of Reciprocity; 3) Behavioural commitment; and 4) Act of reciprocity.

2.3.5 Mentoring of Nurses in South Africa

The literature search identified 8 research articles regarding the mentoring and support of NQN in South Africa. Six out of eight studies used qualitative exploratory designs, namely: Mqokozo et al (2013); Ndaba and Nkosi (2013); Hlosana-Lunyawo and Yako (2013);

Thopola et al (2013); Du Plessis and Seekoe (2013:128); Beyers and Jooste (2013). Only one study used the mixed methods design: Seekoe et al (2009). One study was quantitative: Lekhuleni et al (2013:195).

2.3.5.1 Need for Mentoring NQN

Research conducted by Mqokozo, Minnaar and Tjale (2013:7) revealed that the CSN's expectations were not met as they were not allocated mentors nor supervised. Similarly, Ndaba and Nkosi (2013:5) identified four broad themes which were described as: organizational, reality shock, emotional reaction and competency. This called for mentoring of CSN to enhance self-esteem and skills development (Ndaba & Nkosi, 2013:44). Additionally, Hlosana-Lunyawo and Yako (2013:4) emphasized that CSN should be supervised, guided and supported as new employees. The study recommended the development of coaching and mentoring programme, which was addressed by the current study (Hlosana-Lunyawo & Yako, 2013:4).

2.3.5.2 Strategies to Enhance Mentoring of CSN

Du Plessis and Seekoe (2013:128) identified that CSN cited that community service was coupled with advantages; sense of disillusionment and stress in the clinical field. In most instances, CSN highlighted that most of the senior staff members were mature, respectful, supportive and competent (Du Plessis & Seekoe, 2013:133). CSN also indicated that their managers were not supportive as they were thrown into the deep end. Experienced nurses were not adhering to guidelines, protocols and policies when performing their duties.

The authors also developed guidelines to support CSN and recommended the development of a properly structured mentoring programme (Du Plessis & Seekoe, 2013:133; Beyers & Jooste, 2013:64). Furthermore, Lekhuleni, Khoza & Amusa (2013:195) study on CSN and mentors revealed the CSN's self-care deficiencies that can be alleviated by proper mentoring in the five districts of Limpopo Province. The study did not develop the mentoring

programme, but instead came up with the mentoring conceptual model (Lekhuleni et al, 2013:195). This study developed the mentoring programme for CSN.

Thopola et al (2013:173) qualitatively conducted the study which also indicated that the CSN need to be orientated. The authors recommended the following: 1) Development of orientation programmes; and 2) Adequate planning and implementation for the in-service education, workshops and seminar. Seekoe et al (2009:183) also developed the model and guidelines for mentoring the nurse educators, but not the mentoring programme. The model developed by Seekoe et al (2009: 183) focused on nurse educators and not on newly qualified nurses or CNS. This reinforced the need to develop a mentoring programme focusing on NQN. Most of these guidelines were implemented in the mentoring programme which was developed in the current study

2.4 Summary

The aim of this chapter was to present literature relevant to mentoring of NQN. Several definitions of mentoring were presented and the outcomes of mentoring were discussed. Kram's mentor role theory was discussed as it was applied in the study. The benefits of mentoring were highlighted. Models of mentoring were described. The majority of South African NQN experienced challenges and therefore need to be supported and mentored. The next chapter addresses the research design and methods.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

Chapter 2 described literature review. This chapter encompasses the research methodology. The approach, techniques used in research methodology are covered which include the research design, study population, the sampling method, research instruments, and data collection and data analysis. The research was conducted in two phases, namely: 1) Description and exploration of perceptions on mentoring and 2) Mentoring programme development. The conceptual framework used in the development of the mentoring programme is explained.

3.2 Purpose of the Study

The purpose of the study was to develop the mentoring programme of CSN in the NWP public health facilities.

3.3 Objectives of the Study

The objectives of the study were to:

- Measure the perceptions of CSN and NM about the mentoring of CSN in NWP public health facilities
- Explore and describe the experiences of CSN with regard to their mentoring in NWP public health facilities
- Explore and describe the perceptions of NM with regard to mentoring of CSN in NWP public health facilities

- Identify and conceptualise the framework for CSN mentoring programme development in NWP public health facilities
- Develop a programme to enhance mentoring of CSN in public in NWP public health facilities
- Describe the proposed guidelinelines to operationalize the CSN mentoring programme

3.4 Study Setting

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The study was conducted in the NWP public health facilities where the CSN and NM were working as indicated in Table 3.1

Table 3.1: North-West Province PHC facilities

Public health facility	NWP	NMM	Dr RSM	Dr KK	Bojanala
Regional hospitals	6	1	1	2	1
District hospitals	15	5	4	2	4
Community health centres	50	16	12	9	13
Local clinics	270	77	54	35	104

Source: NWPDoH, 2015:34; NWP, North-West Province; NMM, Ngaka Modiri Molema; Dr RSM, Dr Ruth Segomotsi Mompati; Dr KK, Dr Kenneth Kaunda.

According to SANC (2013), there is one public nursing college with two campuses and one university with two campuses that are responsible for the education of the four-year course for nurses (SANC R425 of 22 February 1985) in the NWP. This province is mostly rural and has a population of 3.7 million (Statistics RSA, 2016). The NWP is divided into four districts with the total of 19 sub-districts, namely:-1) Ngaka Modiri Molema (NMM) made up of five sub-districts, 2) Bojanala Platinum=five sub-districts, 3) Dr Ruth Segomotsi Mompati (Dr RSM)=five sub districts, 4) Dr Kenneth Kaunda (Dr KK)=four sub-districts. The sub-districts which are vastly distributed are also made up of the health facilities: regional and district hospitals, Community health centres (CHC) and local clinics as indicated in Table 3.1. Every

year, the sub-districts and hospitals are gazetted for the placement of CSN (Government Gazette Number 39070 of 2015). The CSN are allocated at different sub-districts on a yearly basis to do compulsory community service for a period of one year.

3.5 Research Design and Methods

Mixed Method Design was used to measure, describe and explore perceptions of CSN and NM about mentoring of CSN, and then to develop the mentoring programme using the logic model (Kellogg, 2004:1).

3.5.1 Mixed Methods Design

MMD is a research design which involves philosophical assumptions that guide gathering and analysis of data and combination of both qualitative and quantitative data in a one study research (Creswell, 2007:5). It is of the view that combining the latter methods improves clarity as compared to using one method (Creswell, 2007:5). Collecting data using quantitative approach produces statistical results in order to offer meaningful and exact information, whereas qualitative data provided participants experiences and perceptions, therefore, contributing to a much richer picture of the phenomenon under study (Albotiheeh, 2015:33).

- **Rationale for mixing two methods in this study ensured triangulation, whereby the researcher:**

  - Compared the findings on quantitative mentoring perceptions with mentoring experiences and perceptions themes;
  - Ensured complementarity because both descriptive and explorative results enhanced one another and therefore enhanced better clarity regarding mentoring of the CSN;
  - Identified contradictions that emerged from both results; and
  - Used the rich data from both methods for the development of the mentoring

programme for the CSN (Onwuegbuzie & Collins, 2007).

The characteristics of MMD as described by Johnson, Onwuegbuzie and Turner (2007) and Creswell (2014:217) were applied in this study as follows:

- CSN and NM responded to mentoring questionnaires and semi-structured interviews simultaneously;
- The results for quantitative and qualitative were merged and interpreted and then used for developing the mentoring programme; and
- Important aspects of MMD include: timing, weighting and combining of both methods (Table 3.2)

Table 3.2: Important aspects of mixed methods

Aspect	Description	Application in the study
Timing	Period for conducting questionnaires and interviews, whether on stages or simultaneously	CSN and NM were given questionnaires and interviewed at the same time.
Weighting	Determining whether questionnaire responses or interview themes will be given priority	Both qualitative and quantitative methods carried equal weight
Mixing	Actual connection of the two methods	Mixing was done by merging questionnaire responses and interview themes. Merged results were interpreted to better understand mentoring of CSN
Source: Creswell (2009:206)		

3.5.2 Convergent Parallel Mixed Method Design

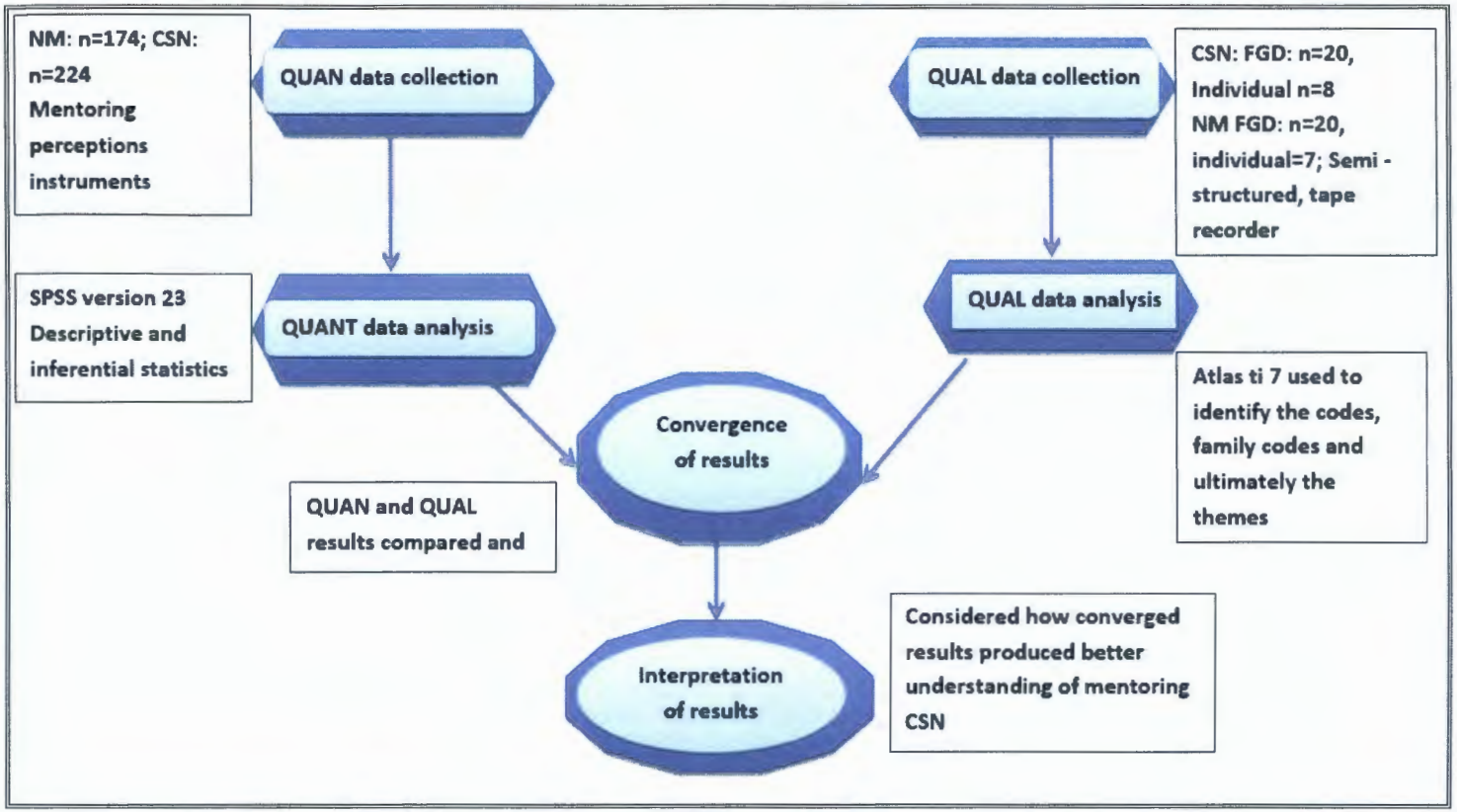
The convergent parallel mixed method approach was used (Figure 3.1), whereby the researcher concurrently collected data by using structured questionnaires and semi-structured interviews from CSN and NM regarding their perceptions about mentoring of CSN in NWP public health facilities (Creswell,2011:71).Responses from both questionnaires and interviews were gathered simultaneously, weighed equally and combined during overall

interpretation (Creswell, 2011:71). Both methods complemented each other and thus provided better clarity and perspective which helped in the development of the CSN mentoring programme (Creswell, 2014:219).

3.5.3 Research Process

Figure 3.1 outlines the research process. The present study was conducted in two phases:

- Measurement, exploration and description of CSN and NM's perceptions regarding the mentoring of CSN; and
- The development of the mentoring programme for CSN.



Source: Creswell (2014:227)

Figure 3.1: The process of mixed methods

3.5.3.1 Phase 1: Perceptions and Experiences Regarding Mentoring of CSN

During this phase, the researcher conducted a mentoring needs analysis by describing and exploring perceptions of the CSN and NM regarding the mentoring of CSN. In addition, data were integrated and interpreted with the use of literature. This phase was made up of the convergent parallel mixed methods design whereby both quantitative descriptive study and qualitative exploratory were conducted at the same time. Research feasibility was predetermined by conducting a pilot study with twenty participants who were not included in the main study.

Quantitative component data gathering was done with use of mentoring perceptions questionnaires. Individual interviews and focus groups discussions with the use of interview guides (Annexure K) were conducted to explore perceptions of NM and experiences of CSN regarding mentoring of CSN in NWP public health facilities facilities. Results for both quantitative descriptive and qualitative exploratory were merged, discussed and interpreted to understand mentoring phenomenon. Interpretation of Phase 1 resulted in identification of the need for mentoring, key mentoring activities which were further applied in development of the mentoring programme of CSN in Phase 2.

3.5.3.1.1 Quantitative Descriptive Design

This component was made up of a quantitative descriptive cross-sectional design. The purpose of the quantitative component was to measure perceptions of the CSN and NM regarding mentoring of CSN in NWP public health facilities. The mentoring perceptions questionnaires were used to collect data. Quantitative research is conducted under strict, controlled measures to ensure objectivity (Brink, Van der Walt & Van Rensburg, 2013:69). In this study, objectivity was ensured by using valid and reliable questionnaires. The decision to use the quantitative method emerged from limited information about mentoring of CSN in NWP.

3.5.3.1.2 Qualitative Exploratory Design

An exploratory contextual descriptive design was used by interviewing, probing to get in-depth data from CSN and NM about mentoring of CSN in NWP public health facilities (LoBiondo-Wood & Harber, 2010:105).

❖ Characteristics of Qualitative Research

These characteristics of qualitative research (Creswell, 2014:185) were applied:

- **Natural setting:** CSN and NM were not interviewed in a laboratory nor required to complete the questionnaires. Face-to-face interaction and interviews were used to obtain data form CSN and NM in public health facilities where they were working. A conducive environment was created to prevent noise and disturbances

- **Researcher** was responsible for interviewing CSN and NM, observed non-verbal cues, kept field notes.

- **Data** were gathered by using different methods which included communicating and asking questions; observations, writing notes and recording interviews to ensure adequate data capturing.

- **Participant's meanings:** When interviewing CSN and NM, the researcher allowed the participants to describe their own perceptions and experiences without imposing own views.

3.5.3.1.3 Sampling

❖ Target Population and Sample for Quantitative Descriptive Component

The target population for quantitative descriptive study were CSN qualified in the four year programme and met the requirements for SANC R425 (1985) and together with the NM in the selected public health facilities in the NWP. The researcher was assisted by the human

resource manager at the NWP Department of Health (NWPDoH) to get the total number of CSN and NM in the 4 districts. The target population of CSN who completed in 2011 and 2012 were 234 and 297, respectively which is equal to 531 which were distributed as follows: NMM=145; Dr RSM=105; Dr KK=117; Bojanala=164. The NM population was 314 and distributed as follows: NMM=101; Dr RSM=52, Dr KK=53; Bojanala=108. The participants had to meet the criteria depicted in Table 3.3

Table 3.3: Inclusion criteria for quantitative descriptive component

Group	Criteria
CSN	● Professional who have qualified in diploma or degree in nursing, obtained from nursing colleges or university in NWP ● Should have qualified in 2011 and 2012 ● Have done community service in NWP ● Working in the health public health facilities in NWP
NM	● Operational nurse managers who have more than five years' experience as registered nurses ● Working at public health care facilities where CSN are allocated

❖ Sampling Method for Quantitative Descriptive Component

Probability stratified random and simple random sampling methods were used to choose the sample of CSN and NM in NWP public health facilities. Stratification was based on two groups, namely: CSN and NM, as well as NWP 4 districts which are NMM, Dr RSM, Dr KK and Bojanala. Simple random sampling was used to select sub-districts and public health facilities to be able to access participants. These sampling methods are briefly described as follows:

❖ Stratified Random Sampling

Probability stratified, random sampling ensured that CSN and NM at four NWP health districts had an equal chance of being selected and represented (Creswell, 2014:158). Thus, probability samples reduce sampling error (Creswell, 2014:158). The CSN and NM working

at the four districts were represented proportionally, that means that the stratum with more members had more representation as indicated above.

❖ Simple Random Sampling

The CSN and NM were working at different public health facilities in NWP districts which are vastly distributed. A list of public health facilities was obtained from NWPDoH, specifically gazetted for the placement of CSN. Because of vast distribution of public health facilities in four NWP districts, simple random sampling was used to select eight hospitals, twelve CHC and sixteen clinics to access participants. The health districts were tabulated and allocated numbers which were then randomly selected.This ensured every CSN and NM in the sampling frame had equal opportunity of being chosen (Onwuegbuzie & Collins, 2007:285). All qualifying CSN and NM at selected public health facilities were invited.

❖ Sample Size for Quantitative Descriptive Component

Sample size determination of CSN and NM at the four districts in NWP was done with the use of Raosoft sample calculator (http://www.raosoft.com/samplesize.html). The target population of CSN was 531. In this study, the sample size was 224 as calculated with Raosoft sample calculator with 5% margin of error and a 95% confidence interval (de Vos, Delport, Fouché & Strydom,2011:224). Total numbers of CSN and NM were obtained from NWPDoH to ensure that the sample was proportionately distributed. As indicated above, a population of 531 CSN in the 4 districts were as follows: NMM=145, Bojanala=164, Dr KK=117, Dr RSM=105. The 314 NM in the 4 districts were as follows NMM=101, Bojanala=108, Dr KK=53, Dr RSM=52. Total number of participants per district was obtained using the proportional allocation method. The following formula was used to determine sample size of both CSN and NM:

$$n_h = \frac{nN_h}{N}$$

whereby

n_h = sample size for stratum h

N_h = population size for stratum h

N = total population size

n = total sample size

The sample size of both CSN and NM of all the NWP four districts were calculated using the above mentioned formula. CSN in NMM: N_h=145, N=531, n=224, therefore:

$$n_h = \frac{224(145)}{531} = 61$$

CSN sample size were as follows: NMM (N=145; n=61); Dr RSM (N=105, n=44); Bojanala (N=164; n=69); Dr KK (N=117; n=49). NM sample sizes were as follows: in NMM (N=101; n=56); Dr RSM (N=52, n=29); Bojanala (N=108, n=60); (N=53, n=29). Figure 3.2 depicts the target population and sampling techniques used in the study.

TARGET POPULATION
CSN (N=531)
NM (N= 314)

Raosoft sample calculator at 95% Confidence level

CSN (N=531) *n*= 224			NM (N= 314) *n*=174	
Stratified random sampling				
Districts	**Population CSN**	**Sample size CSN**	**Population NMs**	**Sample size NMs**
NMM	145	61	101	56
Dr RSM	105	44	52	29
Bojanala	164	69	108	60
Dr KK	117	49	53	29
TOTAL	531	224	314	174

Simple random sampling

NWP Districts	Regional hospitals	District hospitals	CHC	Local clinics	CSN Sample	NMs sample
NMM	1	1	3	4	61	56
Dr RSM	1	1	3	4	44	29
Bojanala	1	1	3	4	69	60
Dr KK	1	1	3	4	49	29
TOTAL	4	4	12	16	224	174

Figure 3.2: Population and sampling method used in the study

❖ Target Population and Sample for Qualitative Exploratory Component

The target population for qualitative exploratory descriptive component were CSN who qualified in the four-year programme and met the requirements for SANC R425 (1985) and together with NM in selected NWP public health facilities. The target population of CSN who completed in 2011 and 2012 were 234 and 297, respectively. The CSN are allocated at the public health facilities and they work under the supervision of nurse managers. Participants have an experience of two to three years, so as to obtain in-depth data with regard to their experiences regarding their mentoring as CSN. The population of NM working with CSN was 314.

❖ Sampling Method for Qualitative Exploratory Component

Non-probability purposive sampling method was used to select sample of CSN and NM as they are relevant for providing the researcher with the perceptions about the mentoring of CSN (Burns & Grove, 2011:313). The application of purposive sampling allowed the researcher to select CSN and NM because they were relevant and could better answer questions regarding the mentoring of CSN.

❖ Sample Size for Qualitative Exploratory Descriptive Component

The sample size of CSN was 29 and that of the NM was 30 determined by data saturation whereby both CSN and NM were interviewed individually until no new data emerged. The sample was then considered adequate and data are considered rich and thick (Brink et al, 2013:173).

❖ Inclusion Criteria

- CSN who qualified in 2011 and 2012 had two to three years' experience as professional nurses were selected because they have already completed compulsory community service and working at public facilities in NWP.

- NM who were working with CSN at the NWP public health facilities were selected because they were responsible for supervising, guiding and mentoring the CSN

❖ **Exclusion Criteria**

- Professional nurses who have more than three years practising as qualified professional nurses and those with less than six months;
- NM working at health facilities where CSN are not allocated; and
- NQPN who did bridging courses R683 (SANC of 1989).

3.5.3.1.4 Data Collection

The researcher was personally responsible for data collection in both quantitative and qualitative research design components in Phase 1. Both data collection processes were done concurrently (Creswell, 2014:305). Questionnaires were used for the quantitative component and interviews were used for the qualitative component.

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❖ **Instrument for Quantitative Component**

Data were collected by close-ended, structured self-administered questionnaires which were used for mentoring and work life scales. A Likert scale was used to measure perceptions of participants regarding mentoring of CSN (Brink et al, 2013:159). (Annexures I & J).

❖ **CSN Questionnaires**

CSN questionnaire was divided into four sections as indicated in Table 3.4.

Table 3.4: Content and structure of the questionnaires for CSN

Sections	Aspect covered	Number of Items
1	Background information	10
2	Perceptions regarding the role of the mentor.	20
3	Statements about the CSN mentoring program.	6
4	Factors that should be included in the mentoring programme of the CSN.	6

Section 1 which was made up of ten items obtained demographic, career and mentoring information about the CSN. The questions were developed to obtain basic personal information such as age, the type of health facility, nursing experience, their qualification. The information regarding their mentoring was also elicited by asking them whether they were mentored, the number of nurses who mentored them, and whether they regarded their area of employment as a mentoring environment. Section 2 had twenty items which was made the Mentor Role scale by Ragins and McFarlin (1990:550), developed from Kram's Mentor role theory (1985).

The scale measured the CSN perceptions regarding the career and psychosocial role of the mentor. Sections 3 had six items adapted and adopted from Medical Surgical Nurse Opinion Survey (MSNOS) questionnaire developed by Carrion (2010). This section assessed the perceptions regarding the importance of CSN mentoring programme. Section 4 investigated the factors that should be considered in the CSN mentoring programme. Section 4 had six items which were adapted and adopted from the faculty of nursing mentoring needs assessment questionnaire by Sawatzky and Enns (2009:147). Table 3.5 summarizes the content and structure of questionnaires used for the CSN

❖ NM Questionnaires

The NM's questionnaire was divided into four sections as indicated in Table 3.5.

Table 3.5: Content and structure of the questionnaires for NM

Sections	Aspect covered	Number of Items
1	Background information	10
2	Perceptions regarding mentoring costs, benefit and willingness to mentor scale	36
3	Statements about the CSN mentoring program.	6
4	Factors that should be included in the mentoring programme of the CSN.	6

Section 1 was made up of twelve items which obtained the information pertaining to the demographic, career and mentoring information. This section included the age, gender, facility, experience, qualification and mentoring of CSN. Section 2 had 36 items and consisted of expected mentoring costs and benefits scale (Ragins & Cotton, 1994:970) and willingness to mentor scale by Ragins and Cotton (1993:110). This section assessed the mentors' intention to mentor the CSN, and their perceptions regarding the costs and benefits of mentoring the CSN.

Section 3 had six items adapted and adopted from Carrion (2010) MSNOS. This section assessed the perceptions regarding the importance of CSN mentoring programme. Section 4 investigated the factors that should be considered in the CSN mentoring programme. Section 4 had six items which were adapted and adopted from the faculty of nursing mentoring needs assessment questionnaire by Sawatzky and Enns (2009:147).

❖ Data Collection Process for Quantitative Descriptive Component

Questionnaires on mentoring of nurses were distributed by the researcher to the CSN and NM. Before distribution of questionnaires, the researcher presented to facility managers and the participants to clarify and answer questions regarding questionnaires. Rapport was also maintained with nurse managers to build trust and enhanced response rate. Several visits were made to access majority of the participants, even those who were on night duty and weekend in. Data collection for the quantitative descriptive component took place from 01

October 2015 to 15 March 2016.

❖ Instruments for Qualitative Exploratory Component

Face-to-face individual semi -structured interviews and focus group discussions were used to gather data from CSN and NM in NWP public health facilities. This method gathered in-depth information regarding mentoring of CSN.

❖ Semi-Structured Interviews

Two broad questions about mentoring of CSN were asked to the CSN and NM. The interview guide was made up of two sections: 1) Consisted of the participants' demographic data to understand the CSN and NM background and influence on mentoring 2) Consisted of open-ended questions which addressed mentoring of CSN (Annexure I). Probes and follow-ups were used to encourage the participant to elaborate on the topic (Brink et al, 2013:158).

❖ Role of the Researcher

The following communication strategies were applied in the interviews (Brink et al, 2013:123)

- **Intuiting:** Intuition was applied by listening intensely to the CSN and NM as they were verbalising their experiences/perceptions about mentoring.
- **Analysing:** Data were reviewed again and again until there was a clear common understanding.

3.5.3.1.5 Data Analysis

❖ Quantitative Descriptive Component

The IBM (SPSS) version 23 was used to analyze generated data. Completed questionnaires were manually coded and numbered immediately after being received from participants and

data were entered into the software. Basic descriptive psychometric analysis of these instruments was done: 1)Expected costs and benefits to being a mentor scale; 2) Willingness to mentor scale;3) Medical Surgical Nurse Opinion Survey (MSNOS);4) Mentor role scale; and 5)Faculty of nursing mentoring needs assessment scale.

These were followed by measuring internal consistency and inter-item correlation using Cronbach's alpha (Cronbach, 1951:323). Descriptive tests were used to measure central tendencies (mean, median and mode); and variability such as range and standard deviation of responses in all section of questionnaires. Inferential statistics were also applied in data analysis (LoBiondo & Harber, 2010:314).

❖ Qualitative Exploratory Component

The data analysis process started by organizing and preparing data from the participants. This was done by listening to the audiotapes, transcribing CSN and NM's interviews and field notes verbatim. The transcribed data were typed and again verified by listening again to the audio tapes. Qualitative data obtained from CSN and NM were analyzed with the use of Atlas ti7, software designed to organize, manage, and analyze data (Friese, 2013:4). A sequence of steps was used as illustrated in Figure 3.3.

1) First step was creation of project called Hermeneutic unit (HU) which contained data; (Friese, 2013:4).

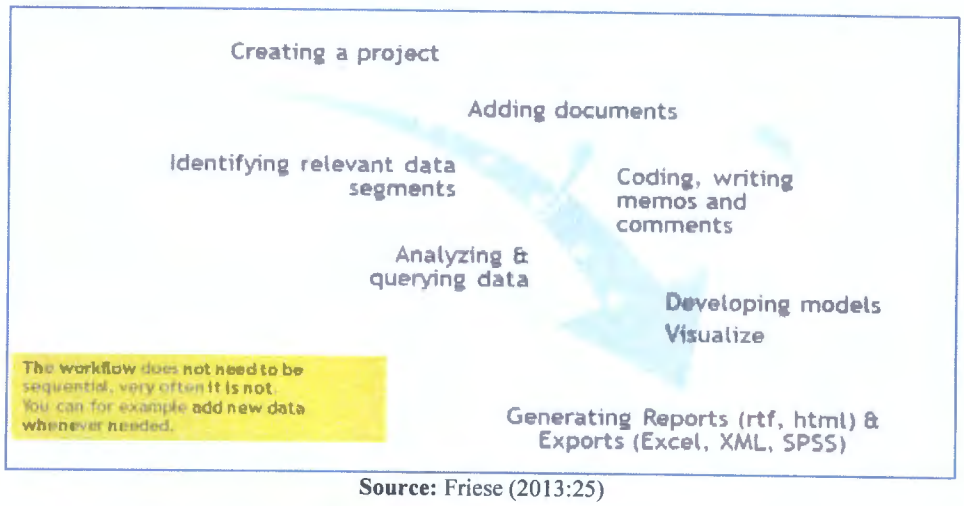
2) Typed transcriptions were loaded into HU. Documents in HU are called Primary documents (PDs);

3) Codes or key words were created by reading and selecting text passages that were of further interest;

4) Code families: Data segments were compared based on codes that were assigned;

5) Query the data based on the research questions; and

6) Finally, a written report was compiled based on memos to form generating output.



Source: Friese (2013:25)

Figure 3.3: Steps used in Atlas ti7

3.5.3.1.6 Measures to Ensure Validity, Reliability and Trustworthiness

❖ Validity and Reliability of the Quantitative Descriptive Component

The study was piloted to determine problems in research design, methods, materials and any equipment to be used in the study (Arean & Kraemer, 2013). Ten CSN and ten NM were asked to complete questionnaires and comment on length, language, technical structure and instructions on questionnaires. Completed questionnaires were given to the study promoter and statistician for evaluation and comments before it was applied in main study. Comments and suggestions were implemented as follows:

- Some items in the questionnaire were repeated several times
- Ambiguous words were identified and subsequently rephrased to enhance understanding
- The questionnaire was too long, as a result took plus minus 50 minutes to complete. To address this, duplicated questions were removed.
- Some terms were difficult to understand and were subsequently replaced with simpler

terms. For example, protégé was replaced with mentee

❖ Content and Face Validity

The questionnaire represented components of mentoring and mentoring programme (Brink et al, 2013:166). The draft questionnaire was submitted to the promoter, expert in mentoring, statistician for scrutiny regarding the relevance of each item. Pre-testing of the questionnaire was done at setting which was not part of the study population.

❖ Reliability of the Instrument

Statistical procedures used for this process was Cronbach's alpha coefficient for internal and ratio level data (Burns & Grove, 2011:334).The acceptable alpha was more than 0.70 and therefore acceptable (Burns & Grove, 2011:334).

❖ Reliability Test Results for the CSN Scales

CSN questionnaire scored as indicated in Table 3.6.

Table 3.6: Reliability test results for CSN scales

Sections	Scale	Cronbach's Coefficient Alpha scores	No of items
2	Perceived mentor role scale	0.895	20
3	Mentoring programme perception Scale	0.783	6
4	Mentoring factors' scale	0.812	6

❖ Perceived Mentor Role Scale

Perceptions regarding the role of the mentor were assessed by 20 items adopted from Ragins and Cotton scale (1999:535). Reliability of the scale was 0.895 and compares well with 0.893, obtained in the Ragins & Cotton (1999:535) study.

❖ Mentoring Programme Scale

This scale measured perceptions about benefits of the CSN mentoring programme. The reliability of the scale was 0.853.

❖ Mentoring Programme Factor Scale

The scale measured perceptions about factors that should be included in CSN mentoring programme. The reliability of the scale was 0.812 which was higher than the expected 0.70.

❖ Reliability Test Results for NM Scales

The pilot study results were entered into the windows Statistical Package for Social Science (SPSS) version 23 to calculate the Cronbach alpha coefficient of the NM questionnaires described and indicated in Table 3.7.

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Table 3.7: Reliability test results for NM scales

Sections	Scale	Cronbach's Coefficient Alpha scores	Number of items
2	Perception about Mentoring role and believes	0.739	36
3	Mentoring programme perception	0.828	6
4	Mentoring programme factors	0.802	6

❖ Perceptions Regarding Mentoring Costs, Benefit and Willingness to Mentor Scale

Reliability of the scale in this study was 0.739 as compared to 0.81 in Ragins and Cotton study (1993:102).

❖ Mentoring Programme Scale

The scale measured the importance and benefits of CSN mentoring programme. The reliability of this scale was 0.828 which was higher than the expected 0.70.

❖ Mentoring Programme Factor Scale

Perceptions about factors that should be included in the CSN mentoring programme were measured by this scale and it measured 0.802 which was higher than the expected 0.70.

❖ Trustworthiness of the Qualitative Exploratory Data

The data quality was ensured by adhering to the Lincoln Guba's (1981) model of trustworthiness (Krefting, 1991:217) as shown in Table 3.8.

Table 3.8: Application of measures to ensure trustworthiness in the study

Strategy	Application
Credibility/ Truth value	● The researcher combined data collection techniques, such as interviews and field notes ● Member checking was done by clarifying questions, repeating conclusions and confirming with the participants ● Peer reviews were done by having group discussions with researchers who are expert in qualitative research methods
Transferability/ Applicability	● The researcher used quantitative and qualitative mixed method and therefore enhanced triangulation ● Individual and focus group discussions were conducted ensuring triangulation
Dependability /Consistency	● The researcher used quantitative and qualitative mixed method and therefore enhanced triangulation ● Other methods used during data collection were observations and field notes to ensure triangulation
Confirmability /Neutrality	● Participants were allowed to ask questions to ensure confirmability ● Neutrality was ensured by triangulation of data collection

3.5.3.1.7 Ethical Measures

The rights of the participants in the study were respected as follows:

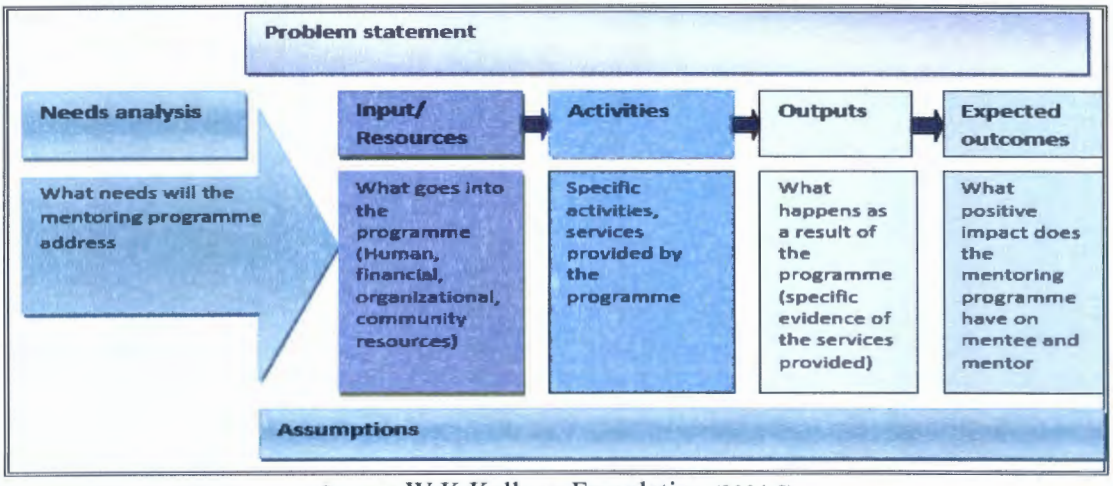
Ethical clearance (Annexure A) was obtained from North-West University's Ethics Committee (Mafikeng Campus) (NWU003-16-14-A9), permissions were sought from NWPDoH and PHC facilities where the study was conducted (Annexures C & D). Participants were provided with an information sheet and consent form as explained in

Chapter 1 (Annexures F and G). Participants' rights were observed in both quantitative and qualitative components as explained in Chapter 1 as follows: 1) Voluntary participation was ensured; 2) Right to anonymity was ensured by not naming participants; 3) Codes were used for questionnaires; and 4) Confidentiality was guaranteed questionnaires were kept under lock and key.

3.5.3.3 Phase 2: Mentoring Programme Development

Concept identification was conducted from the empirical data and literature contextualization, followed by developmet of conceptual framework which formed the basis for programme development

The logic model was used to develop the mentoring programme for the CSN (Figure 3.4). The logic model was adapted, adopted and used to develop the mentoring programme for CSN in NWP, because it categorically stipulates sequence of events from planning to implementation of the programme (W.K.Kellogg Foundation, 2004:1). The KLM was also used to develop the guidelines which stipulate the operationalization of the programme. In this study, the guidelines were neither implemented nor evaluated because it will be done at a later..The logic model demonstrates the link between several processes in the programme (Figure 3.4). The model is made up of need analyzes, which highlight the reason for developing the programme. The second process is the input, followed by activities, the output, short term outcomes and long term outcomes (W.K.Kellogg Foundation, 2004:4).



Source: W.K.Kellogg Foundation (2004:5)

Figure 3.4: The Kellogg logic model

❖ 3.5.3.3.1 Components of the Logic Model

The logic model is made up of key five components, namely:1)Resources or inputs; 2)Activities; 3) Outputs; 4) Outcomes; and 5)Impact. For the purpose of this study, the impact was not applied in the study because the mentoring programme was neither implemented nor evaluated. The logic model should address the specified problems that should be solved by the programme, hence the problem statement should be stated (W.K.Kellogg Foundation ,2004:3). Important aspects of the logic model applied in the study are described as follows:

❖ Input

These are the resources which are available or required to operate the programme (W.K.Kellogg Foundation ,2004:3). The human resources in this programme are the stakeholders responsible for mentoring the CSN. The non-human resources include equipments used in the health facilities, records, policies, guidelines, protocol.

❖ Activities

According to W.K.Kellogg Foundation (2004:3), the identified available resources are used to accomplish the planned activities. In this present study, the activities in CSN mentoring programme include induction and orientation programme, workshops, in-service trainings,

giving ward lecturers, scheduled meetings between the mentor and the mentee and any kind of support.

❖ Outputs

Outputs are described as the direct tangible results produced from the programme activities. It should clearly state what has happened after the use of resources and mentoring activities (W.K.Kellogg Foundation, 2004:7). A mentoring programme output, can be identified as key performance indicators such as number of CSN mentored and workshops conducted (W.K.Kellogg Foundation, 2004:7). In this study, the outputs are evidence gathered regarding the mentoring activities such as: 1) records of meetings held between the mentor and mentee, 2) Progress reports on mentoring; 3) workshops attended by the mentor and mentee.

❖ Outcomes

Outcomes are specific changes in attitudes, behaviours, knowledge, skills, status, or level of functioning expected to result from programme activities and which are most often expressed at an individual level (W.K.Kellogg Foundation, 2004:8). These are also described as short term and long term outcomes. In this study the outcomes include less stress, improved confidence; long-term outcomes include decreased turnover of the CSN. The effectiveness of the mentoring programme should be evaluated and clearly stipulated.

3.6 Summary

The study was based on development of a mentoring programme of CSN in the NWP public health facilities. In this chapter, methodology used in the study was elaborated. The chapter started with an introduction, study purpose and objectives. The setting and research process were described. Processes followed to develop a mentoring programme and measures applied to ensure data qualities were explained were explained. The next chapter describes the results of the quantitative component

CHAPTER 4

QUANTITATIVE RESEARCH RESULTS

4.1 Introduction

In this chapter, findings of quantitative descriptive component for both CSN and NM are presented. Both quantitative and qualitative data collection and analysis were done at the same time in Phase 1. The chapter is structured according to the specific objective which was: 1) To measure the perceptions of CSN and NM about their mentoring in NWP public health facilities. This objective assisted to address the main purpose of the study which was to develop the mentoring programme of CSN in NWP. Findings of both CSN and NM are described separately, starting with an explanation of demographics and professional characteristics of the participants in order to contextualize the results. Questionnaires with a four-point Likert scale based on the mentor role theory and the cost and benefit and willingness to mentor were used. In addition, the two instruments, namely: perceptions about the mentor programme and perceptions about factors to be included in mentoring programme were used in this survey. The response rate for the CSN was 224 which were 100% and NM were 174, also 100%. Data were captured and analyzed using IBM SPSS version 23.

4.2. Quantitative Results of CSN

4.2.1 Demographics and Professional Characteristics of CSN

Table 4.1 summarizes the demographic and professional characteristics of CSN. A total of two hundred and twenty four respondents took part in the survey. The IBM SPSS version 23 was used to analyze data. Completed questionnaires were manually coded and numbered immediately after being received from the participants and the data were entered into the software.

Table 4.1: Demographics, professional characteristics and mentoring status of the CSN

	N=224	%	Male	%	Female	%
Age						
Mean	33.7		33.4		33.9	
Standard Deviation (SD)	(7.4)		(7.2)		(7.5)	
Health Facility						
Community clinic	44	19.6	13	18.1	31	20.4
Community health centres	57	25.4	18	25	39	25.7
District hospital	49	21.9	20	27.8	29	19.1
Provincial hospital	74	33	21	29.2	53	34.9
Basic Nursing Education						
Diploma	160	71.4	51	70.8	109	71.7
Bachelor of Nursing Science	64	28.6	21	29.2	43	28.3
Currently being mentored						
Yes	119	53.1	43	59.7	76	50
No	105	46.9	29	40.3	76	50
How many nurses are mentoring you?						
None	105	46.9	29	40.3	76	50
One or two	84	37.5	28	38.9	56	36.8
Three or more	35	15.6	15	20.8	20	13.2
Mentoring duration						
Not Applicable	105	46.9	29	40.3	76	50
Less than 6 months	72	32.1	29	40.3	43	28.3
>6-12 months	40	17.9	12	16.7	28	18.4
13 months-2 years	5	2.2	2	2.8	3	2
Over 2 years	2	0.9	0	0	2	1.3
Participation in a formal mentoring program						
Yes	20	8.9	11	15.3	9	5.9
No	204	91.1	61	84.7	142	94.1
Is workplace a mentoring environment?						
Yes	61	27.2	21	29.2	40	26.3
No	163	72.8	51	70.8	112	73.7

One hundred and fifty two (67.9%) of the respondents were female while seventy two (32.1%) were male. The respondents' ages ranged from 26 to 52 years, with a mean of 33.7 years (SD=7.4). The CSN were allocated as follows: 1) provincial hospitals (33%; n=74); followed by 2) CHC (25.4%; n=57); 3) district hospitals (21.9%; n=49), and 4) community clinics (19.6%; n=44). With regard to basic nursing education, the majority of the CSN had a nursing diploma (71.4%; n=160) as compared to those who had a nursing degree (28.6%; n=64). The total number of CSN who were mentored was 53% (n=119), compared to those who were not mentored (47%; n=105).

Out of the 119 CSN who were mentored, the majority (32.1%; n=72) were mentored for less than six months, and 17.9% (n=40) were mentored for over six months to one year. Those mentored for thirteen months to two years were 2.2% (n=5), and 0.9% were mentored over two years. Out of the total 224 CSN, only 8.9% (n=20) participated in the formal mentoring programme, whereas 91.1% (n=214) did not participate in the formal mentoring programme. Sixty-one CSN (27%) regarded their workplace as a mentoring environment while 73% (n=163) did not.

4.2.2 Demographics, Professional Characteristics and Mentoring Status of CSN

Table 4.2 shows the chi-square test results for the association between currently being mentored status and demographic characteristics. As shown in Table 4.1, more respondents (53%) indicated that they were being mentored compared to those who were not (47%). There was no significant association between currently being mentored status and age group (p-value=0.671), basic education (p-value=1.000), health facility in which CSN was working (p-value=1.790) and number of years CSN has been employed as a registered nurse (p-value=0.913). However, a statistically significant association was found between currently being mentored status and whether the working place was a mentoring environment (p-value=0.000).

Table 4.2: Comparison of mentoring status of CSN

Characteristics	Possible Category	Being Mentored		χ^2	p-value
		Yes (n=119) n(%)	No (n=105) n(%)		
Age Group	20-30 years	37(31.1)	39(37.1)	1.547	0.671
	31-40 years	50(42.0)	38(36.2)		
	41-50 years	19(16.0)	19(18.1)		
	Above 50 years	13(10.9)	9(8.6)		
Basic Education	Diploma	85(71.4)	75(71.4)	0.000	1.000
	Degree	34(28.6)	30(28.6)		
Health Facility	Community clinic	24(20.2)	20(19.0)	4.904	1.790
	CHC	28(23.5)	29(27.6)		
	District Hospital	21(17.6)	28(26.7)		
	Provincial Hospital	46(38.7)	28(26.7)		
Years employed as a registered nurse	2 years	66(55.5)	59(56.2)	0.012	0.913
	3 years	53(44.5)	46(43.8)		
Working place is a mentoring environment	Yes	56(47.1)	5(4.8)	50.360	0.000**
	No	63(52.9)	100(95.2)		

** indicates significance at p< 0.01
*indicates significance p<0.05

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4.2.3 Perceptions of CSN Regarding the Mentor Role

Table 4.3 shows participants' description of the different items assessing their perceptions of regarding the mentor's role. Out of the 20 items assessed, non-significant differences between CSN who were being mentored and those who indicated that they were not being mentored were found in 12 items, namely: "help me learn about other parts of the organization" (p-value=0.162); "give me tasks that require me to learn new skills" (p-value=0.269); "serve as a role model for me" (p-value=0.064); "provide me with challenging assignments" (p-value=0.197); "assign me tasks that push me into developing skills"(p-value=0.438); "frequently have one-on-one informal social interactions" (p-value=0.116); "treat me as a son/daughter" (p-value=0.826); "guide my personal developments" (p-value=0.223); "be someone I can confide in" (p-value=0.088); "frequently get together with me informally after work by ourselves" (0.103); "be like a father/mother to me" (p-

value=0.123); "see me as competent" (p-value=0.530).

Significant differences were found between the mentored CSN (53%; n=119) and the non-mentored CSN (47%; n=105) in the following roles: "the mentor should help me to be more visible in the organisation" (p-value=0.022); "give advice on how to attain recognition in the organisation" (p-value=0.002);"provide support and encouragement" (p-value=0.002); "frequently socialize with me on one-to-one outside the work setting" (p-value=0.014); "be someone I identify myself with" (p-value=0.005); "guide my professional development" (p-value=0.013); "suggest specific strategies for achieving career aspirations" (p -value=0.024); and "be someone I can trust" (p-value=0.005). These results are indicated in Table 4.3.

Table 4.3: Comparison of perceptions about mentor roles among CSN

Mentor role	Are you currently being mentored		χ^2 (p-value)
	Yes (n=119)	No (n=105)	
Help me learn about other parts of the organization			5.131(0.162)
Disagree	114 (96)	104(99)	
Agree	5(4)	1(1.0)	
Give me tasks that require me to learn new skills			2.625(0.269)
Disagree	116 (97.5)	104(99)	
Agree	3(2.5)	1(1.0)	
Help me to be more visible in the organization			9.640(0.022)*
Disagree	109(91.6)	102(97.1)	
Agree	10(8.4)	3(2.9)	
Serve as a role model for me			7.258(0.064)
Disagree	114 (95.8)	103 (98.1)	
Agree	5(4.2)	2(1.9)	
Provide me with challenging assignments			4.675(0.197)
Disagree	109(91.6)	97 (92.4)	
Agree	10(8.4)	8(7.6)	
Provide support and encouragement			14.547(0.002)**
Disagree	110 (92.4)	101 (96.2)	
Agree	9(7.6)	4 (3.8)	
Guide my professional development			8.658(0.013)*
Disagree	115(96.6)	101 (96.2)	
Agree	4(3.4)	4 (3.8)	
Frequently socialises with me on one-to-one outside the work setting			10.585(0.014)*
Disagree	64(53.8)	67 (63.8)	
Agree	55 (46.2)	38(36.2)	
Be someone I identify myself with			12.771(0.005)**
Disagree	103(86.6)	96(91.4)	

Mentor role	Are you currently being mentored		χ^2 (p-value)
	Yes (n=119)	No (n=105)	
Agree	16(13.4)	9(8.6)	
Suggest specific strategies for achieving career aspirations			9.478(0.024)*
Disagree	112 (94.1)	102 (97.1)	
Agree	7(5.9)	3(2.9)	
Assign me tasks that push me into developing skills			2.713(0.438)
Disagree	116 (97.5)	99 (94.7)	
Agree	3(2.5)	6(5.3)	
Frequently have one-on-one informal social interactions			5.916 (0.116)
Disagree	73(61.3)	72(68.6)	
Agree	46(38.7)	33(31.4)	
Treat me like a son/daughter			0.896 (0.826)
Disagree	78 (65.5)	75 (71.4)	
Agree	41 (34.5)	30 (28.6)	
Guide my personal developments			4.274 (0.223)
Disagree	104 (87.4)	96 (91.4)	
Agree	15 (12.6)	9 (8.6)	
Be someone I can confide in			6.534(0.088)
Disagree	108(90.8)	98 (93.3)	
Agree	11(9.2)	7 (6.7)	
Frequently get together with me informally after work by ourselves			6.185(0.103)
Disagree	64(53.8)	69 (65.7)	
Agree	55 (46.2)	36(34.3)	
Be like a father/ mother to me			5.775(0.123)
Disagree	82(68.9)	82(78)	
Agree	37(21.1)	23(22)	
Give me advice on how to attain recognition in the organization			14.238(0.003)**
Disagree	110 (92.4)	105 (100)	
Agree	9 (7.6)	0 (0.0)	
See me as competent			2.211(0.530)
Disagree	112(94.1)	101(96.2)	
Agree	7 (5.9)	4 (3.8)	
Be someone I can trust			12.864(0.005)**
Disagree	114 (95.8)	99 (94.2)	
Agree	5(4.2)	6(5.8)	

** indicates significance at $p < 0.01$
*indicates significance $p<0.05$

4.2.4 Perceptions of CSN Regarding the Importance and Benefits of the Mentoring Programme

In order to measure the importance and benefits of the CSN mentoring programme, participants were asked to indicate how much they agreed or disagreed with the listed statements about the CSN programme. The response options ranged from "strongly disagree" (1) to "strongly agree" (4). Higher scores indicated greater perceived importance and benefits of the mentoring programme. Table 4.4 shows the frequency distribution of responses for each of the statements.

Table 4.4: Perceived importance and benefits of CSN' mentoring programme (n=224)

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
CSN mentoring programme will prepare CSN to perform on a public health facility	1(0.4)	4(1.8)	84(37.5)	135(60.3)
A general nursing orientation prepares CSN to perform on a public health facility	0(0.0)	2(0.9)	77(34.4)	145(64.7)
A CSN mentoring programme will increase the self-confidence of a CSN.	0(0.0)	3(1.3)	66(29.5)	155(69.2)
Mentoring programme will decrease the anxiety level of a CSN.	3(1.3)	3(1.3)	72(32.1)	146(65.2)
CSN mentoring programme will help in the recruitment of CSN	0(0.0)	6(2.7)	79(35.3)	139(62.1)
The mentoring programme is important	0(0.0)	2(0.9)	60(26.8)	162(72.3)

Two hundred and twenty four CSN responded to the questionnaire on their perceptions regarding the importance and benefits of CSN mentoring programme. It is clear from Table 4.4 that an overwhelming majority (85% and above for all statements) of the respondents perceived that the mentoring programme would be beneficial to both the public health facilities as well as the CSN. The reliability of the scale was 0.834, indicating item homogeneity. In order to determine the average scores, the scores on "agree" and "strongly agree" were added together, and scores on "disagree" and "strongly disagree" were also

added together. The majority of the participants (97.8%; n=219) agreed that "CSN mentoring programme will prepare CSN to perform in a public health facility" as compared to those who disagreed (2.2%; n=5).

Two hundred and two (99.1%) CSN agreed that "A general nursing orientation prepares CSN to perform in a public health facility," as compared to only two (0.89%) who disagreed. Also, the majority of CSN (98.7%; n=221) agreed that "CSN mentoring programme will increase the self-confidence of a CSN" as compared to the few who disagreed (1.3%; n=3). Two hundred and eighteen CSN (97.3%) agreed that "Mentoring programme will decrease the anxiety level of a CSN" as compared to six CSN (2.7%) who disagreed. CSN (97.3%; n=218) agreed that "mentoring programme will help in the recruitment of CSN" as compared to the few that disagreed (2.7%; n=6). Almost all CSN (99.1%; n=222) agreed that the mentoring programme is important as compared to those who disagreed (0.89%; n=2).

4.2.5 Perceptions of CSN Regarding the Factors to be Included in the Mentoring Programme

Perceptions about factors to be included in the CSN mentoring programme were assessed by six items that asked participants to select how much they agreed or disagreed with the listed factors. The 4-point Likert scale ranged from "strongly disagree" (1) to "strongly agree" (4). The Cronbach alpha value was 0.876, again indicating item homogeneity. Table 4.5 shows the frequency distribution of the responses for each of the statements.

Table 4.5: Perceptions of CSN about factors to be included in a mentoring programme (n=224)

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
Orientation programme for mentors	2(0.9)	3(1.3)	75(33.5)	144(64.3)
Ongoing professional development for mentors	1(0.4)	1(0.4)	77(34.4)	145(64.7)
Formal recognition of the mentoring role	1(0.4)	3(1.3)	82(36.6)	138(61.6)
Formal evaluation procedures	1(0.4)	6(2.7)	86(38.4)	131(58.5)
Voluntary participation as mentors	3(1.3)	8(3.6)	91(40.6)	122(54.5)
A designated coordinator for the programme	1(0.4)	3(1.3)	82(36.6)	138(61.6)

Perceptions about factors to be included in the CSN mentoring programme were assessed by six items that asked participants to select how much they agreed or disagreed with the mentoring factors. In order to determine the average score, the scores on "agree" and "strongly agree" were added, and scores on disagree and strongly disagree were also added. These are the mentoring programme factors: 1) "Orientation programme for mentors": agreed (97.8%; n=219), disagreed (2.3%; n=5); 2) "On-going professional development for mentors": agreed (99.1%; n=222), disagree (0.9%;n=2); 3) "Formal recognition of the mentoring role": agreed (98.2%; n=220), disagreed (1.8%; n=4); 4) "Formal evaluation procedures" agreed (96.9%; n=217), disagreed (3.1%; n=7); 5) "Voluntary participation as mentors": agreed (95.1%; n=213), disagreed (4.9%; n=11); 6) "A designated coordinator for the program": agreed (98.2%; n=220), disagreed (1.8%; n=4). It is also clear from Table 4.5 that an overwhelming majority of the respondents either agreed or strongly agreed with the factors that need to included or considered in the mentoring programme.

4.3 Survey Results of NM

4.3.1 Demographic and Professional Characteristics of NM According to Gender

Table 4.6 shows the demographic and professional characteristics of the NM. A total of 174 respondents were surveyed.

Table 4.6: Characteristics of NM according to gender

Item	N=174	%	Male n=29	%	Female n=145	%
Health Facility						
Community Clinic	35	20.1	6	20.7	29	20.0
Community Health Centre	41	23.6	5	17.2	36	24.8
District Hospital	17	9.8	1	3.4	16	11.0
Provincial Hospital	81	46.6	17	58.6	64	44.1
Basic Nursing Education						
Diploma	125	71.8	25	86.2	100	69.0
Bachelor of Nursing Science	49	28.2	4	13.8	45	31.0
Do you have a certificate in nursing speciality?						
Yes	81	46.6	10	34.5	71	49.0
No	93	53.4	19	65.5	74	51.0
Have you mentored any CSN						
Yes	124	71.3	21	72.4	103	71.0
No	50	28.7	8	27.6	42	29.0
How many nurses have you mentored?						
None	50	28.7	8	27.6	42	29.0
One or two	31	17.8	5	17.2	26	17.9
3-5	37	21.3	6	20.7	31	21.4
6-10	21	12.1	3	10.3	18	12.4
More than 10	35	20.1	7	24.1	28	19.3
Mentoring Duration						
Not Applicable	50	28.7	8	27.6	42	29.0
Less than 6 months	47	27.0	8	27.6	39	26.9
6-12 months	44	25.3	10	34.5	34	23.4
13 months-2 years	12	6.9	0	0.0	12	8.3
Over 2 years	21	12.1	3	10.3	18	12.4
Participation in formal mentoring programme?						
Yes	37	21.3	8	27.6	29	20.0
No	137	78.7	21	72.4	116	80.0
Is workplace a mentoring environment?						
Yes	94	54	16	55.2	78	53.8
No	80	46	13	44.8	67	46.2

The IBM SPSS version 23 was used to analyze data. The completed questionnaires were manually coded and numbered immediately after being received from the participants and the data were entered into the software. One hundred and forty five (83.3%) of the respondents were female while twenty nine (16.7%) were male. The majority (40.2%) of the managers were in the 41-50-year age group while about 36% were aged between 51 and 60 years. About 1% of the managers were aged between 21 and 30 years.

The majority of the NMs were working at: 1) provincial hospitals (46.6%, n=81), followed by 2) CHC (23.6%, n=41); 4) community clinics (20.1%, n=35) and 4) district hospitals (9.8%, n=17). With regard to the basic nursing education, the majority of NM had a nursing diploma (71.8%, n=125) as compared to those who had a nursing degree (28.2%, n=49). NM who had a certificate in speciality were 81 (46.6), and those who did not have a speciality were 93 (53.4%). The total number of NM who have mentored CSN were 71.3% (n=124) as compared to those who did not mentor CSN (28.7%, n=50). Out of the 124 NM who mentored CSN, majority 27.0% (n=47) mentored CSN for a duration less than six months, and 25.3% (n=44) mentored them for over six months to one year. Those who mentored CSN for thirteen months to two years were 6.9% (n=12), and 12.1% (n=21) mentored CSN over two years. Out of the total 174 NM, only 21.3% (n=37) participated in the formal mentoring programme, whereas 78.7% (n=137) did not participate in the formal mentoring programme. Ninety four NM (54%) regarded their workplace as a mentoring environment as compared to 46% (n=80) who did not regard their work environment as a mentoring environment.

4.3.2 Demographic and Professional Characteristics of NM According to Mentoring Status

This section highlights the comparison of perceptions about the mentoring benefits among NM, and the proportions of respondents who had mentored and those who had not mentored any CSN. Table 4.7 shows the χ^2 test results for testing the association between mentoring status and demographic characteristics.

Table 4.7: Characteristics of NM according to mentoring status

Characteristics	Category	Have you mentored any CSN?		χ^2	P-value
		Yes (n=124)	No (n=50)		
		n(%)	n(%)		
Age Group	21-30 years	2(1.6)	0(0.0)	10.057	0.039*
	31-40 years	16(13.0)	8(16.0)		
	41-50 years	46(37.4)	24(48.0)		
	51-60 years	52(42.3)	11(22.0)		
	Above 60 years	7(5.7)	7(14.0)		
Basic Education	Diploma	90(72.6)	35(70.0)	0.117	0.732
	Degree	34(27.4)	15(30.0)		
Health Facility	Community clinic	26(21.0)	9(18.0)	2.394	0.495
	Community health centre	26(21.0)	15(30.0)		
	District hospital	11(8.9)	6(12.0)		
	Provincial hospital	61(49.2)	20(40.0)		
Years employed as a registered nurse	5-10 years	38(30.6)	26(52.0)	11.242	0.024*
	11-15 years	24(19.4)	10(20.0)		
	16-20 years	21(16.9)	3(6.0)		
	21-25 years	12(9.7)	3(6.0)		
	> 25 years	29(23.4)	8(16.0)		
Working place is a mentoring environment	Yes	75(60.5)	19(38.0)	7.231	0.007**
	No	49(39.5)	31(62.0)		
Gender	Male	21(16.9)	8(16.0)	0.881	0.767
	Female	103(83.1)	42(84.0)		

* indicates significance at p=0.05

** indicates significance at p=0.01

There was no significant association between having mentored a CSN and gender (p-value=0.767); basic education (p-value=0.732); and the public health facility in which the NM were working (p-value=0.429). There was, however, a statistically significant association between having mentored a CSN and age group (p=0.039); the number of years NM have been employed as a registered nurse (p=0.024) and whether the respondent considered the working place to be a mentoring environment (p=0.007). The majority (44.5%) of those who indicated having mentored a CSN were in the 51-60-year age group. Almost 30% of the respondents who indicated having mentored a CSN had been employed as a registered nurse for between 5 and 10 years compared to 24% who had been registered

nurses for over 25 years.

4.3.3 NM's Perceptions Regarding Mentoring Benefits

The majority of NM agreed that there were benefits to mentoring; as a result, there was no significant difference between those who have mentored CSN and those who did not mentor the CSN with regard to the following: "Mentors get a sense of fulfilment by passing their wisdom on to others" (p-value=0.951); "Mentoring makes one feel better about oneself" (p-value=0.08); "A good mentee can enhance a mentor's reputation" (p-value=0.911); "The advantages of being a mentor outweigh the drawbacks" (p-value=0.819); "One's creativity increases when mentoring others" (p-value=0.055); "Mentoring has a positive impact on the mentor's job" (p-value=0.052); "The mentor's job is usually rejuvenated by the mentoring relationship" (p-value=0.605); "Mentee can be a positive reflection on the mentor's competency" (p-value=0.248); "Mentors obtain positive recognition in their organization for assuming a mentoring role" (p-value=0.209); "Choosing a good mentee is a positive reflection on the mentor's judgement" (p-value=0.116);. "Mentors gain status among their peers for their mentoring activities" (p-value=0.296); "Mentors view mentees as a younger version of themselves (p-value=0.511); Mentors are able to relive their lives through their mentees (p-value=0.482); Mentors can count on their mentees to be loyal supporters" (p-value=0.582).

Table 4.8 shows the significant difference between the NM who mentored CSN and those who did not mentor the CSN with regard to the following mentoring benefits: "Serving as a mentor can be one of the most positive experiences in one's career" (p-value=0.037); "The mentoring relationship can benefit both mentor and mentee" (p-value=0.002); "Mentoring has a positive impact on the mentor's job performance" (p-value=0.006); "One's job performance is likely to improve when one becomes a mentor" (p-value=0.013). Clearly, a highest number (95% to 100%) of NM agreed with these items as compared to (84% to 92%) of those who did not mentor the CSN

Table 4.8: NM's perceptions regarding mentoring benefits

Perceptions regarding mentoring benefits	Have you mentored a CSN in your nursing career		
	Yes; n=124 n (%)	No; n=50 n (%)	χ^2 (p-value)
Mentors get a sense of fulfilment by passing their wisdom on to others			**0.348 (0.951)**
Disagree	10(8.1)	5(2.0)	
Agree	114(91.9)	45(98.0)	
Serving as a mentor can be one of most positive experiences in one's career			**8.51 (0.037)***
Disagree	1(0.8)	3(6.0)	
Agree	123(99.2)	47(94.0)	
Mentoring makes one feel better about one 's self			**6.767 (0.08)**
Disagree	10(8.1)	8(16.0)	
Agree	114(91.9)	42(84.0)	
A good mentee can enhance a mentor 's reputation			**0.534 (0.911)**
Disagree	12(9.7)	6(12.0)	
Agree	112(90.3)	44(88.0)	
The advantages of being a mentor outweigh the drawbacks			**0.925 (0.819)**
Disagree	18(14.5)	9(18.0)	
Agree	106(85.5)	41(82.0)	
The mentoring relationship can benefit both mentor and mentee			**14.44 (0.002)****
Disagree	0(0.0)	4(8.0)	
Agree	124(100)	46(92.0)	
One's creativity increases when mentoring others			**7.607 (0.055)**
Disagree	1(0.8)	4(8.0)	
Agree	123(99.1)	46(92.0)	
One' s job performance is likely to improve when one becomes a mentor			**8.705 (0.013)***
Disagree	5(4.0)	4(8.0)	
Agree	119(96.0)	46(92.0)	
Mentoring has a positive impact on the mentor's job			**7.733 (0.052)**
Disagree	2(1.6)	4(8.0)	
Agree	112(98.4)	46(92.0)	
The mentor's job is usually rejuvenated by the mentoring relationship			**1.848 (0.605)**
Disagree	16(12.9)	8(16.0)	
Agree	108(87.1)	42(84.0)	
Mentoring has a positive impact on the mentor's job performance			**12.367(0.006)****
Disagree	6(4.8)	8(16.0)	
Agree	118(95.2)	42(84.0)	
Mentee can be a positive reflection on the mentor's competency			**4.123(0.248)**
Disagree	17(7.3)	3(6.0)	
Agree	107(41.1)	47(94.0)	

Perceptions regarding mentoring benefits	Have you mentored a CSN in your nursing career		
	Yes; n=124 n (%)	No; n=50 n (%)	χ^2 (p-value)
Mentors can count on their mentees to be loyal supporters			**1.955 (0.582)**
Disagree	27(13.7)	11(22.0)	
Agree	97(86.2)	39(78.0)	
Mentors obtain positive recognition in their organization for assuming a mentoring role			**4.539 (0.209)**
Disagree	16(12.9)	8(16.0)	
Agree	108(87.1)	42(84.0)	
Choosing a good mentee is a positive reflection on the mentor's judgement.			**5.907 (0.116)**
Disagree	49(39.5)	11(22.0)	
Agree	75(60.5)	39(78.0)	
Mentors gain status amongst their peers for their mentoring activities.			**3.701 (0.296)**
Disagree	29(23.4)	16(32.0)	
Agree	95(76.6)	34(68.0)	
Mentors are able to relive their lives through their mentees.			**2.461 (0.482)**
Disagree	37(29.8)	13(26.0)	
Agree	87(70.2)	37(74.0)	
Mentors view mentees as a younger version of themselves.			**2.31 (0.511)**
Disagree	32(25.8)	12(24.0)	
Agree	92(74.2)	38(76.0)	

* indicates significance at p=0.05

** indicates significance at p=0.01

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4.3.4 NM's Perceptions Regarding Mentoring Costs

Table 4.9 shows the comparison of perceptions of the mentoring costs among NM who have mentored CSN and those who have not mentored CSN. Out of the eleven items assessed, significant differences between NM who mentored the CSN and those who did not mentor CSN were found in two items. Items which indicated no significant differences were found between both groups and include statements such as: "Being a mentor is more trouble than it is worth (p-value=0.194); "Mentoring takes more time than it is worth" (p-value=0.671); "Mentee can end up taking the mentor's job" (p-value=0.585); "I do not have time to be a mentor" (p-value=0.410); "I would not want the risk of being put in a bad light by my mentee's failure" (p-value=0.751); "Choosing a poor mentee is a negative reflection on the mentor's judgement" (p-value=0.265); "A poor mentee can ruin a mentor's reputation" (p-

value=0.111); "Mentees can be a negative reflection on the mentor's competency" (p-value=0.206); "Mentoring is an energy drain" (p-value=0.411).

The study revealed that NM who have not mentored CSN agreed more as compared to those who have mentored CSN with regard to the mentoring costs, namely: "Being a mentor is more trouble than it is worth"; "Mentoring takes more time than it is worth"; "There are more drawbacks to being a mentor than advantages"; "I would not want the risk of being put in a bad light by my mentee's failure"; "Mentors can be backstabbed by the opportunistic mentee"; "Choosing a poor mentee is a negative reflection on the mentors judgement"; "A poor mentee can ruin a mentor 's reputation"; "Mentees can make negative reflection on the mentor's competency"; "Mentoring is an energy drain".

Out of all the mentoring costs perceptions, the higher percentages of NM who have not mentored CSN agreed more regarding: "There are more drawbacks to being a mentor than advantages" (44.0%; n=22), as compared to those who have mentored the CSN (29.0%; n=36); "Mentors can be backstabbed by the opportunistic mentee" (64.0%; n=32); as compared to (36.0%; n=18) who have mentored the CSN. As a result, there was a significant difference between the two groups with regard to: "There are more drawbacks to being a mentor than advantages" (p-value=0.001); "Mentors can be backstabbed by the opportunistic mentee" (p-value=0.027).

Table 4.9: NM's perceptions regarding mentoring costs

Perceptions regarding mentoring costs	Have you mentored a CSN in your nursing career		
	Yes; n=124 n (%)	No; n=50 n (%)	χ^2 (p-value)
Being a mentor is more trouble than it is worth			**4.719 (0.194)**
Disagree	104(83.9)	36(72.0)	
Agree	20(16.1)	14(28.0)	
Mentoring takes more time than it is worth			**1.55 (0.671)**
Disagree	73(58.9)	26(52.0)	
Agree	51(41.1)	24(48.0)	
There are more drawbacks to being a mentor than advantages			**16.281 (0.001)****
Disagree	105(84.7)	28(56.0)	
Agree	19(15.3)	22(44.0)	
I do not have time to be a mentor			**2.883 (0.410)**
Disagree	99(79.8)	41(82.0)	
Agree	25(20.2)	9(18.0)	
Mentee can end up taking the mentor's job			**1.938 (0.585)**
Disagree	72(58.1)	24(48.0)	
Agree	52(41.9)	26(52.0)	
I would not want the risk of being put in a bad light by my mentee's failure			**1.209 (0.751)**
Disagree	66(53.2)	25(50.0)	
Agree	58(46.8)	25(50.0)	
Mentors can be backstabbed by the opportunistic mentee			**9.186 (0.027)***
Disagree	88(71.0)	32(64.0)	
Agree	36(29.0)	18(36.0)	
Choosing a poor mentee is a negative reflection on the mentor's judgement			**3.972 (0.265)**
Disagree	84(67.7)	27(54.0)	
Agree	40(32.3)	23(46.0)	
A poor mentee can ruin a mentor's reputation			**6.01 (0.111)**
Disagree	76(61.3)	22(44.0)	
Agree	47(38.8)	28(56.0)	
Mentees can be a negative reflection on the mentor's competency.			**4.573 (0.206)**
Disagree	81(65.3)	24(48.0)	
Agree	43(34.7)	26(52.0)	
Mentoring is an energy drain			**2.876 (0.411)**
Disagree	88(71.0)	31(62.0)	
Agree	36(29.0)	19(38.0)	

* indicates significance at p=0.05
** indicates significance at p=0.01

4.3.5 NM's Perceptions Regarding Mentoring Intentions

Table 4.10 indicates the highest percentages of the NM who have mentored the CSN strongly agreed that they have the intention to mentor the CSN as compared to those who have not mentored the CSN. The majority of NM (91.9%; n=113) who have mentored CSN as compared to those who have not mentored CSN (84.0%; n=42) agreed that they plan to mentor CSN. Ninety six percent (n=120) of NM who have mentored CSN agreed that they look forward to mentoring a nurse in the practice setting, as compared to 88% (n=44).

Almost 88% (n=109) of NM who have mentored CSN as compared to 80% (n=40) who did not mentor CSN agreed that they were willing to participate in the mentoring programme of CSN. An overwhelming number (92%; n=114) of NM who have mentored CSN agreed that they would like to be mentors as compared to (88%; n=44) who did not mentor CSN. Both groups of NM disagreed with the statements: "I do not expect to mentor a nurse in my practice setting"; and "I have no desire to be a mentor" as indicated in Table 4.10. However, the NM who have mentored CSN disagreed more on these two items.

The mentoring intentions items where there was no significant difference between the two groups were found on the following: "I plan to mentor a nurse in the future" (p-value=0.111); "I do not expect to mentor a nurse in my practice setting" (p-value=0.102); "I am willing to participate in the mentoring programme of CSN" (p-value=0.144); "I have no desire to be a mentor" (p-value=0.522); "I would like to be a mentor" (p-value=0.324). Table 4.10 also shows the statistical difference between the two groups with the following mentoring intentions items: "I look forward to mentoring a nurse in my practice setting" (p-value=0.011).

Table 4.10: NM's perceptions regarding mentoring intentions

Perceptions regarding intention to mentor	Have you mentored a CSN in your nursing career		
	Yes: n=124 n (%)	No: n=50 n (%)	χ^2 (p-value)
I plan to mentor a nurse in the future			**6.009 (0.111)**
Disagree	11(8.9)	8(16.0)	
Agree	113(91.9)	42(84.0)	
I do not expect to mentor a nurse in my practice setting			**6.211 (0.102)**
Disagree	108(87.1)	39(78.0)	
Agree	16(12.9)	11(22.0)	
I look forward to mentoring a nurse in my practice setting			**11.237 (0.011)***
Disagree	4(3.2)	6(12.0)	
Agree	120(96.8)	44(88.0)	
I am willing to participate in the mentoring programme of CSN			**5.41 (0.144)**
Disagree	15(12.1)	10(20.0)	
Agree	109(87.9)	40(80.0)	
I have no desire to be a mentor			**2.25 (0.522)**
Disagree	106(85.5)	38(76.0)	
Agree	18(14.5)	12(24.0)	
I would like to be a mentor			**3.473 (0.324)**
Disagree	10(8.1)	6(12.0)	
Agree	114(91.9)	44(88.0)	

* indicates significance at p=0.05
** indicates significance at p=0.01

4.3.6 NM's Perceptions Regarding the Importance and Benefits of the Mentoring Programme

Table 4.11 shows NM's perceptions regarding the importance and benefits of CSN mentoring programme.Participants were asked to indicate how much they agreed or disagreed with the listed statements about the CSN mentoring programme The Cronbach alpha value was 0.832, indicating item homogeneity. The response options ranged from "strongly disagree" (1) to "strongly agree" (4). Higher scores indicated greater perceived importance and benefits of the mentoring programme.

Table 4.11: NM's perceptions regarding the importance and benefits of mentoring Programme

Items	Strongly Disagree	Disagree	Agree	Strongly Agree
Mentoring programme will prepare CSN to perform on a public health facility.	0(0)	2(1.1)	74(42.5)	98(56.3)
Mentoring programme is important.	0(0)	1(0.6)	55(31.6)	118(67.8)
General nursing orientation prepares CSN to perform on a public health facility	2(1.1)	3(1.7)	84(48.3)	85(48.9)
CSN mentoring programme will increase the self- confidence of a CSN.	0(0)	5(2.9)	59(33.9)	110(63.2)
Public health facility mentoring programme will decrease the anxiety level of a CSN.	1(0.6)	4(2.3)	80(46.0)	89(51.1)
CSN mentoring programme will help in the recruitment of CSN.	4(2.3)	5(2.9)	75(43.1)	90(51.7)

4.3.7 NM's Perceptions Regarding Factors to be Included in the Mentoring Programme

Perceptions about factors to be included in the CSN mentoring programme were assessed by six items that asked participants to select how much they agreed or disagreed with the listed factors. The 4-point Likert scale ranged from "strongly disagree" (1) to "strongly agree" (4). The Cronbach alpha value was 0.876, again indicating item homogeneity. Table 4.12 shows the frequency distribution of the responses for each of the statements. Perceptions about factors to be included in the CSN mentoring programme were assessed by six items that asked participants to select how much they agreed or disagreed with the mentoring factors.

Table 4.12: NM's perceptions regarding factors to be included in the mentoring programme

Items	Strongly Disagree	Disagree	Agree	Strongly Agree
Orientation programme for mentors	2(1.1)	1(0.6)	71(40.8)	100(57.5)
On-going professional development for mentors	0(0)	1(0.6)	58(33.3)	115(66.1)
Formal recognition of the mentoring role	1(0.6)	4(2.3)	73(42.0)	96(55.2)
Formal evaluation procedures	0(0)	3(1.7)	80(46.0)	91(52.3)
Voluntary participation as mentors	3(1.7)	5(2.9)	71(40.8)	95(54.6)
A designated coordinator for the programme	2(1.1)	4(2.3)	72(41.4)	96(55.2)

4.3.8 Correlation Coefficients of Variables Related to Mentoring

Table 4.13 shows the correlation between the measured variables using the Pearson correlation coefficient. There was a significant ($p<0.01$) positive correlation between the mentoring benefits score and mentoring willingness score. All other correlations were non-significant. The number of years that one had been employed as a registered nurse was negatively correlated with the mentoring cost score and mentoring willingness score, respectively. The mentoring willingness score and mentoring cost score were also negatively correlated. The mentoring benefits score was, however, positively correlated with the number of years that one had been employed as a registered nurse and the mentoring cost score respectively.

Table 4.13: Correlation coefficients of variables related to mentoring

Variables	1	2	3
1. Number of years employed as a registered nurse	-		
2. Mentoring cost score	-0.038	-	
3. Mentoring benefits score	0.133	0.091	-
4. Mentoring willingness score	-0.094	-0.146	0.450**

*Correlation is significant at the 0.05 level (2-tailed)

** Correlation is significant at the 0.01 level (2-tailed)

4.3.9 Comparison of Variables Related to Mentoring by NM

Table 4.14 shows results on independent samples t-test which was performed to assess whether there were differences in the means of the mentoring willingness score, mentoring cost score and mentoring benefits score between those who had mentored CSN and those who had not mentored any CSN. The test showed that there were significant differences in the mean scores between the two groups for all three variables.

The mean score difference for the mentoring cost score was significant at the 0.01 level of significance ($p=0.007$) while the mean scores for the mentoring benefits score and mentoring

willingness score were both significant at the 0.05 level of significance (p=0.034 and 0.011, respectively). Those who had mentored CSN had higher mean scores for both the mentoring benefits and willingness scores while those who had not mentored any CSN had higher a mean score for the mentoring cost score.

Table 4.14: Comparison of variables related to mentoring by NMs

Cost	Have you mentored CSN in your nursing career	N	Mean	Standard Deviation
Mentoring Cost	Yes	124	23.38	5.094
	No	50	25.92	6.676
Mentoring Benefits	Yes	124	58.86	5.905
	No	50	56.68	6.585
Willingness to mentor	Yes	124	13.79	2.069
	No	50	12.84	2.550

4.4 Discussion of Results Pertaining to CSN

4.4.1 Demographic and Professional Characteristics of CSN

One hundred and fifty two (67.9%) of the respondents were females while seventy two (32.1%) were males, due to the fact that nursing has been predominantly a female profession (Govender, Brysiewicz & Bhengu, 2015:8; Zaayman & Daniels, 2016:32; Tsotetsi, Phiri & Peu, 2012:36). This assertion is also supported by the 2015 SANC statistics which showed that the number of female registered nurses in NWP were 8437 when compared to the 1184 males. The output of female registered nurses was 1508 when compared to 495 male registered nurses (SANC, 2016). CSN's ages ranged from 26 to 52 years, with a mean of 33.7 years (SD=7.4). Ndaba and Nkosi (2013:37) also found that the majority of respondents (60%) were in the 30-39 year and 40-49 year age groups which could be attributed to the reason that some of these nurses have been long in the service, being staff nurses and auxiliary nurses. They have now upgraded themselves to the professional nurse category (Ndaba & Nkosi, 2013:37).

The majority of the CSN were working at: 1) regional hospitals (33%, n=74), followed by 2) CHC (25, 4%, n=57); 3) district hospitals (21.9%, n=49), and 4) community clinics (19.6%, n=44). The number of nurses at a public health facility might be determined by availability of posts and choice of placement made by participants. According to Maseko, Erasmus, Di Rago, Hooper and O'Reilly (2014:38), preferred placement of CSN is influenced by different factors which are personal and environmental related. A high number of CSN had a nursing diploma (71.4%, n=160) as compared to those who had a nursing degree (28.6%, n=28.6%). In contrast, Rohatinsky (2008:34) found that there were nearly an equal number of participants who had a nursing diploma and a nursing degree. The output of a 4-year programme at the NWP nursing colleges was 427 and 104 at the university in the years 2011 and 2012 (SANC, 2013). This shows that nurses who have done a 4-year diploma in nursing outnumber those who have completed the course at the degree level, hence these results.

Total number of CSN who were mentored was 53% (n=119) compared to those who were not mentored (47%, n=105). These findings indicate that the majority of the participants were mentored. In contrast, Rohatinsky (2008:35) revealed that the majority of participants agreed that they were mentored. Generally, studies also revealed that the CSN as novice nurses were not supported nor mentored (Beyers & Jooste, 2013:49; Hlosana-Lunyawo & Yako, 2013:6; Thopola et al, 2013:172). To enhance mentoring, mentors should provide care and encouragement and also serve as role models for these novice nurses (Lekhuleni et al, 2012:69).

Out of 119 CSN who were mentored, the majority (32.1%; n=72) were mentored for less than six months and 17.9% (n=40) were mentored for over six months to one year. Those who were mentored for thirteen months to two years were 2.2% (n=5), and 0.9% were mentored over two years. It is apparent that mentoring duration varies according to different situations. Similar findings were identified by Barnett, Minnick and Norman (2014:178) who reported that, in most cases, mentoring was done for a period less than a year. Evidently,

mentoring was very short and ineffective in addressing role modelling for mentees (Nieuwstraten, Huh, Liu, Davis & Dolovich, 2011:126). According to Tabor (2012:98), managers stated that precepting lasts for six months and mentoring may take one or two years. However, Lindsey (2012:173) highlighted that participants needed at least one year to be confident in their new role. Therefore, the mentoring interval should be considered during mentoring. In the present study, the length of mentoring could be influenced by other factors in the NWP public health facilities. The recommendations done by Barnett et al (2014:176) were that the mentoring programme clearly stipulates the lesser time spent on direct patient care and to increase it gradually. This will help the mentee to gain more experience and confidence.

Even though 53% of CSN indicated that they were mentored, surprisingly, the majority of CSN did not participate in a formal mentoring programme. Only 8.9% (n=20) participated in formal mentoring programme as compared to 91.1% (n=214). Tabor (2012:98) highlighted that a formalized mentoring programme is important because it shows guidelines in achieving a relationship that is built on a mutual and trusting relationship. Certainly, an effective new graduate nurse mentorship programme should be based on adequate planning for mentoring resources and support systems (Carrion, 2010:130). In support of his view, a study done by Jones (2016:33) found that participants asserted the importance of the mentoring programme. According to Jones (2016:33), participants received feedback from the mentoring programme, which impacted their overall perceptions of position as registered nurse. In addition, Kanaskie (2006:251) recommended that hospitals should design formal mentoring programmes which will help to increase the skills acquisitions, confidence and self-actualization of new nurses.

A high percentage of CSN disregarded their workplace as a mentoring environment. This could be attributed to working conditions of public health facilities in NWP. Poor working conditions coupled by malfunctioning equipment and shortage of staff have been implicated

in inadequate support of mentees (Rikhotso, Williams & De Wet, (2014:4). In addition, Rohatinsky and Jahner (2016:7) emphasized that shortage of staff impacted negatively on mentoring because novices are unreasonably expected to be experts without adequate supervision. According to Kanaskie (2006:250), the mentoring environment should be characterized by a mentoring relationship that is nurturing and supportive to the mentee. The mentoring environment should be conducive to learning, whereby the mentee is encouraged to participate in teamwork, decision making and changes in the workplace (Kanaskie, 2006:250).

4.4.2 Perceptions of CSN Regarding the Mentor Role

The study found that out of the 20 items assessed, there were no significant differences between nurses who were being mentored and those who indicated that they were not being mentored; this was found in 12 items. Indeed, the CSN perceived the mentor roles the same. Correspondingly, Wanberg , Kammeyer-Muller and Marchese (2006:418) identified analogous outcomes related to mentoring. According to Kammer et al (2006:418), participants regarded psychosocial mentoring important as compared to career mentoring. In addition, Eby et al (2005:218) indicated that psychosocial and career functions of mentors were positively correlated to mentee job satisfaction. Furthermore, Eby et al (2005:218) recommended that strategies to increase psychosocial and career mentoring functions should include provision of managerial support and role modelling. The study done by Ragins and Cotton (1990:530) revealed that supervisory mentors provided more career development functions than non-supervisory mentors for career development functions as compared to psychosocial functions. This means that mentor position and responsibility are also likely to affect the type of mentoring provided to the mentee.

Significant differences were found between the two groups pertaining to the psychosocial and career mentoring roles of mentor.in the following roles: 1) the mentor should help me to be more visible in the organisation; 2) give advice on how to attain recognition in the

organization 3) provide support and encouragement; 4) frequently socialize with me on one-to-one outside the work setting; 5) be someone I identify myself with; 6) guide my professional development; 7) suggest specific strategies for achieving career aspirations and 8) be someone I can trust. Clearly, non-mentored CSN seemed to disagree more on these items.

This was unsurprising due to the fact that non-mentored CSN might perceive more impact of lack of mentoring pertaining to two functions of mentoring as compared to those who were mentored. Similarly, Weng, Huang, Tsai, Chang, Lin and Lee (2010:2) found that mentees perceived relatively limited mentoring functions that addressed psychological and developmental support functions. According to Weng et al (2010:5), these two functions influenced job satisfaction and retention. Consistently, Ghosh and Reio (2013:112) revealed career mentoring was strongly associated with career development; psychosocial mentoring was mostly associated with organizational commitment while role modelling was most associated with job performance.

The majority of non-mentored CSN (71.4%; n=75) as compared to the mentored CSN (47.1%; n=56) strongly disagreed that the mentor provided support and encouragement. The non-mentored CSN (56.2%; n=59) as compared to mentored CSN (35.3%; n=42) strongly disagreed that the mentor is someone they identified with. With regard to the "mentor is someone I can trust", the majority of the non-mentored CSN (66.7; n=70) as compared to mentored CSN (47.1%; n=56) disagreed with this statement. The NQN undergoes traumatic emotional stress due to lack of confidence and experience (Duchscher, 2009:1106).

According to Duchscher (2009:1106), this becomes more traumatic specifically if there is lack of inadequate and insufficient functional and emotional support. In that regard, Kram and Isabella (1985:118), highlighted that psychosocial support is important because it provides emotional support by listening and counselling the mentee. This allows the mentee

to talk openly about their fears, anxieties related to their work and general none-work experiences (Kram & Isabella, 1985:118).

Nick, Delahoyde, Del Prato, Mitchell, Ortiz, Ottley, Young, Cannon, Lasater, Reising and Siktberg (2012:7) stressed that mentees who are supported feel free to exercise their critical thinking and sense of independence. Schmidt and Faber (2016:8) indicated that lack of psychosocial support might lead to isolation, loss of engagement, feelings of incompetence and insufficient skills and inability to navigate into the new environment. To enhance psychosocial mentoring, the mentor should create a supportive learning environment which fosters development of knowledge and skills for the new nurse (Hill & Sawatzky, 2011:165).

4.4.3 Perceptions of CSN Regarding the Importance and Benefits of the Mentoring Programme

The overwhelming majority of participants perceived that a mentoring programme will be beneficial to CSN (Table 4.4) as it will: 1) Prepare CSN to perform on a public health facility; 2) Increase the self-confidence of a CSN; 3) Decrease the anxiety levels of a CSN. These findings are congruent with Duchscher (2009:1107) who indicated that new nurses undergo transitional shock which is mostly related to fear of the unknown and self-doubt. Benner (1984) posited that new nurses need to be adequately orientated and mentored in order to make transition from being a novice to being an expert. In support, Valdez (2008:348) indicated that new nurses feel inadequately prepared for new professional roles. Overall, a feeling of a lack of self-confidence was identified by nurses in nearly all of studies reviewed (Valdez, 2008:348). Park and Jones (2010:145) found that because of mentoring, mentees had improved self-confidence in rendering patient care. In support, Pellico et al (2009:200) suggested mentorship and orientation to help in socialization of new nurses and therefore improve self-confidence.

The majority of CSN agreed that "mentoring programme will help in the recruitment of CSN" (Table 4.4). Nelson, Godfrey and Purdy (2004:552) cited mentee recruitment as one of

the benefits of a mentoring programme. According to Nelson et al (2004:552), the majority of mentees were recruited to hospital as a result of satisfaction with the mentoring programme. Mentees highlighted adequate supervision, guidance pertaining to patient care and decision making (Nelson et al, 2004:552). Park and Jones (2010:145) found that 15 studies indicated that retention of new nurses who participated in mentoring programmes was high at 76% to 96%. The findings are reinforced by Ragins, Cotton and Miller (2000:1190) in that mentees who are involved in satisfying mentoring relationships have a positive work-related attitude as compared to those who were not mentored. Also, Whitehead, Owen Holmes, Beddingham, Simmons, Henshaw, Barton and Walker (2013:372) indicated that well-structured properly implemented mentorship can improve recruitment and retention for mentees and mentors.

4.4.4 Perceptions of CSN Regarding Factors to be Included in the Mentoring Programme

An overwhelming number of CSN agreed that mentors should be orientated. It is envisaged that this will help mentors to know what is expected of them. According to Latham, Hogan and Ringl (2008:33), educational sessions should include orientation to mentoring, different types of mentoring and the importance of mentoring. Joubert and De Villiers (2015:5) also emphasized that orientation should tackle stakeholders' roles, responsibilities and outcomes of he programme. Adequate time should be created for orientation and introductions of mentor and mentee (Joubert & De Villiers, 2015:5). Mentors must meet beforehand to discuss what the mentees will learn and to explain to mentees what is expected (Joubert & De Villiers, 2015:5).

On-going professional development for mentors was also indicated by the majority of CSN. According to Dappen and Isernhagen (2005:24), mentors should be equipped with knowledge so that they can effectively support mentees. Similarly, Latham et al (2008:33) stipulated that mentors should be given additional lessons on communication skills, conflict

resolution, team building and time management. In addition, on-going training and coaching of mentors regarding the mentoring techniques helps in quality improvement (Anatole et al, 2013:40). It is important that mentors should be continuously updated about new developments in nursing, so that they can impart recent information.

Table 4.5 highlighted the need for formally recognizing the mentor's role. This will motivate the mentor to participate in the mentoring programme. Consistently, Nettleton and Bray (2007:210) found that the mentoring role was not regarded as important and this resulted in less time and resources allocated for mentoring. Lack of recognition contributed to lack of commitment, which also resulted in an unsupportive relationship which did not benefit mentor and mentee (Nettleton & Bray, 2007:210). According to Latham et al (2008:34), mentors should be given proper support in order to enhance effective mentoring. This can be encouraged by allowing the mentor enough time to spend with mentee and also give feedback to the mentee (Nettleton & Bray, 2007:210). The majority of participants agreed that formal evaluation procedures should form part of the CSN mentoring programme. According to Carrion (2010:122), evaluation measures help to determine whether programme goals were met. Furthermore, gaps are identified and addressed and, therefore, help to maintain a successful mentoring (Dappen & Isernhagen, 2005:24). Huybrecht, Loeckx, Quaeyhaegens, De Tobel and Mistiaen (2011:277) found that mentors regarded evaluation as important because they were able to assess the competencies of the mentee regarding patient care and teamwork. According to Huybrecht et al (2011:277), constructive feedback should be given frequently. Evaluation is important because the mentors will be able to know whether the mentoring is done effectively and efficiently.

The participants agreed to the statement regarding voluntary participation as mentors. Seemingly, the participants are for the idea that mentors should not be forced to take part in the mentoring programme. These findings are supported by Nettleton and Bray (2007:209). Participants emphasized that mentors should be allowed to volunteer in the mentoring role,

because their mentors were behaving as if they were forced (Nettleton & Bray, 2007:210). In addition, the participants indicated that if mentor is forced into doing it they would never give 100% because it is not something they want to do (Nettleton & Bray, 2007:210). Furthermore, Allen and Eby (2010:352) suggested that mentors should be allowed to voluntarily participate in the mentoring programme.

Mentors who volunteer are likely to be more committed to making the experience successful (Allen & Eby, 2010:352). According to Allen and Eby (2010:352), those who are forced to participate are likely to have negative attitudes and resentment at having their time and energy infringed upon. Furthermore, Joubert and De Villiers (2015:6) suggested that mentoring should be voluntary because not everyone wants to be a mentor. A designated coordinator for the programme: agreed (98.2%; n=220), disagreed (1.8%; n=4). According to Cohen (2000:1), the programme coordinator function as an official programme representative at all levels of the organization. Patterson, Bayley, Burnell and Rhoads (2010:203) indicated that the programme coordinator should be responsible for orientation of new nurses in emergency departments. However, this programme coordinator was assisted by the clinical instructor (Patterson et al, 2010:203).

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4.5 Discussion of Results Pertaining to NM

4.5.1 Demographic and Professional Characteristics of NM

The majority of NMs were females which are similar to those of the CSN. Literature also indicates that nursing is still predominantly a female profession (Thopola et al, 2013:171; Kruse & van Dyk, 2011:33; Huybrecht et al, 2011:275; Zaayman & Daniels, 2016:34). The majority (40.2%) of the managers were in the 41-50-year age group while about 36% were aged between 51 and 60 years. About 1% of managers were aged between 21 and 30 years. The majority of registered nurses, according to SANC 2015 statistics, ranged between the ages of 40 and 60 years and are distributed as follows: 40-49 years at 27%; 50-59 at 31%; 60-69% at 15%. By analogy, Mokoka, Ehlers and Oosthuizen (2010:3), Rakhudu, Davhana-

Maselesele and Useh (2013:111) found that the majority of participants were above 50 years of age.

The majority of the NMs were working at: 1) provincial hospitals (46.6%; n=81), followed by 2) CHC (23.6%; n=41); 4) community clinics (20.1%; n=35) and 4) district hospitals (9.8%; n=17). This distribution could be attributed to experience gained over the years. Another factor could be due to availability of employment opportunities and career advancement in the area of employment. Yet another factor was indicated as positive experience as mentees (Maseko et al, 2014:39). According to Maseko et al (2014:39), NM mentors who were satisfied with their mentors as novice nurses, are likely to seek employment in those clinical areas where they were adequately mentored.

With regard to basic nursing education, the majority of the NMs had a nursing diploma (71.8%, n=125) as compared to those who had a nursing degree (28.2%, n=49). NMs who had a certificate in speciality were 81 (46.6), and those who did not have a speciality were 93 (53.4%). Kruse and van Dyk (2011:35); Govender et al (2015:8), consistently found that most participants had the nursing college diploma compared to those who had a university degree.

Total number of NM who have mentored CSN were 71.3% (n=124), as compared to those who did not mentor CSN (28.7%; n=50). Perhaps there is an interplay of factors that make the NM to assume or not to assume mentoring role of CSN. Consistently, Schaeffer (2013:60) found that huge numbers of mentors have mentored many mentees. According to Schaeffer (2013:61), several factors related to the organization and individual can predict mentoring behaviour. On the contrary, overworked nurses were more likely to mentor in view of empowering novice nurses to help with the workload (Schaeffer, 2013:70). Furthermore, Ragins and Cotton (1993:967) identified that the cost and benefit factors can influence the mentor's decision to mentor.

Out of 124 NM who mentored CSN, the majority mentored CSN for less than six months which was consistent with Schaffer (2013:60). According to Rush, Adamack, Gordon, Lilly and Janke (2013:352), there is an association between length of mentoring and new nurses' job satisfaction. In this regard, Rush et al (2013:352) highlighted that the mentoring programme should last at least 6 months—reason being that during that period the new nurses experience many uncertainties and frustrations.

A high number of NM were not involved in a formal structured mentoring programme. Surprisingly, the majority (71.3%; n=124) of NM indicated that they have mentored CSN as compared to those who did not mentor CSN (28.7%; n=50). These conflicting results could be related to lack of a formal mentoring programme. The study done by Witherspoon (2014:96) revealed that the purpose for developing the mentoring programme was to provide leadership, encouragement and support. In addition, Rush et al (2012:354) emphasized that a mentoring programme resulted in a cost-benefit for agency the due to improved new graduate retention and decreased turnover. According to Allen (2003:136), since formal mentoring is not usually mandatory in the organizations, serving as a mentor is a decision that goes above and beyond the mentor's formal job description. In this regard, mentors can be inspired by different motives to provide or not to provide mentoring (Allen, 2003:149).

Ninety four NM (54%) regarded their workplace as a mentoring environment as compared to 46% (n=80) who did not. Seemingly, NM were creating a conducive environment for the CSN. Supportive environments are needed to facilitate adaptation of CSN in public health facilities (Gregg, Wakisaka & Hayashi, 2013:159). According to Gregg et al (2013:159), strategies that are used by NM, should embrace: 1) understanding the situation of new nurse, 2) providing opportunities for experience and learning, and 3) providing support to nurses who are teaching new nurses. In support, Bally (2007:143) indicated that it is imperative that mentoring goals should be embedded into institutional goals. Factors that enhance a healthy organizational culture should include recognition of mentee as an independent health

practitioner and encouraging participation in challenging activities (Bally, 2007:145).

4.5.2 Comparison of Proportions of NM Who Mentored CSN

The majority of NM who have mentored CSN were aged between 41-60 years (79.7; n=98) as compared to those younger than 41 years. The mentoring role of older NM could be due to the fact that their retirement is nearer; therefore, they feel obliged to leave their legacy by mentoring CSN. According to Levinson (1986:6), the 40 to 65 ages are viewed as the middle adulthood which is characterized by becoming senior members who are not only responsible, but also for passing knowledge to younger generations (Levinson, 1986:6). In contrast, the study done by Huybrecht et al, (2011:277) found that majority of the mentors were young and had experience of less than five years. This means that mentoring can be done by different generations. The study revealed that there was a statistically significant association between having mentored a CSN and age group (p=0.039). Apparently, older NM were keener to mentor CSN. Consistently, Rohatinsky (2008:54) found that there was a relationship between age and mentoring of new graduate nurses. In this regard, baby boomers felt obliged and imperative to impart skills in support of mentee (Rohatinsky, 2008:54). There was a significant difference between the NMs who had less number of years as registered nurses and those who had more years. Surprisingly, those who had fewer years as registered nurses were likely to mentor CSN as compared to those with more years as registered nurses. This could be attributed to the reason that those who have few years were not mentored recently, and therefore understood the importance of mentoring others. Equivalent results were cited by Huybrecht et al (2011:277), who found that majority of mentors were young and had experience of less than five years.

This study found that there was a statistically significant association between having mentored a CSN and whether they considered working place to be a mentoring environment (p=0.007). The majority of NMs (60.5%; n=75) who indicated that they have mentored CSN, perceived their working environment as a mentoring environment as compared to those

who did not mentor CSN (38.0%; n=19). This was not surprising because those who have mentored CSN could be employed in a workplace which provided them with time and resources for mentoring the CSN. According to Rohatinsky (2012:63), the mentoring environment is enhanced by managerial support to mentors whereby resources are availed for mentoring programmes. In the present study it could mean that NMs who perceived support from administrators would be able to provide support to CSN.

4.5.3 NM's Perceptions Regarding Mentoring Benefits

Table 4.8 highlights that the majority of NM agreed that there are career and psychosocial benefits of mentoring CSN. These findings are congruent with mentoring role theory (Kram & Isabella, 1985:125). It is apparent that mentoring is not only beneficial to CSN, but also to the mentors. Furthermore, the study done by Eby et al (2006:437) revealed that mentors attain both short- and long-term benefits from mentoring mentees. Literature also supports benefits of mentoring to mentors (Joubert & De Villiers, 2015:6; Schmidt & Faber, 2016:13; Norwood & Hutchinson, 2010:148). Joubert and De Villiers (2015:6); Schmidt and Faber (2016:13) unanimously stipulated that the mentors were required to always reflect and go back to their books and, as a result, gained more knowledge and insight into their career issues. Furthermore, Norwood and Hutchinson (2010:148) found that participants felt that by giving back, they were also rejuvenated and gained confidence which helped them to gain promotions in their workplace.

The present study revealed that NM perceived mentoring CSN as an important factor in meeting their intrinsic motivation. Psychosocial benefits were also indicated by Schmidt and Faber (2016:13), whereby mentors gained personal satisfaction derived from making a difference for someone. In support, an exploratory study conducted by Canter, Kessler, Odar, Aylward and Roberts (2012:162) revealed several mentor-related personal benefits, namely: intrinsic satisfaction, development of personal relations. Seemingly, intrinsic satisfaction that comes with giving back in ways that extends beyond any one person's individual

contributions (Canter et al, 2012:162).

More (95% to 100%) NM who mentored CSN agreed with mentoring benefits as compared to (84% to 92%) of those who did not mentor CSN (Table 4.8.) This could be due to intrinsic motivation, personal and career benefits gained from mentoring CSN. These findings concur with Kram and Isabella (1985:129), who posited that mentors may also receive tangible work-related benefits. By giving mentee with career and psychosocial support, mentees can also provide loyal support which can improve a mentor's job performance (Kram & Isabella, 1985:129). Additionally, a mentor gains intrinsic motivation by getting recognition from colleagues and employers for developing new talent in the organization (Kram & Isabella, 1985:129). Ragins also asserted that experience influence perceptions and expectations about benefits and costs of a relationship. In this regard, experience as a mentor or mentee makes one to have realistic expectations of relationship pertaining to benefits and cost of mentoring (Ragins, 1999:494).

4.5.4 NM's Perceptions Regarding Mentoring Costs

Table 4.9 shows mentoring costs perceptions of NMs who have mentored CSN and those who have not mentored CSN. Unsurprisingly, NMs who have not mentored CSN agreed more as compared to those who have mentored CSN with regard to mentoring costs. It means that NMs who have not mentored CSN perceived negative aspects of mentoring as compared to positive aspects of mentoring CSN. It might be reasoned that NMs who have not mentored before were foreseeing disadvantages of mentoring as compared to those who have actually participated in the mentoring relationship. Parise & Forret (2008:227) also affirmed that mentoring can be equally beneficial and costly to the mentor. According to Huybrecht et al (2010:276), determination of both mentoring costs and benefits is imperative so that appropriate measures can be taken to support the mentoring process.

The findings also concur with Kram and Isabella (1985:129) because NMs who have

provided both career and psychosocial support to CSN could have also gained intrinsic motivation. According to Ragins and Scandura (1999:504), the experience in a mentoring relationship either as a mentor or as a mentee, was significantly related to outcomes associated with being a mentor. As a result, individuals without mentoring experiences expected more costs and fewer benefits than individuals with mentoring experience (Ragins & Scandura, 1999:504). Individuals experienced in mentoring were more likely to report that mentors gain a sense of satisfaction and fulfilment from mentoring relationships. Those without mentoring experience were more likely to focus on the drawbacks of mentoring and report about the perceived challenges of mentoring (Ragins & Scandura, 1999:504).

There was a significant difference between the two groups with regard to mentoring costs. Furthermore, out of all the mentoring costs perceptions, the higher percentages of NM who have not mentored CSN agreed more regarding: "There are more drawbacks to being a mentor than advantages" (44.0%; n=22), as compared to those who have mentored the CSN (29.0%; n=36); "Mentors can be backstabbed by the opportunistic mentee" (64.0%; n=32); as compared to (36.0%; n=18) who have mentored CSN. Similarly, Eby et al (2006:233) identified the cost of mentoring as nepotism and a dysfunctional relationship, and more trouble than worth. Additionally, a study conducted by Eby and McManus (2004:267) identified negative experiences of mentoring whereby mentors were exploited by mentees. In this study, NM who have not mentored CSN might be scared of mentoring costs. The interesting finding by Ragins and Scandura (1999:506) also highlighted that individuals who expect high cost had significantly lower intentions to mentor than those expecting low costs.

4.5.5 NM's Perceptions Regarding Mentoring Intentions

Both groups of NM disagreed with the statements: "I do not expect to mentor a nurse in my practice setting"; and "I have no desire to be a mentor" as indicated in Table 4.10. However, NMs who have mentored CSN disagreed more pertaining to these two items. Again, NMs who have mentored CSN strongly agreed that they have intentions to mentor CSN as

compared to those who have not mentored CSN. Presumably, those who have previously mentored CSN strongly indicated that they intended to mentor CSN. The findings concur with those highlighted in the literature which emphasizes that previous mentoring experience influence perceptions regarding mentoring and intention to mentor (Eby et al, 2006:233; Parise & Forret, 2008:238; Kram & Isabella, 1985:129).

In addition, Allen, Poteet, Russell and Dobbins (1997:3) suggested several factors that can influence the willingness to mentor namely: 1) demographic variables; (2) previous mentoring experience; and (3) personality variables. In support, Hunt and Michael (1983:480) emphasized that contextual factors and individual characteristics influence the initiation of mentor-protégé´ relationships. It means that organizations should be able to encourage the willingness to mentor. Table 4.10 shows the statistical difference between the two groups with the following mentoring intentions items: "I look forward to mentoring a nurse in my practice setting". The findings are consistent with the above mentioned findings. There was a high number of NMs who have mentored the CSN who agreed that to this statement as compared to the NMs who didn't mentor the CSN. The NMs who did not mentor the CSN, did not intend to mentor the CSN. The reason could be that they perceived more drawbacks to mentoring.

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4.5.6 Correlations of Variables Related to Mentoring

Correlation between the variables was measured using the Pearson correlation coefficient. There was a significant ($p<0.01$) positive correlation between the mentoring benefits score and mentoring willingness score. All other correlations were non-significant. The number of years that one had been employed as a registered nurse was negatively correlated with the mentoring cost score and mentoring willingness score, respectively. This means that as the number of years increases, the willingness to mentor decreases. Consistently, this study found that NMs with more years employed as registered nurses disagreed that they have mentored CSN, and were not willing to mentor as compared to those with few years'

experience.

Similarly, Rohatinsky (2012:78) found that managers recognized drawbacks of being mentors because of extra time, energy and patience required for mentoring. Furthermore, Ragins and Cotton (1999:108) indicated that individuals who have been in the organization for a very long time might have negative perceptions about the organization and, as a result, would not have anything to do with mentoring. Mentoring willingness score and mentoring cost score were also negatively correlated. When the mentoring cost increases, willingness to mentor decreases. Ragins and Cotton (1999:107) asserted that participants who anticipated more drawbacks to mentoring are likely not mentor. Furthermore, those people probably never participated in a mentoring programme, hence lacked benefits of mentoring experience (Ragins & Cotton, 1999:107).

Mentoring benefits score was, however, positively correlated with the number of years that NMs had been employed as a registered nurse and the mentoring cost score, respectively. When the number of years employed as a registered nurse decreases, mentoring benefits increases. The younger NMs perceived more benefits to mentoring as compared to their older counterparts. Again as mentoring benefits decreases, mentoring costs increases. Apparently, NMs who perceived more benefits to mentoring were likely not to focus on drawbacks of mentoring. The findings support the SET as highlighted by Thibaut (1959) in Loue (2010:10), which indicates that the greater the costs associated with relationship, the less likely individuals will enter into the relationship.

There were significant differences in mean scores between the two groups for all three variables. Those who had mentored CSN had higher mean scores for both the mentoring benefits and willingness scores while those who had not mentored any CSN had a higher mean score for mentoring cost. NMs who mentored CSN were more motivated to continue mentoring due to previous benefits of mentoring. It might be that participants who experience

benefits of mentoring are usually motivated to keep on mentoring even though there are challenges. Mentors who intend to mentor, will always find a way to deal with mentoring challenges (Norwood & Hutchison, 2010:156).

4.6 Summary

This chapter presented the quantitative component for both CSN and NMs perceptions regarding the mentoring of CSN in the NWP public health facilities. The demographic and professional characteristics of the participants were presented. Furthermore, perceptions of CSN regarding mentoring role theory constructs were presented. NMs' perceptions regarding mentoring costs and benefits, and willingness to mentor were presented. The perceptions of both CSN and NMs were highlighted regarding the importance of mentoring programme and factors that should be included in the mentoring programme. Items used in the scales were also measured on a four-point Likert scale. Chapter 5 describes the qualitative component results.

CHAPTER 5

QUALITATIVE RESEARCH AND LITERATURE CONTROL

5.1 Introduction

The previous chapter dealt with the quantitative component results. This study was convergent parallel MMD, and results for both components were treated equally. The results presented in this chapter were revealed during the semi-structured interviews with CSN and NMs in NWP public health facilities. Three Focus Group Discussions (FGD), 20 CSN and 8 individual interviews were conducted. Three FGD for 20 NMs and 7 semi-structured interviews were conducted. The participants were interviewed at public health facilities where they were working. Results for both CSN and NMs are discussed separately, but carried the same weight in this study. Table 5.1 shows profiles of CSN and NMs who were interviewed.

Table 5.1: Profiles of the CSN who were interviewed

Participants	Focus Group Discussions	Individual Interviews
Community service nurses (CSN)	n=6, n=6, n=8 (3groups)=20	n=8
Nurse Managers (NM)	n=6, n=6, n=8 (3 groups)=20	n=7
Total	**40**	**15**
Focus Group Discussions (FGD) and Individual Interviews=55		
Females	29	11
Males	11	4

5.2 Results: Community Service Nurses (CSN)

5.2.1 Demographic Data of CSN

A total of 28 CSN were interviewed as follows: 3 CSN focus groups (n=8; n=6; n=6), and individual interviews (n=8). Out of the 8 individual interviews conducted, 6 were with

females and 2 with males. Fifteen participants were females out of the 20 CSN who participated in the FGD. Six had a university degree as compared to 14 who had a college diploma. The age range of the CSN was 28 to 45 years. They had experience of 2 to 3 years.

5.2.2 Themes, Categories and Sub-Categories that Emerged from CSN Interviews

The CSN revealed the following experiences regarding their mentoring in the NWP public health facilities: 1) Negative experiences regarding mentoring; namely: lack of mentoring, challenges of performing community service, CSN mentoring needs; 2) Positive experiences related to minimal mentoring; 3) Possible benefits of mentoring the CSN; 4) Factors enhancing mentoring; 5) Factors inhibiting mentoring of CSN. Table 5.2 shows the themes, categories and sub-categories that emerged from the interviews of the CSN.

Table 5.2: Themes, categories and sub-categories that emerged from CSN' interviews

Themes		Categories		Sub-Categories	
1.	Negative experiences regarding mentoring	1.1.	Lack of mentoring	1.1.1.	Not mentored adequately
				1.1.2.	Lack of supervision and support
				1.1.3.	Not properly oriented in general
		1.2.	Challenges of performing community service nursing	1.2.1.	Negative attitude of other nurses toward CSN
				1.2.2.	Unrealistic expectations from CSN
				1.2.3.	Blamed for mistakes and feel bullied
2.	Need for mentoring	2.1.	CSN need mentoring	2.1.1.	CSNs lack practical experience
				2.1.2.	Mentoring regarding the professional role
		2.2.	NM have needs for mentoring the CSN	2.2.1.	Opportunities for training
				2.2.2.	Support and recognition of mentors
3.	Possible benefits of mentoring	3.1.	Mentee-related benefits	3.1.1.	Orientated and supported
				3.1.2.	Gained confidence and skills development
				3.1.3.	Used their education
		3.2.	Mentor-related benefits	3.2.1.	Professional growth and skills development
		3.3.	Organization-related benefits	3.3.1.	Improved quality of care for patients
4.	Factors that enhance mentoring of CSN	4.1.	Activities to be included in mentoring programme	4.1.1.	Orientation
				4.1.2.	A form of feedback/evaluation
				4.1.3.	Workshops and in-service training for CSN and NM
				4.1.4.	Management of common conditions in wards

Continued ...

Table 5.2: Themes, categories and sub-categories that emerged from CSN' interviews (co

Themes		Categories		Sub-Categories	
		4.2.	Characteristics/skills of good mentees	4.2.1.	Mentee mu
		4.3.	Characteristics/skills of good mentors	4.3.1.	Have inter
				4.3.2.	Professiona
5.	Factors that inhibit mentoring of CSN	5.1.	Organizational factors that inhibit mentoring	5.1.1.	Staff short
				5.1.2.	Lack of res
		5.2.	Mentor factors that inhibit mentoring	5.2.1.	Negative a

5.2.2.1 Theme 1: Negative Experiences Regarding Mentoring

The majority of CSN revealed that they have negative experiences with regard to their mentoring in NWP public health facilities. In this regard, they described the negative experience and emphasized that they were not mentored. This theme was supported by the following categories: 1) Lack of mentoring; 2) Challenges of performing community service.

5.2.2.1.1 Category 1.1: Lack of Mentoring

CSN indicated lack of mentoring as one of the negative experiences. This theme is supported by the following sub-categories:

5.2.2.1.1.1 Sub-Category 1.1.1: Not Mentored Adequately

The participants in both FGD and individual interviews lamented that they were not mentored. Interchangeably, the participants used different terms such as unsupervised and unsupported to emphasize inadequate mentoring.

They further highlighted that the DoH, the facility managers and SANC were not supportive. Sad-looking participant said:

> *Uhm... I was never mentored by any one. I was put in a place and I was told to cope with whatever situation comes my way. So that's why, that's why I am saying mentoring was non-existent to me.*

Unsurprisingly, these findings are consistent with the quantitative component. Seemingly the CSN were not provided with both career and psychosocial mentoring (Kram & Isabella, 1985:611). A huge literature report that the majority of CSN are neither mentored nor supported (Nkoane & Mavhandu-Mudzusi, 2015:73; Mqokozo et al, 2013:7; Hlosana-Lunyawo &Yako, 2013:4).

5.2.2.1.1.2 Sub-Category 1.1.2: Lack of Supervision and Support

The CSN revealed that they were neither supported nor supervised as newly qualified nurses.

One participant said:

> *Yes...the supervisor didn't stay with me or try to call someone who is senior than me...to supervise me because as the policy say we are supposed to be under supervision. I can say that the support was insufficient and according to my view during my time. You see...the only report is written by the...CEO (Chief Executive Officer) and that is the only time that my CEO saw me. For the past 12 months, he did not know me. So, if our very own institution does not know us there is no way that we can get support from the province. Even...that nursing council...it doesn't support us...really. The nursing council, they can't even see that there was one newly qualified sister for 133 patients.*

The present study also revealed that participants blamed different stakeholders, including the SANC, because apparently they don't have the scope of practice and job description which specifically address their level of responsibility. To that effect Nkoane and Mavhandu-Mudzusi (2015:93) also recommended that the SANC should develop the CSN scope of practice.

5.2.2.1.1.3 Sub-Category 1.1.3: Not Properly Oriented in General

The participants further explained that they were not even orientated. This was indicated by this participant:

> *I was never orientated in the hospital and I was never...eh...mentored in the ward. They just told me that, you are no longer a student now. You are our colleague. So you will take care of the ward. If there is something that you don't know you will ask.*

The CSN were not orientated; as a result, they felt that they were not properly welcomed to the profession. Those who were lucky to be orientated were only shown the physical layout, which was not enough. In agreement, Thopola et al (2013:173) revealed that CSN were not

orientated with regard to the policies and procedures; hence they were afraid to remain alone in their units. Inadequate orientation and mentoring has been identified as exacerbating the new nurses' transitional shock. According to Duchscher (2009:1109), new nurses experience transitional shock due to physical, emotional, socio-developmental and cultural changes. To reduce this transitional shock, the workplace should implement proper orientation and mentoring programmes (Duchscher, 2009:1111). Furthermore, Park and Jones (2010:142) conducted an integrative review and explored the effects of orientation programmes for NQN and their confidence, competency, and retention. It is clear that that structured orientation is a key component of the CSN's mentoring programme.

5.2.2.1.2 Category 1.2: Challenges of Performing Community Service Nursing

Several challenges of performing community service were highlighted by the participants as follows:

5.2.2.1.2.1 Sub-Category 1.2.1: Negative Attitude of Other Nurses Toward CSN

The participants described that they experienced negative attitudes from their juniors and other experienced professional nurses, even doctors. The CSN experienced, amongst others, being called names and undermined. Other seniors even went to the extent of bragging about their experiences just to belittle the new CSN. This was evidenced by the following quotations:

One participant had this to say:

> *And also the nurses' attitude of...of...this thing called KKM...like bokgale ke le mo...kgale ke bereka mo, you see...(I have long been here, I have been working here for a long time). That is very challenging as an individual because...you will be the com serve and at my age, I'm still young. They will even tell you that you are not going to tell me anything. You don't have a silver bar...Sometimes they tell you that you are a skoon sister (clean sister), still bar less.*

Another participant said:

> *Then they will say: why don't you read the guidelines...why do you have to ask! I don't know; go back to the guidelines. They will say go back to the guideline...Nna I am not a moving guideline. Even if you have not done a thing to that person, I don't know why...that negative attitude towards you.*

CSN sadly revealed that they experienced negative attitudes from the experienced nurses and their subordinates. For example, subordinates refused to take orders from them. This kind of resentment further contributed to CSN's lack of confidence and psychological abuse. Consistently, the study conducted by Tsotetsi et al (2012:87), revealed that all participants endured bad staff attitudes and verbal abuse from categories of staff in health facilities. Some participants were addressed using nicknames (Tsotetsi et al, 2012:87). The study done by Beyers and Jooste, (2013:49) and Kruse and van Dyk (2011:70) also revealed that nurses undermined and disrespected CSN, just for the mere fact that they are young and inexperienced. This negative attitude was consequently reported as lack of support and mentoring by CSN in this study.

5.2.2.1.2.2 Sub-Category 1.2.2: Unrealistic Expectations from CSN

These are the expectations placed on the CSN, which are not proportional to their level of expertise and experience (Parker, Giles, Lantry & McMillan, 2014:153). Participants also revealed that instead of being supported, they were expected to perform like nurses with many years of experience.

One participant had this to say:

> *See, they expect from us to know all the policies, procedures, but you...you know all these policies but when an event happens, you will be blank. You don't know what to do, but they expect you to know all the policies. They will even tell you that, but you've got psych bar, forgetting that you are from school you have never worked with those people. They*

will tell you about your psych bar. Ja, even the doctors they expect more...more from us! Ijo!

The participants were expected to know the policies and protocols in order to be quicker and make fewer mistakes. That was really unreasonable due to the fact that they have not been in practice and therefore were inexperienced with regard to each and every patient situation. Similar findings were revealed by Parker et al (2014:154) which highlighted that the new nurses were expected to perform like nurses with 20 years of experience with regard to the workload, pace and difficult patients. Another study found that new nurses were expected to be perfect and confident with regard to performing critical clinical thinking skills, communication, managerial skills (Freeling & Parker, 2015:e47). Another reason for failure to meet these expectations could be due to the fact that the CSN were not orientated and mentored adequately; therefore, their roles are not yet clear. It is envisaged that adequate mentoring can facilitate transition and performance as stipulated by Kram and Isabella (1985:611).

5.2.2.1.2.3 Sub-Category 1.2.3: Blamed for Mistakes and Feel Bullied

Workplace bullying has been described as a persistent, enduring form of abuse that involves negative actions and interactions at work (Vogelpohl, Rice, Edwards & Bork, 2012:414). Participants stated that they were blamed for mistakes, and, at the same time felt bullied by their seniors. This shows that they were neither given psychological encouragement in their new environment nor career support.

One participant had this to say:

And again in the ward, even if you have made a mistake neh...you know they will be on top of you...like you know everything. They don't guide you like, you didn't do right, you know you will be promised that you will be going to the red carpet, or you will be facing the nursing council, you know! (Emotional). They will just tell you that. When you say something or try to express yourself or to tell your story...they will say...tell this that

> *I don't want to hear anything from her! You See. So you feel it bullied. We even feel eh...eh...apartheid regime was better than these people. Really bullying us. Really!!*

Mqokozo et al (2013:55) also highlighted that the participants were treated like small children, experienced insubordination and humiliation and abuse from managers and doctors. According to Parker et al (2014:153), participants indicated that the older nurses were territorial; hence the bullying could also be attributed to their attitude and poor morale.

Additionally, Vogelpohl et al (2012:414) found that new nurses reported that a higher number of workplace bullies were their colleagues (63.9%), followed by doctors (59.8%), and patients' families (59.2%). Of great concern is that the most psychologically damaging bullying is the one perpetrated by colleagues (Vogelpohl et al, 2012:418). This concurs with the research of Kram and Isabella (1985:611) due to the fact the very same colleagues were expected to socialize and welcome new nurse into the profession. Furthermore, it is not clear whether the experienced nurses bully the young ones as a rite of passage into the professional nurse role (Vogelpohl et al, 2012:420). Belittling the CSN's knowledge is not only disrespectful, but also could result in deleterious consequences for a patient (Thomas & Burk, 2009:229). To that effect, Thomas and Burk (2009:231) recommended collaboration between nursing education institutions and health facilities whereby experienced nurses serve as positive role models and mentors.

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5.2.2.2 Theme 2: Need for Mentoring

The CSN overwhelmingly lamented the need for mentoring. This was supported by the categories which were cited by the participants, namely: 1) The CSN need mentoring 2) NMs have needs for mentoring the CSN. These categories were also supported by the sub-categories which are discussed below.

5.2.2.2.1 Category 2.1: CSN Need Mentoring

The CSN revealed their mentoring needs as follows:

5.2.2.2.1.1 Sub-Category 2.1.1: CSN Lack Practical Experience

Participants revealed that they have knowledge with regard to theory, but they lack practical experience in application of the theory they have learned at school. The majority reported that clinical practice is different from the classroom environment in a sense that what they were taught in class differs from the skills that are needed in the wards where they are placed for remunerated community service.

This is evident in this quotation:

> *Like some of the things that we learned from school were, not the ones that were practiced exactly like they were there but not the ones, that like they have their own protocols like this what we follow. So you will be having your own knowledge from school which yes is there but not in the same way. And also as a com serve, we take it...you are still a baby. You need to be taken on by hand, even if it is not by hand but to be shown the way. Go this way to, to this way, this way. That's...that's why we need mentoring.*

The findings are similar to those revealed by NM. Likewise, Tsotetsi et al (2012:40) and Klerk and Kortenbout (2010:38) found that the majority of participants reported that clinical practice varies from the classroom environment in a sense that what they were taught in class differs from the skills that are needed in the wards where they are placed for remunerated community service. Furthermore, Davhana-Maselesele, Tjallinks and Norval (2000:90) revealed the students are challenged into practicing what they have been taught in class. The NMs also highlighted that CSN are not able to perform certain procedures. This could be due to the fact that CSN lack experience because they are just newly qualified. Therefore, it is crucial that they should be mentored in order to improve their skills.

5.2.2.2.1.2 Sub-Category 2.1.2: Mentoring Regarding the Professional

Role

CSN emphasized that they need to be mentored about their responsibilities pertaining to the profession. It could also be deduced that they are also afraid of litigations against professional nurses. As a result, they clearly indicated that they need to be mentored on assuming competencies and accountabilities of a professional nurse.

This is the quotation from one CSN:

> *Eh...with me I would, go straight. I am concerned about the number of litigations that are appearing in the news with regard to the Department of Health. I wish there was somebody who compile list the of the do's and don'ts and say look, this is what you are not supposed to do. You do this, you will be in trouble. No matter you are full or hungry, don't do these.*

It appears as if CSN are not aware of the policies and guidelines in the health facilities, hence they were worried about wrong ways of performing their duties. Another important factor could be lack of adequate orientation, because they could have been made aware of the do's and don'ts of the profession. These really support the need for mentoring. Du Plessis and Seekoe (2013:137) argued that lack of introduction of student nurses to the professional responsibilities result in lack of preparedness to assume this role when qualified. The issue of role modelling during training is also crucial because the CSN could learn from professional nurses in decision making (Du Plessis & Seekoe, 2013:137).

5.2.2.2.2 Category 2.2: NMs Have Needs for Mentoring the CSN

The study revealed that the CSN also indicated that NMs have needs related to mentoring of CSNs. These needs are highlighted below.

5.2.2.2.2.1 Sub-Category 2.2.1: Opportunities for Training

CSN emphasized that NM have to be updated with regard to recent information, so that they should also be on par with the new developments. Since most of them trained a long time

ago, they expressed that they need to be given opportunities to attend workshops and other courses.

The majority of CSNs expressed sentiments like this:

> *I think that the mentor should be supported through an educational structure or they should be send to improve their skills. They should be sent to further their education. Meaning that they cannot expect someone that does not even know anything about maternity to come and mentor me. I expect someone who knows her story, you know. I think that's how the relationship goes and respect goes because...So I feel the mentor should be supported, he can go and improve his educational levels through higher tertiary or, maybe going through specialize or something. The mentor should be given a chance to have that chance.*

These findings are consistent with those that were indicated in the quantitative component and from CSN interviews. It is important that the mentor should have adequate skills and knowledge which will be imparted to the CSN. In support, it has been found that experienced nurses lack knowledge and skills, as a result fail to guide and supervise inexperienced NQN (Tsotetsi et al, 2012:53). Furthermore, Hughes and Fraser (2011:386) recommended that mentors should have skills to assist mentees to develop confidence in carrying out duties competently. To that effect, Anatole et al (2013:40) emphasized the need for on-going training and coaching of mentors regarding the mentoring techniques for quality improvement purposes. The support of NM may help to decrease lack of respect by CSN. Again, this may further increase the mentoring benefits of the mentor as stipulated by the SET (Blau, 1964 in Yu & Belschak, 2010:8).

5.2.2.2.2.2 Sub-Category 2.2.2: Support and Recognition of Mentors

CSN expressed the need for mentors to be supported by the department and institution in

order to be able to support CSNs, as exemplified by this response:

> *I think they need to be supported and very much so. Because I think they are important people. I mean you find a novice nurse coming in and you develop that person to become a competent professional nurse. Make the mentor to know what he or she is really doing. That's why I was talking about the workshops, books from the department guidelines, regarding...the objectives which eh...I think regarding the community service nurses.*

The findings are consistent with the quantitative component. It is apparent that NM need to be encouraged and acknowledged for mentoring CSN. This important factor has also been revealed in the literature. Similarly, Doerksen (2010:144) identified that mentors highlighted the need for empowerment pertaining to professional and mentorship responsibilities. McIntosh et al (2013:364) affirmed that the majority of mentors felt supported and it had a positive impact on their role. Mentors should be provided some release time to meet with the mentee (Nick, Delahoyde, Del Prato, Mitchell, Ortiz, Ottley, Young, Cannon, Lasater, Reising and Siktberg, 2012:7). In addition, mentors require administrative support whereby they are provided with financial incentives and time off for self-development (Doerksen, 2010:144).

5.2.2.3 Theme 3: Possible Benefits of Mentoring

All participants indicated that there are some mentoring benefits. The categories which emerged from this theme are as follows: mentee-related benefits, mentor-related benefits and the organization-related benefits.

5.2.2.3.1 Category 3.1: Mentee-Related Benefits

The majority of the participants indicated that CSN as mentees are likely to benefit from mentoring with regard to the following:

5.2.2.3.1.1 Sub-Category 3.1.1: Orientated and Supported

The study revealed that few participants were orientated in the hospital and ward.

One participant said:

> *I was inducted on the leave policy, like annual leave eh...Batho Pele, the hospital mission, vision just the general stuff of the hospital. I was orientated about the day-to-day working in the ward. Compiling of statistics; general procedures like patient who have absconded. If you are absent what is the procedure. Then they will continue to give me feedback about whatever I do under their supervision.*

Consistent utterances were emphasized by NM. Thopola et al (2013:178) also found that some participants reported that they were orientated in their wards. The new nurses were further mentored pertaining to managerial duties, for example, delegation, ordering of drugs and ward stock (Thopola et al, 2013:178).

5.2.2.3.1.2 Sub-Category 3.1.2: Gained Confidence and Skills Development

The majority of participants indicated that mentoring will help in the development of confidence and independence.

One participant said:

> *I believe when they teach you about something, when you doing your work and you do it with more confidence with higher esteem it will improve your skill because if you are doing something and you are not sure about it is not really how it is done. Uhm. Your skill, it can still be good, but I believe it your mentor because what you will be teaching it will something specific and something he is sure of and something that makes more sense, so I believe your skill can be, you can have good skills and if you, he or she is somebody who is a good performer then it can affect you also positively.*

The study reinforces the mentoring role theory by Kram and Isabella (1985:612) which posited that mentoring helps the mentee to grow a sense of independence and, therefore, improves confidence. CSN emphasized that the mentoring relationship will help them to acquire skills which they will use to make appropriate decisions. At the same time, their confidence will increase because they will be more knowledgeable and competent. In accord, Du Plessis and Seekoe (2013:134) stipulated NQN reported that they enjoyed working as independent practioners. Additionally, Beyers and Jooste (2013:52) found that CSN gained knowledge which ultimately contributed to their clinical competence and confidence. The participants indicated that they were supported by the nurses and doctors; as a result, they managed to perform complicated procedures which boosted their confidence (Beyers & Jooste, 2013:52).

5.2.2.3.1.3 Sub-Category 3.1.3: Used their Education

This study revealed that CSN managed to make critical decisions because of the education they received during their training:

> *I use what...the skills that I was taught at the college, management skills, my interpersonal skills. But I did not follow the procedure but at the end of the day the problem was resolved. I was able to calm the patient, I called the doctor. One patient was transferred to the security ward. Yes. That also helped me to gain confidence, that no I can manage this unit, without being mentored.*

This is entirely consonant with Thopola et al (2013:177) in that CSN were satisfied with the education that they have received because it prepared them to be competent. This could be attributed to some of the factors that influence professional nurses' competency (Hansen-Salie & Martin, 2014:550). According to the latter authors, the level of competence can be enhanced by provision of support and a conducive environment which is motivating and challenging.

5.2.2.3.2 Category 3.2: Mentor-Related Benefits

The participants also supported NMs regarding the benefits that the mentor would get from mentoring CSN. According to the cost and benefit in the SET, the mentor is able to get the direct and indirect benefits (Yu & Belschak, 2010:22).

5.2.2.3.2.1 Sub-Category 3.2.1: Professional Growth and Skills Development

The general feeling among participants is represented by the following quotation:

> *Mentor will benefit from mentoring process. Why? Because the mentors themselves will one day be a CEO of the hospital. So she herself is developing, she is learning to develop skills from whoever she is mentoring and learning through that, she will start learning this is how to cope with this Ok. It's good for mentors, this mentoring.*

In support, Rebholz and Baumgartner (2015:106) revealed that mentors expressed the psychological benefits of mentoring, whereby they reiterated that they developed intrinsic satisfaction by making an impact in somebody's career. Baxter (2013:72) also highlighted that managers became expert content; as a result, they also gained confidence. These benefits are also reciprocal to the organization.

5.2.2.3.3 Category 3.3: Organization-Related Benefits

Participants emphasized that the organization can also benefit from mentoring.

5.2.2.3.3.1 Sub-Category 3.3.1: Improved Quality of Care for Patients

One participant added:

> *Yes, it can benefit because eh...they going to have the competent ...eh staff that have that...without any attitude to the...community. We will provide quality care, prevention of injuries Yes...I...I do think so because the...the nurses will be more empowered like they will have more*

confidence even the job will be...they will be more satisfaction. Yes, in that way the. So, performance will be better.

The quotations are congruent with those revealed by NMs. The participants emphasized that, by being mentored, they will be able to gain skills and knowledge which will help to improve quality patient care. Thus, by providing quality care, there will be less complications and litigations which will also benefit the organization. Similarly, Russell (2004:612) elaborated that mentees are quickly socialized into the organizational culture, which improve their performance and confidence and reduce turnover intentions.

5.2.2.4 Theme 4: Factors Enhancing Mentoring of CSN

All participants revealed the factors that enhance mentoring of CSN in NWP public health facilities. The categories which emerged from this theme are as follows: 1) Activities to be included in mentoring programme; 2) Characteristics/skills of good mentees; and 3) Characteristics/skills of good mentors.

5.2.2.4.1 Category 4.1: Activities to be Included in Mentoring Programme

Several recommendations were provided by the participants to enhance mentoring. From this category, several sub-categories also emerged.

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5.2.2.4.1.1 Sub-Category 4.1.1: Orientation

The participants stressed that they should be orientated: For example:

I think that, we have to start the mentoring from the first day when the person is hired, you understand. We have to draft the time, we have to table that these two weeks or one week it will be for the orientation...orientation with regard to the policy of the hospital, HR, how maintenance is dealt with, when you...like an example when you are in the ward... the handle of the door is broken, the manner in which you...you request for the fixing...all that stuff you understand.

The participants clearly recommended that orientation should be done to coach them on the protocols and procedures. It should not only focus on the physical layout of the health facility. Orientation is an important human resource strategy which provides new employees with concise and accurate information to make them more comfortable in the job (Nyambegera, 2005:78). Orientation has been described as one of the important strategies that can enhance patient safety and the well-being of new nurses (Park & Jones, 2010:142). Additionally, orientation increased the confidence and competency of the new nurses; as a result, their retention rate was increased (Park & Jones, 2010:142; Nyambegera, 2005:78).

5.2.2.4.1.2 Sub-Category 4.1.2: A Form of Feedback/Evaluation

CSN further emphasized that feedback should form part of the mentoring programme. One participant said:

> *Then with mentoring, feedback is always important. And observations of the person you are mentoring you should always give feedback, even if it is positive or negative, feedback should be given. And especially in front of the patient it should be a polite feedback.*

These findings are coherent with those of NMs, which highlight that mentoring is important in the mentoring programme. Clearly, feedback will also inform the stakeholders pertaining to the progress and flaws of the mentoring programme. Chabedi, Marais and Leech (2010:96) also revealed that NMs were given feedback regarding performance of students on completion of clinical placement. As unit managers participated in the assessment of student nurses it was easier for them to evaluate if their mentoring was effective or not (Chabedi et al, 2010:96). Therefore, feedback also helps to determine and enhance effectiveness of mentoring by rectifying performance-related clinical mistakes (Magobe et al, 2010:4).

5.2.2.4.1.3 Sub-Category 4.1.3: Workshops and In-Service Training for CSN and NM

Participants emphasized that they should not be left out or willfully ignored when conducting

workshops. Most of them indicated that they were not allowed to attend the workshops, as a result they felt less empowered.

This quotation from one of the participants illustrates thus:

> *Since I was here I haven't gone to any workshop, no training, no nothing I just get here work and work and go home... I don't know...they fill gaps with us, it is just like that in North-West they fill gaps with us. It is demoralising...sometimes like I ask myself eh it's like I am like a used pad, you a pad you just use it then you, a used condom you use it and then afterwards you dispose it (emotional). When I was asking especially about NIMART because I am concerned, you will be working with HIV and then you know nothing about it.*

Another participant added:

> *Maybe some workshop, because there are so many developments. Health is a dynamic thing; there are so many changes on daily basis, to keep us abreast with knowledge.*

Participants emphasized that they should be workshoped and in-serviced so that they can be up to date with new developments. This could be alluded to the fact that they are still novices in the profession, thus they need to be empowered. Participants recommended that they should be workshoped with regard to the departmental guidelines such as the integrated management of childhood illnesses (IMCI) and maternity. They also stressed that they should be allowed to be empowered on professional roles and responsibilities. This is really called for, because it is evident in the literature that CSN are not attending workshops and in-service training sessions (Hlosana-Lunyawo & Yako, 2013:10).

5.2.2.4.2 Category 4.2: Characteristics/Skills of Good Mentees

Participants highlighted that it is important for the mentee to be respectful.

5.2.2.4.2.1 Sub-Category 4.2.1: Mentee Must Respect the Mentor

This sub-category that mentees must be respectful is borne out by the following response:

> *As a mentee, I think now it will be your duty towards your mentor, laughing... because you as a person who is learning you also have the duty that you... towards the person who is teaching you. For example, if somebody is mentoring me and I don't pay respect to that person I don't listen to the person when he says ok we are having a meeting tomorrow, So, ja (yes), the mentees' attention, their respect are important.*

The majority of CSN indicated that mentees should be very respectful. The findings are consistent with sentiments of NMs that CSN were not respectful. The participants also highlighted that mentees were also contributing to inadequate mentoring due to lack of respect and negative attitude. It is important that CSN should be respectful. According to Chabedi et al (2010:99), both the mentee and mentor should be aware of the factors that contribute to negative attitudes and deal with such appropriately.

5.2.2.4.3 Category 4.3: Characteristics/Skills of Good Mentors

The participants suggested that, in order to have an effective mentoring relationship, the mentors should have good professional and personal characteristics.

5.2.2.4.3.1 Sub-Category 4.3.1: Have Interest in Mentoring, Have Patience and Friendly Demeanour

This sub-category is borne out by the following participant statements:

> *I think this person...First of all this person should be interested in doing it, because if he or she is not interested then if maybe...I'm not sure he or she is not interested...laughing...maybe they will get irritated if I'm not responding very well to how they are doing things.*

> *And patience, the person who mentors you should be very patient, very patient...But firm because if you become too relaxed and too reluctant to*

> *do some staff she should be firm you know, you have to it because you have already observed for several times now it is your turn to do it. Mentor should be patient. Let me see... good communication skills, friendly, patient, creative...and also should be a motivator.*

The mentor should have these characteristics which were also stressed by Chabedi et al (2010:98). Similarly, Chabedi et al (2010:98) found that mentors should have the following: positive attitude and be willing to be mentored. Accordingly, if the mentor enjoys to be mentored, then the relationship will also have positive outcomes.

5.2.2.4.3.2 Sub-Category 4.3.2: Professionalism and Role Modelling

The CSN emphasized that they want to learn professionalism and role modelling from the mentor. These findings complement the following statements:

> *I want mine to be, firstly. If she...when I am saying professional, I want...if you are teaching me something, I should see it from you. I must learn from you... be professional, your behaviour...That is what I should learn from you, should be professionalism.*

> *I believe the mentor has to be the role model. When I mean by role model I mean somebody whom you like to imitate, his way of working I think uhm...if I am to choose a mentor I would like a mentor to have these characteristics.*

These findings concur with those that were highlighted by NMs. The participants also indicated that they didn't want the mentor who was just to a teacher or a boss, but somebody who could model ethical behaviour (Eller et al, 2014:6). Through role modelling, the CSN will learn professionalism, leadership and practical skills from the mentors.

5.2.2.5 Theme 5: Factors Inhibiting Mentoring of CSN

The CSN pointed out several factors that inhibit the mentoring of CSN in the NWP public health facilities. The categories that emerged from these broad themes were: 1)

Organizational factors that inhibit mentoring and 2) Mentor factors that inhibit mentoring.

5.2.2.5.1 Category 5.1: Organizational Factors That Inhibit Mentoring

An overwhelming majority of CSN revealed that organizational factors play an enormous role in inhibiting the mentoring of CSN. This is further supported by the following sub-categories: 1) staff shortages and high workload; 2) unavailability of equipment/lack of resources.

5.2.2.5.1.1 Sub-Category 5.1.1: Staff Shortages and High Workload

The participants emphasized that due to high workload and shortage of staff the experienced nurses are not able to adequately mentor them. These are the quotations:

> *Especially during the night when you are doing night duty. Is only one sister, for 92 patients or 133 patients alone. You must give all those patients medications, you must supervise all those patients and staff also. Anything that can happen, it's your responsibility.*

> *Uhm. It is a barrier because at that time when you are short-staffed, everyone for themselves. You can't have someone to mentor you at the time because they will be saying, you can't expect to be two in one consulting room whereas the other one is empty. You go that side, so I feel that it is a big barrier for most of us and it is causing mentoring to go down. Umh.*

It is difficult to mentor and support CSN due to shortage of staff and excessive workload. This could also be related to inadequate orientation of CSN. As a result, novice nurses are used to run the units and be shift leaders because of shortage of staff. This also a common phenomenon reported in several studies (Hollywood, 2011:667; Chabedi et al, 2010:96; Tsotetsi et al, 2013:86). Gitonga (2016:26) attested that due to a huge number of patients, they are overworked and, as a result, cannot engage in mentorship relationships.

5.2.2.5.1.2 Sub-Category 5.1.2: Lack of Resources/Unavailability of Equipment

Lack of non-human resources was highlighted as one of the impediments to mentoring by both CSN and NM. For example:

> *And even the resources we don't have adequate resources. Lack of equipment, lack of resources is also a barrier, yes. Like for an example, if some teaches you about ECG and there is no ECG machine that does not really serve any purpose, yes.*

If there is a lack of resources, it means that CSN will also be taught how to improvise and thus compromise quality patient care (Klerk & Kortenbout, 2010: 62).

5.2.2.5.2 Category 5.2: Mentor Factors That Inhibit Mentoring

Participants also indicated that the mentor can also inhibit mentoring of CSN.

5.2.2.5.2.1 Sub-Category 5.2.1: Negative Attitude of Mentors

One participant expressed this as follows:

> *I don't know why...that negative attitude towards you. And then some of them will...eh...discriminate us with regard to the institutions we come from...where are you from? Are from the college or are you from the university. Then they can judge from that. Ehm...Students from where, they don't know nothing...you have come to give us problems.*

Tshabalala and Bornman (2011:40) highlighted that the professional nurses were unapproachable and had negative attitudes towards the new nurses. This was perceived as a defensive mechanism for lack of confidence among the professional nurses (Tshabalala & Bornman, 2011:40).

5.3 Results: Nurse Managers (NM)

5.3.1 Demographic Data of NM

A total of 27 NMs were interviewed as follows: 3 NMs focus groups (n=8; n=6; n=6), and individual interviews, n=7. Out of the total 27 interviewed, 19 were females and 8 were males. Nine had a university degree as basic nursing education as compared to 18 who had a college nursing diploma. The age ranges of NMs were 30 to 62 years. They had experience as registered nurses from ten to forty five years. Table 5.3 shows themes which emerged from NMs' interviews which are also discussion in this section.

Table 5.3: Themes, categories and sub-categories that emerged from NM's interviews (continued)

Themes	Categories	Sub-Categories
		5.1.3. Consistent/frequent opportunities for feedback/evaluation
		5.1.4. Structured formal mentoring programme
		5.1.5. Workshops
		5.1.6. Committee responsible for mentoring CSN
		5.1.7. Teamwork to form part of mentoring
	5.2. Characteristics/skills that mentors should have	5.2.1. Knowledgeable and competent
		5.2.2. Role modelling
		5.2.3. Respectful and friendly demeanour
		5.2.4. Willingness to teach and learn
		5.2.5. Good communication skills
	5.3. Characteristics/skills that CSN should have	5.3.1. Positive attitude and willing to learn
		5.3.2. Active participation
6. Factors that inhibit mentoring of CSN	6.1. Mentee-related factors	6.1.1. CSN have a negative attitude toward older/more experienced nurses
		6.1.2. CSN unwillingness to learn/lack of passion
	6.2. Mentor-related factors	6.2.1. Mentors don't know what is expected of them
		6.2.2. Mentors don't have time to mentor properly
	6.3. Organization-related factors	6.3.1. Staff shortages impact CSN mentoring negatively
		6.3.2. Lack of resources (equipment/medication)

Table 5.3: Themes, categories and sub-categories that emerged from NM's interviews

Themes		Categories		Sub-Categories	
1.	Negative perceptions of mentoring CSN	1.1.	CSN lack skills	1.1.1.	Some CSN lack practical skills
				1.1.2.	CSN lack professional responsibility
				1.1.3.	CSN lack confidence
2.	Positive perceptions of mentoring CSN	2.1.	CSN are mentored	2.1.1.	CSN are supported by other category nurses
3.	Mentoring needs	3.1.	CSN need mentoring	3.1.1.	CSN lack practical experience
				3.1.2.	CSN need orientation
				3.1.3.	CSN need to be mentored on professionalism
		3.2.	Mentors' needs regarding mentoring	3.2.1.	Opportunities for training
				3.2.2.	Support and recognition of mentors
				3.2.3.	Provision of resources and mentoring programme
4.	Possible benefits of mentoring	4.1.	CSN-related benefits	4.1.1.	Skills development and competence
				4.1.2.	Professional socialization
				4.1.3.	Improved confidence and independence
		4.2.	Mentor-related benefits	4.2.1.	Skills development and knowledge
				4.2.2.	Contributes to self-confidence
		4.3.	Organization-related benefits	4.3.1.	Improved patient quality of care
				4.3.2.	Reduced staff turnover
5.	Factors that enhance mentoring of CSN	5.1.	Activities to be included in mentoring programme	5.1.1.	Orientation
				5.1.2.	Duration of at least six months

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Continued ...

5.3.2 Themes, Categories and Sub-Categories that Emerged from NMs Interviews

5.3.2.1 Theme 1: Negative Perceptions of Mentoring CSN

NMs expressed negative perceptions regarding the mentoring of CSN.

5.3.2.1.1 Category 1.1: CSN Lack Skills

NMs emphasized that CSN lack skills with regard to their much expected competencies. Several sub-categories emerged from this category: 1) Some CSNs lack practical skills; 2) CSNs are not professionally responsible; 3) CSNs lack confidence. These are the quotations which support the sub-categories:

5.3.2.1.1.1 Sub-Category 1.1.1: Some CSN Lack Practical Skills

NMs stipulated that CSN are not able to perform basic practical skills:

> *The other thing again that lacks is...like eh being unable to do procedures as required by the doctors as required, for an example the resuscitations and eh some other minor procedures like uhm...those of administering transfusions patients. For an example administration of medication. They give wrong medication and they chart on that, they don't do the proper procedure as they have been taught.*

The perceptions of NMs clearly indicate that CSN lack knowledge pertaining to practical procedures, especially those that are critical. This could be due to the fact that CSN lack experience and exposure since they have just qualified and have not been in the practical setting. These findings are inconsistent with those revealed by Lekhuleni et al (2013:198). According to the authors, the mentors revealed that CSN were competent with regard to several emergency procedures (Lekhuleni et al, 2013:198). Similarly, Kram and Isabella (1985:122), also posited that appropriate mentoring will assist in career support of CSN. Therefore, it is apparent that the CSN should be supported and mentored, so that they could gain knowledge of practical skills.

5.3.2.1.1.2 Sub-Category 1.1.2: CSN Lack Professional Responsibility

NMs indicated that CSN are not assuming the roles of professional nurses. This is a quotation from one of the NMs:

> *Ja...basically...even on managerial issues...taking care of.... reporting times and knocking off times they still lack behind whereby they happen to report late, they still take along hours on lunch, hence I said responsibility like they don't really take a good responsibility of the ward. Time management neh. They forgot now they are now professional people. They cannot talk to their subordinates.*

It was not surprising that NMs found CSN not professionally responsible, specifically with regard to the managerial issues. The reason could be that CSN nowadays complete their training at a very young age, and, as a result lack some professional responsibility. This could also be due to lack of experience, especially pertaining to delegation and time management. Similarly, Lekhuleni et al (2013:198) found that mentors acknowledged that new nurses lack experience pertaining to managerial role and responsibilities. Makhakhe et al (2010:60) emphasized that skill acquisition and development can be enhanced by professional role modelling, giving feedback in a kind, honest and empowering manner.

5.3.2.1.1.3 Sub-Category 1.1.3: CSN Lack Confidence

Professional confidence is a requirement from new nurses to be able to render effective quality patient care (American Association of Colleges of Nurses, 2008:19). This was also narrated by an overwhelming number of participants, for example:

> *They don't want to wear their distinguish devices...I don't know what is wrong with the distinguishing devices. I'm having a person who has completed com serve is now a professional nurse, but still he does want to wear eh...distinguishing devices. I've fought with that person and I have even gave up. He does not want to wear the epaulettes. Maybe he does not have confidence. And again, these com serves because of lack of confidence they want to be behind the sister, they will also not come to duty, they will absent themselves. Because the sister now is not*

here for this period, now they absent themselves also for that...period. They don't want to work alone, because of lack of confidence.

The present study revealed that CSN were not confident, which could be due to lack of skills in managerial and general nursing practice. Chesser-Smyth and Long (2013:149) and Ortiz (2016:21) revealed that lack of professional confidence was attributed to communication whereby participants had difficulty in communicating with their seniors, doctors and patients. Making mistakes also affected their confidence negatively (Ortiz, 2016:21). Another factor that contributed to lack of confidence was disconnecting between school and practice whereby participants perceived vast difference between nursing school and the health care environment (Ortiz, 2016:22).

5.3.2.2 Theme 2: Positive Perceptions of Mentoring CSN

NMs expressed positive perceptions regarding the mentoring of CSN, namely: they indicated that CSN are mentored:

5.3.2.2.1 Category 2.1: CSN Are Mentored

NMs highlighted that CSN are mentored. This is evidenced by the following sub-categories which emerged from this category.

5.3.2.2.1.1 Sub-Category 2.1.1: CSNs Are Supported by Other Category Nurses

One participant indicated:

Mentoring them is by what we do here, we accompany them. They are not allocated alone. So but during the accompaniment, you give them independence more. Because basically they are...they are registered nurses akere (isn't it) and from my experience they are more capable as experienced nurses. So during this mentoring we give them independence, so that they can manage some of the things. So they will come back to you and ask, if maybe they don't understand something.

Quantitative results also revealed that the majority of NMs emphasized that they were mentoring CSN. The findings are consistent with those revealed by Schaffer (2013:60) who found that almost 70% of mentors indicated that they had mentored in the past.

5.3.2.3 Theme 3: Mentoring Needs

The participants highlighted the need for mentoring CSN. Furthermore, categories emerged from this broad theme, namely: 1) CSN need mentoring, 2) NM's mentoring needs.

5.3.2.3.1 Category 3.1: CSN Need Mentoring

The participants revealed that the CSN need to be mentored. The following sub-categories emerged from NMs' interviews.

5.3.2.3.1.1 Sub-Category 3.1.1: CSN Lack Practical Experience

Participants revealed that CSN have knowledge with regard to theory, but they lack practical experience in application of the theory they have learned at school. This is evident in this quotation:

> *I think CSN need a very close mentoring. Reason being uhm... they need correlation of theory they have just learned and the practical sphere of the ward...of running the ward. A person can tell you how to administer certain drug, but when you give them a chance to administer the very drug you find out that they leave some gaps.*

Managers acknowledged that CSN lack experience with regard to practical proficiency. This could be attributed to a fact that nursing students spend most of the time behind the desk during their training. Furthermore, Klerk and Kortenbout (2010:38) raised a concern that nurses from university are more knowledgeable with regard to theory as compared to the practical component. The same authors indicated that student nurses cannot practice what they have learned in class. Davhana-Maselesele et al (2000:90) also stipulated that in most instances, the students experience difficulty in practicing the theory that they have learned in class. That could be due to the fact that the theoretical content is too

much academic and idealistic to be directly linked to real patient situations (Davhana-Maselesele et al, 2000:90).

The present findings could be due the very same reasons indicated by the authors cited above. The structuring of the curriculum was also implicated in this regard whereby at final year the students mostly focus on Midwifery and Psychiatry, and, as a result tend to lose track of the basic General Nursing Science practica (Mampunge, Seekoe & Peters,2013:35). Providing guidance and support to CSN can assist in bridging the gap between theory and practice (Lekhuleni et al, 2013:210).

5.3.2.3.1.2 Sub-Category 3.1.2: CSN Need Orientation

The following quotation underscores the general sentiment expressed by participants in this sub-category:

> *Uhm...they need to be orientated on how on on the general work that need to be done in in the hospital or in the unit where they are placed. Because when they come in you will find that he does not know the the surrounding, he does not know what is happening, they need to be orientated with regard to the environment, patients, routines and how to do the protocols and the polices that are in the unit. So that it can become easier for them to become content about how to take care of the patient, with regard to that.*

These findings are consistent with those revealed by St Clair (2013:101) which stipulated that new nurses need orientation because it helps them to make important decisions. Participants no longer felt overburdened with anxiety as they knew exactly what was need from them (St Clair, 2013:101). The present study highlighted that CSN need to be orientated with regard to physical layout and routine that is done in the units. Moreover, the managers asserted that orientation should form an important aspect of mentoring. This could be attributed to the reason that managers identified that CSN were lacking confidence and competency. In addition, orientation is the strategy which helps to enhance retention of new nurses due to increased job satisfaction and intrinsic motivation (Park & Jones, 2010:145).

5.3.2.3.1.3 Sub-Category 3.1.3: CSN Need to be Mentored on Professionalism

NMs overwhelmingly emphasized that CSN were not displaying the characteristics and attitude of the ideal professional nurse. NMs were concerned about the manner in which CSN were not adhering to the SANC rules and regulations. This is evident in this quotation:

> *In fact, even though they learn these things from the field, but they are lacking things like ethics and professionalism. And they don't respect the SANC regulations, and they don't want to respect the rules and regulations. They don't portray the profession of nursing as newly qualified nurses. They still behave like students... I mean in the college campus or university campus. They don't have the responsibilities that I am so and so I am a professional nurse.*

The findings indicate that CSN were not assuming the role of the professional nurse as stipulated by the SANC (2005:25). Another reason could be that CSN did not have the experience of the professional nurse who has been working for a longer period and registered as such. Similarly, Lekhuleni et al (2012:64) emphasized that these nurses lacked competencies of a professional nurse. Another study found that NMs perceived that new nurses were competent to practice responsibly with regard to ethical and legal frameworks (Hansen-Salie & Martin, 2014:544).

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5.3.2.3.2 Category 3.2: Mentors' Needs Regarding Mentoring

These findings are consistent with those revealed by CSN which indicated that NMs have needs related to mentoring of CSN. These needs are supported by following sub-categories:

5.3.2.3.2.1 Sub-Category 3.2.1: Opportunities for Training

CSN emphasized that mentors should be given opportunity for development regarding the new development, so that they are able to provide recent information to mentees. Most of them trained a long time ago; they expressed that they need to be given opportunities to attend workshops and other formative courses. One CSN said:

> *The needs of other skills they can learn from the mentee or they can be taken to the workshops or staff eh...development can be created in the facility to empower the mentor as well, Ja.*

These findings are consistent with those that were indicated in the quantitative component and from CSN interviews. It is important that the mentor should have adequate skills and knowledge which will be imparted to CSN. In support, it has been found that experienced nurses lack knowledge and skills; as a result, they fail to guide and supervise inexperienced NQN (Tsotetsi et al, 2012:53). Furthermore, Hughes and Fraser (2011:386) recommended that mentors should use their skills o build confidence in the new nurse. To that effect, Anatole et al (2013:40) emphasized the need for on-going training and coaching of mentors regarding the mentoring techniques for quality improvement purposes.

5.3.2.3.2.2 Sub-Category 3.2.2: Support and Recognition of Mentors

NMs expressed the need to be supported by the DoH and institution in order to be able to support the CSN:

> *And also support from the managers and other professional nurses because they will feel no you have spent so much time with this person. So if they also support the person and encourage them to continue being with you and showing you how things are done, they can improve their mentor.*

It is apparent that NM need to be encouraged and acknowledged in the mentoring of CSN. This important factor has also been revealed in the literature. According to McIntosh, Gidman and Smith (2014:364), mentors still need the support of other health care professionals. Mentors should be provided some release time to meet with the mentee (Nick et al, 2012:7). Additionally, Doerksen (2010:144) identified that mentors pointed out that resources should be put aside to support them.

5.3.2.4 Theme 4: Possible Benefits of Mentoring

The participants concurred with Kram and Isabella (1985:126) pertaining to mentee-related benefits. Furthermore, participants reiterated that mentors are also likely to benefit by mentoring CSN (Yu & Belschak, 2010:8). In this reciprocal mentoring relationship, the organization is very likely to benefit. The categories that emerged from this theme are discussed below.

5.3.2.4.1 Category 4.1: CSN-Related Benefits

The participants concur with Kram and Isabella (1985:126) pertaining to mentee-related benefits. They emphasized that the CSN as the mentee can benefit tremendously from psychosocial and career mentoring.

5.3.2.4.1.1 Sub-Category 4.1.1: Skills Development and Competence

The study done by Kramer, Maguire, Schmalenberg, Halfer, Budin, Hall, Goodloe, Klaristenfeld, Teasley, Forsey and Lemke (2013:578) found that experienced nurses reported that new nurses have difficulty in prioritizing care, tasks, and activities of different patients. Furthermore, support and guidance provided by a mentor can help to improve performance of CSN with regard to cognitive, psychomotor and effective skills relevant to health care services (Lekhuleni et al, 2013:210). This is supported by following quotation:

> *So that when you allocate her and then you leave her alone after hours, you know that if there can be resuscitation, she is going to lead the...and coordinate the team and then the outputs are going to be well as expected of her level of professional nursing.*

Evidence in a myriad of literature reports indicates that new nurses require practical experience and mentoring to gain skills development and competency. Similarly, CSN and NMs unanimously emphasized that mentoring will enhance CSN skills development and competency. In support, the new nurses in the study conducted by Maxwell, Brigham, Logan and Smith (2011:430) underscored the huge difference between academic knowledge and practical experience. Maxwell et al (2011:433)

concluded that it is important to provide effective support, not only to enhance professional identity and skills development, but also to ensure provision of excellent care for patients and their families. Likewise, Kramer et al (2013:585) recommended evidence-based management practices which included a peer career development relationship that fosters independence to improve practice of new nurse.

5.3.2.4.1.2 Sub-Category 4.1.2: Professional Socialization

According to Lai and Lim (2012:32), professional socialization is discernible when a new employee is welcomed and taught norms and values of the profession.

> *And maybe teach them the dynamics of a certain institutions, like we are saying Department of Health is an institution on its own, because it has its own culture and dynamics. It has got its professional ethics; it has got its own objectives.*

According to Lekhuleni et al (2012:63), in order to enhance effective professional socialization, mentors should avoid negative criticism of the CSN. Rather, the focus should be on guidance of the mentee regarding the professional and organizational culture (Lekhuleni et al, 2012:63). Professional socialization was also regarded as professional legitimization, whereby new nurses emphasized that it can be enhanced by just working alongside the experienced nurse (Melrose, Miller, Gordon & Janzen, 2012:5).

5.3.2.4.1.3 Sub-Category 4.1.3: Improved Confidence and Independence

The participants indicated that mentoring will help to boost the confidence of CSN. In this regard, they also emphasized that mentoring will help CSN to be autonomous and make their own decisions, specifically with regard to patient advocacy. One NM said:

> *And I also think eh mentoring is going to help to boost them you know, to boost their confidence, and help them to adapt. Because some of these things you can see that it happens because they lack confidence you know, they withdraw, they feel they cannot tell the doctor that this patient having this and that. Mentoring*

can help them to be independent and become accountable. To develop confidence as nurses, so that they can be able run the unit or were they are allocated to independently with confidence.

The findings concur with those of Kram and Isabella (1985:117) which posited that mentees gain confidence from psychosocial mentoring. Additionally, Ortiz (2015:23) asserted that continuous encouragement contributed to improved self-esteem and self-assurance. Thus, the mentor should consistently provide the mentee with constructive criticism and praise, as well as allow time for the new graduate to reflect on daily experiences (Ortiz, 2015:23).

5.3.2.4.2 Category 4.2: Mentor-Related Benefits

NMs also indicated that by mentoring the CSN, they are also likely to enhance their knowledge and skills. The findings concur with the SET (Yu & Belschak, 2010:22), which stipulate that the mentor can also benefit from mentoring the mentee. The emerging categories from this theme indicate that the mentor can gain skills, knowledge and confidence from mentoring CSN.

5.3.2.4.2.1 Sub-Category 4.2.1: Skills Development and Knowledge

An overwhelming majority of NMs elaborated that the more they impart knowledge to CSN, the more they will also be empowered. This is demonstrated by this quotation:

Ja... it also develops their skills of managing ja...of managing the subordinates. And that also might encourage them if maybe you find that a mentor is lacking some skills somewhere somehow. That will push that mentor to want to learn more about the skill. And the mentor will also be developing and becoming competent.

Kram and Isabella (1985:118) ;Norwood and Hutchinson (2010:126) corroborated that mentor benefit from mentoring mentees whereby at the same time they also learn skills from the very same mentees. According to Norwood and Hutchinson (2010:126), by participating in a mentoring relationship, the mentor is able to advance and develop careerwise. Joubert and De Villiers (2015:6) affirm that mentors are stimulated to look for more information which further enhance acquiring

more knowledge and skills.

5.3.2.4.2.2 Sub-Category 4.2.2: Contributes to Self-Confidence

Mentoring helps to boost the confidence of the mentor. One participant said:

> *Even psychological wellbeing, it means...meaning that at the end of the day, you will feel that I have done something that helped somebody. In return I have helped many patients that are going to come on this mentee's hands, because, that gives you a very healthy eh mental status to say that I am doing something positive.*

The literature also maintains these findings (Kram & Isabella, 1985:118; Norwood & Hutchinson 2010:126; Yu & Belschak, 2010:22). Kram and Isabella (1985:117), for instance, posited that the mentor also gain confidence by providing psychosocial mentoring functions. Rebholz and Baumgartner (2015:103), in support of these assertions, found that the participants were anxious and fearful when starting precepting. The mentors gained self-efficacy and intrinsic satisfaction by realizing the positive outcome and contribution they have made to the future nurse. Presumably, by assisting the mentee to be more skilful, the mentor will also help to boost the confidence of the mentee (Rebholz & Baumgartner, 2015:103).

5.3.2.4.3 Category 4.3: Organization-Related Benefits

The organization can also benefit from mentoring CSN. NM acknowledged that the reciprocal mentor/mentee benefits mentioned above will result in: 1) Improved patient quality care, 2) Reduced staff turnover. These are implied in the following quotation:

5.3.2.4.3.1 Sub-Category 4.3.1: Improved Patient Quality of Care

The participants highlighted that the organization can benefit from mentoring:

> *Definitely, by uhm...provide...it will provide quality nursing...mmm... health care, will be provided. By the way when we say the workload will be reduced, from this other one person, to be shared amongst the others, it will provide job satisfaction.*

> *We are going to win the battle of shortage and everything at the end of the day. Again a patient that comes in a hospital, and get receive a very... I would say professional care, that person is going to go about and tell others that at certain hospital, at a certain ward, they are very professional.*

The findings are supported by Witter and Manley (2013:393) who stipulated that new nurses who were mentored reported significant improvements in their critical thinking and quality patient care. It is clear that nurses who are mentored are able to make decisions that are ultimately also beneficial to the patient and the organization.

5.3.2.4.3.2 Sub-Category 4.3.2: Reduced Staff Turnover

NMs emphasized that the managers and everybody else in the organization will benefit from mentoring of the CSN. This is supported by this expression:

> *By the way when we say the workload will be reduced, from this other one person, to be shared amongst the others, it will provide job satisfaction. Absenteeism will be less because people when they think, woo, I am going to that ward there is a lot of work to be done on my own. But because it is being shared you will have that willingness to go and render service willingly. Ja...because you know you are going to serve. Ja... and share.*

Similarly, findings were revealed by Russell (2004:612) who clearly stipulates that mentoring is beneficial to the organization since it improves work-related satisfaction. Table 5.3 also support this quotation because both NM and CSN are likely to benefit from a mentoring relationship and therefore are likely to remain in their work area which also benefit the organization.

5.3.2.5 Theme 5: Factors Enhancing Mentoring of CSN

NMs elaborated on the factors that can enhance mentoring of CSN. These factors are further classified into the following categories: 1) Activities to be included in the mentoring programme; 2) Characteristics/skills that mentors should have; and 3) Characteristics/skills that CSNs should have.

5.3.2.5.1 Category 5.1: Activities to be Included in the Mentoring Programme

The managers emphasized that the following activities should be addressed by the CSN mentoring programme:

5.3.2.5.1.1 Sub-Category 5.1.1: Orientation

NMs stressed the importance of orientating CSN in the NWP public health facilities. This means that they understand the importance of new employee orientation. In this regard, CSN are new in the work environment and therefore need to be familiarized with unknown setting.

> *Uhm, mam, I think the community nurses...eh...eh they need to know that if you are new neh, you can know everything but if you are new in an environment, you need to be orientated, you need to know, the ward routine, the...common conditions that are treated in the in the ward, the management of those conditions. And the ...eh policies and procedures, working hours, leaves, eh... all those all those things. Conditions of service.*

Orientation is an important strategy that can enhance patient safety and the well-being of new nurses (Park & Jones, 2010:142). Orientation increased the confidence and competency of the new nurses; as a result, the retention rate was increased (Park & Jones,2010:142). Orientation has also been identified as imperative by CSN who indicated it should be done properly (Thopola et al, 2013:173). Du Plessis and Seekoe (2013:138) also recommended that there should be guidelines and policies for orientation and mentorship of newly qualified midwives.

5.3.2.5.1.2 Sub-Category 5.1.2: Duration of at Least Six Months

The findings are similar to those highlighted by the quantitative component whereby the majority of both CSN and NMs indicated that CSN were mentored at least for a period of six months in the NWP public health facilities. Perhaps that could be due to shortage in these public health facilities. However, some NMs also indicated that mentoring duration should be determined by capabilities and the individual CSN's needs. The majority emphasized that the mentoring should be at least 6 months.

> *Uhm...I can't say for how long because even the community service nurses are different, others can be independent within maybe two months, others can be slow according to their needs. Yes. And six months maybe. Because people are different, we are not learning at the same level.*

Similarly, Schaffer (2013:60) found that mentoring duration lasted approximately 6 months. According to Rush et al (2012:352), the length of mentoring influences new nurses' job satisfaction. In addition, new graduates may be vulnerable during the period around 6 months, and transition programmes that end before one year may not provide sufficient support or time for new graduates to adjust (Rush et al, 2012:353). It is apparent that mentoring of new nurses should at least last for 6 months.

5.3.2.5.1.3 Sub-Category 5.1.3: Consistent/Frequent Opportunities for Feedback/Evaluation

The majority of participants highlighted that feedback and evaluation should consistently form part of the mentoring programme. These findings also concur with the quantitative component of both CSN and NM. One manager had this to say:

> *It is very important eh...feedbacks because it will help you to see your deficiencies where you did not eh...supervise or where you did not teach because after completion of mentoring, I think we need feedback because we must know. There should be a feedback on each and every one on progress. I think where the person has improved it has to be ticked off, then move to the second step.*

Apparently, feedback in mentoring of CSN is a strategy that can help to determine and ensure quality mentoring. According to Anatole et al (2013:143), evaluation and ongoing monitoring help in quality improvement and expansion into other domains of clinical care. Furthermore, Dappen and Isernhagen (2005:24) stipulated that programme evaluation can be done by conducting the research to determine its effectiveness.

5.3.2.5.1.4 Sub-Category 5.1.4: Structured Formal Mentoring Programme

The mentors stated clearly that a mentoring programme can ensure effectiveness of mentoring CSN, because they will be informed about their expectations and that of mentee. Seemingly, those who have been mentoring CSN were doing it informally. This is also supported by the quantitative component, which revealed that the majority of CSN never participated in formal mentoring. One of the managers had this to say:

> *And then we should also know eh eh...for different kinds of workplaces, because there are clinics., there are health centres, hospitals just like that, gore in this instance, how is this person supposed to learn. That programme should corporate all these things, so that it becomes easy for the mentor to follow it. And then, though he or she will use his or her own discretion somewhere, but that should, there should be a programme.*

NM clearly raised issue using the trial and error method when mentoring and supporting CSN. As a result, they cannot know whether it is right or wrong. The use of a formal mentoring programme has been asserted by Simpson and Beynon (2005:7). Formal mentoring programmes are developed to support the organizational goals. The characteristics of formal mentoring include the duration of mentoring; criteria for mentor selection. In addition, formal mentoring has a clear rationale; measurable goals and outcomes; mechanisms for assessment and selection of mentors and mentees, and accountability (Gibson & Heartfield, 2005).

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5.3.2.5.1.5 Sub-Category 5.1.5: Workshops

The participants emphasized that CSN should be workshoped as a form of mentoring. Seemingly, the CSN also lamented that they were not allowed to attend workshops. For example, the NM had this to say:

> *And again, it will assist us as the mentors; even these children must go for conferences and go for workshops, so that they must get new information. So we must not make them to do spade work. We must allow them go for workshops and get information and don't allow them to just stay behind while we attend these*

things. So they will so change, so that at least they must get information from workshop.

Hansen-Salie and Martin (2014:551) also recommended that the organization should organize critical thinking skills workshops in the clinical setting, with opportunities to be involved in teaching and coaching of patients, families, peers and colleagues.

5.3.2.5.1.6 Sub-Category 5.1.6: Committee Responsible for Mentoring CSN

NM stipulated that there should be a steering committee that is responsible for ensuring success of the mentoring programme. Some managers even suggested that a human resource development officer should form part of such a committee. One participant said:

All right, for starters each institution can have people who like eh...training officers who will concentrate or make it one of their priorities, orientation and induction of new personnel. Ja maybe if there is a committee...that assist and checking on them, to make sure that...what that they are doing. Are they successful in mentoring and also challenges that they met during the mentoring programme.

In support, Latham et al (2008:28) highlighted that it is imperative to have a steering committee, including the hospital liaison and nursing education institution. This committee is responsible for developing mentoring objectives, defining roles and writing job descriptions for mentors and mentees (Latham et al, 2008:28).

5.3.2.5.1.7 Sub-Category 5.1.7: Teamwork to Form Part of Mentoring

Participants revealed that mentoring of CSN should be a collaborative team effort. Some managers even indicated that very experienced personnel, including clerks, should be able to share their own experience with inexperienced CSN. A participant had this to say:

Ah...the person to take charge...the responsibilities for mentoring the CSN is the nursing service manager but in line with the college campus or the head of the

> *faculty of nursing at the university. Maybe I will specialise with admin, my second in charge will do medication and staff like that. The other one will concentrate on...so we must share; it must not be the same person every time.*

The findings are supported by the literature, which clearly indicate that collaborative team work is very important. Rakhudu et al (2014:73) also accentuated that collaboration between different clinical specialists is important in bridging the gap between theory and practice. Additionally, Hughes and Fraser (2011:386) posited that problems regarding preceptorship could be addressed by joint working between stakeholders. Absence of teamwork has been identified as one of the impediments in mentoring and support of CSN into the nursing profession (Thopola et al, 2013:174). In this regard, CSN commented on the absence of teamwork from their colleagues and other categories and members of multidisciplinary team when they were in charge because of their age and little experience (Thopola et al, 2013:174). Gordon, Aggar, Williams, Walker, Willcock and Bloomfield (2014:4) emphasized that the inception and design of the transition programme should involve all relevant key stakeholders.

5.3.2.5.2 Category 5.2: Characteristics/Skills that Mentors Should Have

The participants highlighted that the mentor should have good professional and personal characteristics in order to enhance mentoring. Ali and Panther (2008:37) also indicated that in order to perform the mentorship role effectively, mentors should have certain personal attributes. Ali and Panther (2008:37) described these characteristics as friendliness, a good sense of humour, patience, effective interpersonal skills, approachability and professional development abilities. Almost all participants revealed these sub-categories:

5.3.2.5.2.1 Sub-Category 5.2.1: Knowledgeable and Competent

The NMs revealed that the mentor should be knowledgeable and competent so as to be able to provide psychosocial and career mentoring. One participant said:

> *I think a mentor is like a teacher at school, according to me...you need to...you need to know what you are doing, you need to be sure of your story before you can tell someone.*

In support, Dale, Leland and Dale (2013:3) revealed that mentees also referred to the mentor as someone who was professionally competent with characteristics of a good teacher. According to Eller et al (2014:818), the mentor should be equipped with knowledge to provide real world knowledge and be a visionary. Furthermore, the mentor is expected to educate, share ideas, knowledge and skills to the mentee and other multidisciplinary team members (Eller et al, 2014:818). In addition, Huybret et al (2011:277) stipulated that the mentor is required to possess knowledge, skills and attitude such as proactiveness and willingness to learn. Again, the Department of Public Service South Africa (2006:9) emphasized that the selection of mentors should depend on their willingness, aptitude and personal characteristics. In addition, some informants emphasized how important it is that clinical mentors have some pedagogical education or training (Dale et al, 2013:3). According to these authors, lack of knowledge can influence the mentee's well-being and motivation.

5.3.2.5.2.2 Sub-Category 5.2.2: Role Modelling

NMs indicated that the mentee should be able to learn the good characteristics from the mentor. Role modelling is indicated as very important in mentoring of CSN. A participant had this to say:

> *Because some people you are a role model to some of your mentees, so they must be role models for for the mentees as well. To learn a certain attitude, the way you treat your patients, way you treat your mentees. They must be able to lead because when you are supervisor it means you lead and somebody must come after you. And they must also be...be perfect and competent with their work.*

Participants concur with Kram (1983:611) regarding role modelling of the mentor. Russell (2004:611) described the mentor's role modelling as the mentee looking up at the mentor and the mentee has respect and admiration for the mentor. According to Eller et al (2014:6) and Ferguson (2011:121), the mentees indicated that they wanted the mentor to lead by example, a type of model

behaviour. According to Ferguson (2011:121), participants revealed that their mentors were knowledgeable and always calm, and thus regarded them as their role models. Perceptions of NMs regarding a mentor's role modelling could also be influenced by need to role model professionalism to CSN.

5.3.2.5.2.3 Sub-Category 5.2.3: Respectful and Friendly Demeanour

NMs emphasized that respect is important in a mentoring relationship. This could be influenced by the reason that they also stressed that the mentor should be able to role model for CSN. Being respectful and friendly could also mutually benefit the mentor, patients and all members of the multidisciplinary team. One NM had this to say:

> *You need to be polite and respectful. Because if you don't respect people, they won't respect you...mm. And you need to like people...mm. Because how can you deal with people every day and you don't like them (laughing). Yes...you need to be friendly...mm.*

The quotations from the participants clearly indicated that respect is one of the important components of mentoring. Lack of respect can be perceived as uncaring and unsupportive to the mentee (Du Plessis & Seekoe, 2013:136). According to Ferguson, (2011:120), it is important that mentors should be friendly towards new nurses because that would make them to be more comfortable and free. Respect also helps to create a long lasting social association, beyond the mentoring relationship (Ferguson, 2011:120). Dale et al (2013:4) emphasized that lack of respect could result in mentees' reluctance to be open up about their own

5.3.2.5.2.4 Sub-Category 5.2.4: Willingness to Teach and Learn

Even though acquired a lot of experiences, NMs still emphasized that they need to be open-minded and learn from CSN. The reason could be that they have trained a long time ago. They also categorically stated that mentors should be willing to teach, so that they get more knowledgeable:

> *You must also be willing to learn from the new nurses. Because they are fresh from school and there are things that you, in your time... you weren't taught about them. Be able to impart knowledge, disseminate, cascade whatever information...the newly acquired information if the new nurse appointed new nurses are not aware of it because she is the one who is continually making the research and reading books. And update yourself with the new developments.*

The findings are consistent with the quantitative component. NMs emphasized that mentors should be willing to teach and learn. Consistently Eller, Lev & Feurer (2014:818) indicated that there should be an exchange of sharing of knowledge between mentor and mentee. This is consistent with the SET by Thibaut (1959) in Loue (2010:10), which means that they valued the benefits that can come out of the mentoring relationship. The findings also agree with Kram (1983:611) which posited that by providing the mentee with career mentoring, the mentor will also benefit careerwise. Similarly, Rohatinsky (2012:78) found that managers recognized drawbacks of being mentors because of extra time, energy and patience required for mentoring. Furthermore, Ragins & Cotton (1993:108) indicated that employees who have been in an organization for a very long time might have negative perceptions about the organization and, as a result, would not necessarily have anything to do with mentoring.

5.3.2.5.2.5 Sub-Category 5.2.5: Good Communication Skills

Communication was the mentor characteristic that can also enhance mentoring. One participant had this to say:

> *He must be exemplary to the people he is always mentoring. He has to be eh... he must have good communication skills. And you must also, be a...a very good listener. Because that person will want to tell you something that you want to know. Who are, you must be a very good listener, don't be selective.*

Mentors should be able to listen and communicate effectively with mentees. Consistently, open and inviting communication was identified as one of the factors contributing to effective mentoring (Dale et al, 2013). Mentoring relationships should be characterized by open, respectful and constructive

communication, and respectful and supportive dialogue (Dale et al, 2013). Good communication skills of the mentor can be transferred to the mentee, and can also be beneficial to patients and other multidisciplinary team members.

5.3.2.5.3 Category 5.3: Characteristics/Skills that Mentees Should Have

NMs revealed that characteristics of the CSN as a mentee can also influence effective mentoring. Mentees should also have following characteristics to enhance mentoring:

5.3.2.5.3.1 Sub-Category 5.3.1: Positive Attitude and Willingness to Learn

Majority of participants indicated that CSN should demonstrate willingness to learn. Others indicated that this will even shorten the transition period of CSN as they will not be dragged into learning. This is the quotation from one participant:

> *So for those who are willing to learn who have positive attitude, who are interested, I think six months is enough. Because you are not going to drag them to do their things. They will also want to know and they will be eager, they will be active and interactive with you throughout.*

This was also highlighted by Wagner and Seymour (2007:202). A mentoring relationship requires commitment of the mentee, by being available and cooperative to make it a success. According to Dunham-Taylor et al (2007:343), for the mentoring process to be effective, mentors and mentees must work similar schedules and meet regularly. That can also be determined by mentees playing their role effectively and having a positive attitude. According to Grossman (2012:130), it is important that mentees should look for possible mentors and role models to foster a mentoring culture. Furthermore, willingness to learn should include self-education by reading articles, joining professional organizations and participating in leadership and mentoring seminars at work settings (Grossman, 2012:130).

5.3.2.5.3.2 Sub-Category 5.3.2: Active Participation

The mentors also stipulated that mentees should have self-directed learning and mentoring aspirations. This is a quotation from one of the participants:

> *To ask questions when they don't understand wa bona (you see)... um. And participate fully in the...in the ward, be involved in all the team works in the ward so that they can be enough independency in that knowledge...But the other critical thing is that, if one does not identify his or her short falls, you will never know where you come in, so it's quite important for one to identify you know, his or her shortfall so that you must know that at least this one I must work on this and this.*

According to Grossman (2012:131), mentee should have a high sense of locus control by being committed to making a difference and having a sense their work will influence events. This indicates that by being hands-on, the mentees can learn other work-related activities on their own.

5.3.2.6 Theme 6: Factors That Inhibit Mentoring of CSN

Several factors inhibit mentoring. NM revealed these as: 1) Mentee-related, 2) Mentor-related and 3) Organization-related.

5.3.2.6.1 Category 6.1: Mentee-Related Factors

NMs expressed numerous mentee-related factors that inhibiting mentoring of CSN. These factors are supported by sub-categories and quotations as follows:

5.3.2.6.1.1 Sub-Category 6.1.1: CSN Have a Negative Attitude Toward Older/More Experienced Nurses

Participants indicated that CSN displayed negative attitude towards experienced nurses. This resulted in resentment from senior nurses towards CSN. NMs revealed that some CSN were labelling them according to qualifications that is the number of bars in their epaulettes. This is one of the quotations from the participants:

> *They're not respectful to older us older suster or a suster who work with them. They feel like, I'm also a professional nurse and you cannot remind me of*

> *anything... So I really feel there is eh...eh...a big shortage of respectness. The...they're not even respecting the doctors and that is the reason for...no one wants to mentor the com serves.*

Another participant added:

> *So they think they know neh, that is why some of them, some their attitude it is not good, they've got the negative attitude towards the older professional nurses and then they are like the other speakers have said towards the old nurses because they will give them names, like bo bar 1 and we know that they are having three bars.*

The participants also highlighted that the mentees also contribute to deficits in mentoring due to lack of respect and negative attitude. Similarly, Tshabalala and Bornman (2011:45) found that mentees have negative attitudes and are not eager to learn. Lack of respect of CSN, could be attributed to several factors, which were revealed by Vink and Adejumo (2015:4) as academic, psycho-pathological and social factors. Tshabalala and Bornman (2011:45) also emphasized that mentees should bear in mind that they should not harbour negative attitudes because that will affect their learning in clinical practice. Mutual respect is crucial in mentoring and can be achieved by respect for the mentor and mentee's time, effort and qualifications (Straus, Johnson, Marquez & Feldman, 2013:13).

5.3.2.6.1.2 Sub-Category 6.1.2: CSN Unwillingness to Learn/Lack of Passion

Participants revealed that CSN were not willing to learn and also do not exhibit a passion for such. Therefore, they were not cooperative. Again, CSN were politically minded and always complaining. This was seen as one of impediments to effective mentoring, for example, a participant said.

> *And another thing that I have observed is that they don't have passion. They came to the profession, because maybe they needed money, and then when they found that in the profession what they expected they don't get and what they have expected. So... actually they are not here because of passion. You have to force them please participate in this patient! They would rather sit outside. You have to*

talk to them please...it's as if you are forcing them to do what they are supposed to do (emphasising).

Eby and McManus (2004:275) also identified that the mentee's unwillingness to learn negatively affected mentoring. In this regard, the mentees were defensive and performed poorly. This type of behaviour was perceived as the mentoring drawbacks to the mentors and the mentee because both were not benefitting from the relationship (Eby & McManus, 2004:275). Furthermore, the mentee should be responsible, enthusiastic, committed, motivated and also be willing to learn to enhance the effectiveness of mentoring (McIntosh et al, 2013:362). Emphasis was also placed on the need for the mentee to be self-directed and coorporative with other staff members (McIntosh et al, 2013:362; Strauss et al, 2009:137). If the mentee is actively involved, it makes the mentoring much easier.

5.3.2.6.2 Category 6.2: Mentor-Related Factors

NM highlighted that the mentor can also inhibit effective mentoring of CSN. From this category, these sub-categories emerged:

5.3.2.6.2.1 Sub-Category 6.2.1: Mentors Don't Know What is Expected of Them

Participants indicated that they did not know what was expected from them with regard to supporting and mentoring CSN. As a result, this inhibited proper mentoring of CSN. One manager had this to say:

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So we need to clarify gore which people do need intensive mentoring. And then the other thing is that eh...we do mentor these...eh community service nurses, but we use our own discretion.

In the study done by Magobe, Beukes and Müller (2010:6), it was observed that mentors lacked skills, competencies and qualifications to guide mentee students in health facilities. Furthermore, Straus et al (2013:136) asserted that the mentor should have insight into key performance areas of the mentee, to able to guide the mentee appropriately. This means that mentees cannot learn from the mentor if the mentor does not have appropriate knowledge.

5.3.2.6.2.2 Sub-Category 6.2.2: Mentors Don't Have Time to Mentor Properly

Managers revealed that they have lots of responsibilities, for example, attending strategic meetings. These contribute to time constraints which make it impossible to mentor CSN. This is evident from this quotation:

> *Sometimes we don't have time due to a lot of responsibilities...And you have the new nurse in your ward that you cannot attend.*

Lack of time for mentoring could be due to lack of commitment of mentors and inadequate recognition of mentors. According to Straus et al (2013:136), if management does not recognize mentors, time will not be created for the mentor to support the mentee. Therefore, if mentors are not recognized, they won't be able to create time for mentoring CSN.

5.3.2.6.3 Category 6.3: Organization-Related Factors

The NMs identified several organization-related factors that inhibit mentoring of the CSN:

5.3.2.6.3.1 Sub-Category 6.3.1: Staff Shortages Impact CSN Mentoring Negatively

The overwhelming majority of both CSN and NM stressed that they experienced shortage of staff as one important factor in mentoring of the CSN. A NM had this to say:

> *We don't have enough staff. It's for that reason at some point we find one professional nurse, one assistant nurse in...in a unit like this psychiatric ward. I mean it makes it difficult for one to sit down with the newly qualified nurse, to impart, to teach them...the do's and the don'ts, the expectations of the unit. Those are the impediments. I mean it...gives us some problems to sit down with them to create enough time. That is that.*

The study revealed that shortages of staff make it difficult to support CSN. Consequently, CSN are neither adequately orientated nor supervised; hence, they are used to ease this shortage. Due to staff shortages, CSN are given the responsibility of being shift leaders. Similarly, Thopola et al (2013:176)

found that the participants were allocated alone without supervision of the experienced nurse, and therefore had to learn by trial and error. Additionally, due to staff shortages, the mentees had to observe their seniors not adhering to proper standards when performing skills (Magobe et al, 2010:5).

5.3.2.6.3.2 Sub-Category 6.3.2: Lack of Resources

Participants did not have enough resources to teach the new nurses:

> *And then the equipments also...And sometimes the setting...the setting of the of the hospital, sometimes like our hospital...the setting...is not much of conducive environment, like I can say. Maybe you find that there is a certain procedure that you want to teach to mentee and you find that there are no equipments that really you can show them gore (that is) how to do certain procedures.*

This means that even if they were trying to mentor CSN, they ended up not doing it properly due to lack of resources. Similarly, Magobe et al (2010:6) found that there was lack of basic equipment such as baumanometers and medication. Furthermore, Thopola et al (2013:176) emphasized that absence of medicines and stock make nursing unsafe. Absence of material resources made the participants to improvise and provide poor quality nursing and midwifery care (Thopola et al, 2013:176).

5.4 Summary

The chapter presented qualitative results of this convergent mixed methods research design on CSN's experiences and perceptions of NM regarding the mentoring of CSN in NWP public health facilities. Also, the demographic and professional characteristics of the participants were presented. The qualitative themes were discussed as follows: 1) the need for mentoring, 2) Negative and positive mentoring experience experiences possible mentoring benefits, 3) negative and positive perceptions of mentoring 4) Possible mentoring benefits 5) factors that can enhance mentoring, 6) factors that can inhibit mentoring. The next chapter discusses the merged quantitative and qualitative results.

CHAPTER 6

CONVERGED QUANTITATIVE AND QUALITATIVE RESULTS AND CONCEPTUAL FRAMEWORK

6.1 Introduction

This chapter converges and discusses the quantitative and qualitative data which are described in Chapters 4 and 5. In this chapter the convergence is on: 1) Perceptions of the CSN and NMs regarding mentoring of CSN in NWP public health facilities and 2) CSN's experiences and NM's perceptions regarding mentoring of CSN in NWP public health facilities. Following the convergent parallel MMD format, both quantitative questionnaires and semi-structured interviews were used at the same time in stage 1. The results generated from quantitative component CSN (N=224), NM (N=174) and qualitative component CSN (N=28); NM (N=27) were both weighed equally. The significant results from quantitative component and major themes from qualitative component were contrasted and discussed. The objectives of the study were to:

- Measure perceptions of CSN and NM about the mentoring of CSN in NWP public health facilities.
- Explore and describe experiences of CSN with regard to their mentoring in NWP public health facilities.
- Explore and describe perceptions of NM with regard to mentoring of CSN in NWP public health facilities.

6.2 Results: Community Service Nurses (CSN)

Table 6.1 highlights the number of participants in the quantitative, qualitative and converged components of the study.

Table 6.1: Number of participants in the quantitative, qualitative and converged components

Quantitative	Qualitative	Converged results
CSN: N=224	CSN: Individual interviews N=8; FGD N=20	CSN:Total number of participants=252 (224 quantitative + 28 qualitative)
NM: N=174	NM: Individual interviews N=7; FGD N=20	NM: Total number of participants=201 (174 quantitative + 27 qualitative)

The descriptive surveys, the individual and FGD were conducted from December 2015 to June 2016. Stratified random sampling and simple random sampling methods were used to select participants in the quantitative component, and purposive sampling was used to select participants in the qualitative component. The researcher was personally responsible for the distribution and collection of questionnaires, and conducting of semi-structured interviews. CSN interviewed were 28 and NMs were 27; total number of CSN who completed questionnaires was 224, NM were 174. Findings of CSN and NM are discussed separately for beter clarity.

6.2.1 Demographics, Professional Characteristics and Mentoring Status of CSN

Table 6.2 summarizes the demographics, professional characteristics and mentoring status of CSN.

Table 6.2: Demographic, professional characteristics and mentoring status of CSN(N=252)

Variable	Quantitative	Qualitative	Converged results
Age	Minimum=26 Maximum=52	Minimum=27 Maximum=50	Minimum=26 Maximum=51
Gender	Female=152 Male=72	Female=21 Male=7	Female=173 Male=79
Basic Nursing Education	Diploma=71.4%; n=160 Bachelor of Nursing Science=28.6%; n=64	Diploma=20 Bachelor of Nursing Science=8	Diploma=180 Bachelor of Nursing Science=72
Currently being mentored	Mentored=53%; n=119 Not mentored=47%; n=105	Mentored=2 Not mentored=26	Mentored=121 Not mentored=131
Participation in a formal mentoring programme	Yes=8.9% (n=20) No=91.1% (n=214	Yes=0 No=28	Yes=20 No=242
Is workplace a mentoring environment	Yes=n=61; 27% No=163;73%	Yes=0 No=28	Yes=61 No=191

❖ Age

There was no difference between the ages of CSN in the quantitative and qualitative components.

❖ Gender

The majority of the participants were females in both components.

❖ Basic Nursing Education

The majority of CSN had a diploma in nursing because majority of nursing training takes place on the diploma level at nursing colleges.

❖ Currently Being Mentored

Quantitative results revealed that 119 (53%) were mentored as compared to the two that were mentored in the qualitative component. However, the merged results indicated that the majority were not mentored. This was also supported by an overwhelming majority of the participants in the qualitative component who lamented that they were not mentored. Several studies revealed that CSN as novice nurses were not supported nor mentored (Beyers & Jooste, 2013:49; Hlosana-Lunyawo & Yako, 2013:6; Thopola et al, 2013:172). To enhance mentoring, the mentors should provide care and encouragement and also serve as role models for these novice nurses (Lekhuleni et al, 2012:69).

❖ Participation in a Formal Mentoring Programme

There was no difference between the ages of CSN in quantitative and qualitative components, with the majority of respondents indicating that they had not participated in the mentoring programme. This necessitated the development of the mentoring programme. In addition, Kanaskie (2006:251) recommended that hospitals should design a formal mentoring programme which will help to increase the skills acquisitions, confidence and self-actualization of the new nurses.

❖ Is Workplace a Mentoring Environment?

There was no significant difference among CSN who regarded their workplace as a mentoring

environment.

6.2.2 Perceptions of CSN Regarding the Mentor Role

Perceptions of CSN were measured using the mentoring role questionnaire. At the same time, the participants were interviewed to obtain in-depth information regarding their experiences pertaining to their mentoring.Table 6.3 shows the perceptions of CSN regarding their need for mentoring

Table 6.3. Perceptions of CSN about the need for mentoring of CSN

Quantitative results	Qualitative results	Interpretation
1.Need for mentoring ➢ Table 4.3 shows that all participants (100%) disagreed that the items of the mentoring role functions were achieved. ➢ 91.1 % (n=214) did not participate in the formal mentoring program. ➢ 73% (n=163) did not regard their work environment as a mentoring environment. Seemingly the CSN need to be mentored	➢ Lack of mentoring ➢ CSN mentoring needs ➢ NMs mentoring needs	The findings complement one another because majority of the CSN indicated quantitatively that they were not mentored. This was also supported by direct quotations from participants in table5.1. It is apparent that CNS were not provided with psychosocial and career mentoring as stipulated by Kram and Isabella (1985:118).
Not mentioned in quantitative results	Challenges to CSN with regard to performing community service	Quantitative results did not indicate challenges of CSN with regard to performing community service. However this was revealed by participants during in-depth interviews .

The quantitative component revealed that the psychosocial and career mentoring roles were not achieved. Consistently the themes and categories that emerged from the interviews all pointed to lack of mentoring. In this regard participant consistently highlighted that the following 1) CSN and NM have mentoring needs; 2) there is lack of mentoring; 3) They have challenges as CSN which can be addressed by the mentoring. This was also supported by themes which emerged from participants. In this regard the participant in the qualitative component revealed the need for mentoring.

❖ CSN's Perceptions with Regard to Challenges Performing Community Service

In contrast, the quantitative component did not reveal the challenges experienced by CSN. This could be attributed to the fact that it was expressed by the participants as their mentoring experience. These challenges affect the psychological aspect of the participants and therefore emphasized the need for mentoring. The participants highlighted these challenges were more exacerbated because they were not mentored. The sub-categories that emerged from this category are: 1) Negative attitude of other nurses toward CSN;2) Unrealistic expectations from CSNs; and 3) Blamed for mistakes and feel bullied .

❖ Negative Attitude of Other Nurses Toward CSN

Participants described that they experienced negative attitude from their juniors and other experienced professional nurses, even doctors. CSN experienced, amongst others, being called names and undermined. Other seniors even went to the extent of bragging about their experiences just to belittle the new CSN. This is evidenced by the following quotations:

> *Then they will say: why don't you read the guidelines...why do you have to ask! I don't know; go back to the guidelines. They will say go back to the guideline...Nna I am not a moving guideline. Even if you have not done a thing to that person, I don't know why...that negative attitude towards you.*

CSN are undermined and disrespected because of their age and lack of experience (Kruse & van Dyk, 2011:70). This negative attitude was consequently reported as lack of support and mentoring of CSN in this study.

❖ Unrealistic Expectations from CSN

Participants also revealed that instead of being supported, they were expected to perform like nurses with many years of experience. CSN were expected to know policies and protocols in order to be quicker and make few mistakes. That was really unreasonable due to the fact that they have not been in practice and lack experience with regard to each and every patient situation. It is envisaged that

adequate mentoring can facilitate transition and performance as stipulated by Kram and Isabella (1985:118).

❖ Blamed for Mistakes and Feel Bullied

Participants stated that they were blamed for mistakes, and, at the same time, felt bullied by their seniors. This shows that they were not given psychological support in their new environment. According to Kram (1983:611), the expectation is that experienced nurses are supposed to socialize and welcome new nurses into the profession. Furthermore, Thomas and Burk (2009:231) recommended collaboration between nursing education institutions and health facilities whereby experienced nurses serve as positive role models and mentors.

The study revealed that CSN need to be mentored in the NWP. Both studies complemented each other to assert that CSN lack support and mentoring. They also experienced challenges which could be addressed by mentoring.

6.2.3 Perceptions of CSN Regarding the Possible Benefits of Mentoring

Table 6.4 highlights that mentoring is beneficial to the mentee, mentor and the organization. These findings concur with the mentoring role theory by Kram and Isabella (1985:117).

Table 6.4: Perceptions of CSN regarding the possible benefits of mentoring

Quantitative results	Qualitative results	Interpretation
✹ 97.8% agreed that "CSN mentoring programme will prepare CSN to perform on a public health facility." ✹ 99.1% CSN agreed that "A general nursing orientation prepares CSN to perform on a public health facility." ✹ 98.7% agreed that "CSN mentoring programme will increase the self-confidence of a CSN." ✹ 97.3% agreed that "Mentoring programme will decrease the anxiety level of a CSN."	✹ Orientated and supported ✹ Gained confidence and Skills development ✹ Use their education	✹ Both studies indicated that the CSN as the mentee will benefit from the mentoring.
✹ 99.1% agreed that the mentoring programme is important ✹ CSN 97.3% agreed that "mentoring programme will help in the recruitment of CSN."	✹ Organizational benefits	✹ Both studies indicated that organization will benefit from the mentoring.
✹ Not indicated in the quantitative results	✹ Mentor-related benefits	✹ In contrast, quantitative data didn't indicate mentor-related benefits. This could be attributed to the fact that it was not addressed by questionnaire. However, literature asserted that mentor derives benefits from mentoring.

The majority of the participants indicated that CSN as mentees are likely to benefit from mentoring with regard to the following:

6.2.3.1 Category: Mentee-Related Benefits

❖ Orientated and Supported

The study emphasized that orientation will form part of mentoring whereby mentees will be orientated to the new working environment. They will be orientated with regard to the general procedures and vision and mission of the facility. The new nurses will further be mentored pertaining to managerial duties, for example, delegation, ordering of drugs and ward stock (Thopola et al, 2013:178).

❖ **Gained Confidence and Skills Development**

The study concurs with the mentoring role theory by Kram and Isabella (1985:126) which posited that mentoring helps the mentee to grow a sense of independence and therefore improves confidence.

❖ **Use Their Education**

Through mentoring they will be able to use the education that they have gained through the years.

6.2.3.2 Category: Organization-Related Benefits

Both quantitative and qualitative components concurred that the organization will benefit from mentoring of CSN. Similarly, the mentoring of CSN will help to improve the confidence and satisfaction of the CSN, which will also help to improve quality patient care (Russell, 2004:612). The sub-categories that emerged from the qualitative data were as follows:

- Improved Quality of Care for Patients
- The mentoring programme is important; and
- Mentoring programme will help in the recruitment of CSN.

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6.2.3.3 Category: Mentor-Related Benefits

The participants also supported the NM regarding the benefits that the mentor will get from mentoring CSN (Yu & Belschak, 2010:22).

❖ **Professional Growth and Skills Development**

Baxter (2013:72) highlighted that the managers became expert content; as a result, they also gained confidence. These benefits are also reciprocal to the organization

Conclusion: Mentoring is beneficial to the mentee, mentor anorganization. Both studies concur with the mentoring role theory (Kram & Isabella, 1985) and the SET (Yu & Belschack, 2010:8).

6.2.4 Perceptions of CSN Regarding Factors to be Included in the Mentoring Programme

Table 6.5 summarizes the perceptions of CSN regarding factors to be included in the mentoring programme. All participants revealed factors that enhance mentoring of CSN in NWP public health facilities. Categories that emerged from this theme were:

- Activities to be included in mentoring programme;
- Characteristics/skills of good mentees;
- Characteristics/skills of good mentors.

Table 6.5: Perceptions of CSN regarding factors to be included in mentoring programme

Quantitative	Qualitative	Interpretation
● Orientation programme for mentors: 97.8 ● On-going professional development for mentors: 99.1% ● Formal recognition of the mentoring role: 98.2% ● Formal evaluation procedures: 96.9% ● Voluntary participation as mentors: 95.1% ● A designated coordinator for programme: 98.2%	**Activities to be included in mentoring programme** ● Orientation to be included in the mentoring programme ● Workshops and in-service training for the CSN and NM ● A form of feedback/ evaluation	● Quantitative results indicated the factors that need to included or considered in the mentorship programme. During interviews, these findings were also strongly accentuated by the participants (Latham et al, 2008:33; Joubert & De Villiers, 2015:5). ● The quantitative results highlighted that the mentor should be recognized, this will enhance mentoring (Latham et al, 2008:34).
● Not indicated in the quantitative results	**Characteristics/skills of good mentees** ● Mentee must respect the mentor	● By contrast, the quantitative data did not indicate the mentor-related benefits. This could be attributed to the fact that it was not addressed by the questionnaire, but was revealed during the interviews. However, these are important because the mentors and the mentees are role players in the mentoring programme, and cannot be ignored in this regard.
● Not indicated in the quantitative results	**Characteristics/skills of good mentors** ● Have interest in mentoring, patience and friendly demeanour. ● Professionalism and role modelling	

6.2.4.1 Category 1: Activities to be Included in Mentoring Programme

Several recommendations were provided by the participants to enhance mentoring. From this category, several sub-categories also emerged.

- Orientation to be included in the mentoring programme;
- Workshops and in-service training for the CSN and NM; and
- A form of feedback/evaluation.

These also concur with the quantitative results as highlighted in Table 6.5. Incongruently, these findings were revealed by the quantitative data but not the qualitative component. These factors were described in detail in Chapter 4.

❖ Formal Recognition of the Mentoring Role

The quantitative results revealed that the mentors should be formally recognized. The lack of recognition contributed to lack of commitment, which also resulted in unsupportive relationship which did not benefit the mentor and the mentee (Nettleton & Bray, 2007:210). According to Latham et al (2008:34), mentors should be given proper support in order to enhance effective mentoring.

❖ Voluntary Participation as Mentors

The participants agreed to the statement regarding voluntary participation as mentors. Mentors who volunteer are likely to be more committed to make the experience successful (Allen & Eby, 2010:352). According to Allen and Eby (2010:352), those who are forced, to participate are likely to have negative attitude and resentment at having their time and energy infringed upon.

❖ A Designated Coordinator for the Programme

A designated coordinator for the programme: agreed (98.2%; n=220), disagreed (1.8%; n=4). According to Cohen (2000:1), the programme coordinator functions as an official programme

representative at all levels of the organization. The study done by Patterson, Bayley, Burnell and Rhoads (2010:203) indicated that there was a programme coordinator who was responsible for the orientation of new nurses in the emergency department. However, this programme coordinator was assisted by the clinical instructor (Patterson et al, 2010:203).

6.2.4.2 Category 2: Characteristics/Skills of Good Mentees

The participants in qualitative component emphasized that it is important for the mentee to be respectful, specifically to the mentor. This category was not stipulated by the quantitative component, however, it was emphasized by the qualitative component:

❖ Mentee Must Respect the Mentor

The majority of CSN indicated that the mentee should be very respectful. The findings are consistent with those revealed by NM whereby it was revealed that the CSN were not respectful. It is important that CSN should be respectful. According to Chabeli et al (2010:99), both the mentee and mentor should be aware of the factors that contribute to negative attitudes and deal with it appropriately.

6.2.4.3 Category 3: Characteristics/Skills of Good Mentors

The participants in the qualitative component suggested that, in order to have an effective mentoring relationship, the mentors should have good professional and personal characteristics. This important category was not revealed by the quantitative component. The following were revealed by the participants:

❖ Have Interest in Mentoring, Patience and Friendly Demeanour

Seemingly, if the mentor enjoys to mentor, then the relationship will also have positive outcomes. The mentor should have these characteristics which were also stressed by Chabeli (2010:98). Similarly, Chabeli (2010:98) found that mentors should have the following: positive attitude and be willingness to mentor.

❖ Professionalism and Role Modelling

CSN emphasized that they want to learn professionalism and role modelling from the mentor. These findings concur with mentoring role theory (Kram & Isabella, 1985:121). The participants also indicated that they didn't want the mentor who was just a teacher or a boss, but somebody who model ethical behaviour (Eller et al, 2014:6).

Conclusion:Both studies indicated that the factors enhancing mentoring need to be taken into consideration, specifically during programme development.

6.2.5 Perceptions of CSN Regarding Barriers to Mentoring

The study revealed that there are barriers to mentoring that can be related to the organization, the mentor and the mentee. Table 6.6 summarizes the perceptions of CSN regarding the factors that inhibit mentoring.

Table 6.6: Perceptions of CSN regarding factors that inhibit mentoring

Quantitative	Qualitative	Interpretation
✹ Not indicated in the quantitative results	**Organizational factors inhibiting mentoring** ✹ Staff shortages and high workload ✹ Unavailability of equipment	✹ The quantitative data did not indicate the mentor-related benefits. This could be attributed to the fact that it was not addressed by the questionnaire, but was revealed during the exploratory descriptive interviews. This theme also served to further address the rationale behind lack of mentoring of CSN in the NWP public health facilities.
✹ Not indicated in the quantitative results	**Mentor factors inhibiting mentoring** ✹ Negative attitude of mentors	

The following sub-categories emerged from the data analysis: Staff shortages and high workload, unavailability of equipment.

6.2.5.1 Category 1: Staff Shortages and High Workload

The participants emphasized that due to high workload and shortage of staff the experienced nurses are not able to adequately mentor them. This is supported by the following quotation:

> *It is difficult to mentor and support the CSN due to shortage of staff and excessive workload. Because if there is shortage of staff it means that the orientation will be quicker and not effective.*

This is also a common phenomenon alluded to in several studies (Hollywood, 2011:667; Chabedi et al, 2010:96; Tsotetsi et al, 2013:86). Gitonga (2016:26) attested that due to a huge number of patients, they are overworked and, as a result, cannot engage in a mentorship relationship.

6.2.5.2 Category 2: Unavailability of Equipment

Lack of non-human resources was highlighted as one of the impediments to mentoring by both CSN and NM. If there is lack of resources, it means that the CSN will also be taught how to improvise, thus also compromising quality patient care (Klerk & Kortenbout, 2010:62).

6.2.5.3 Category 3: Negative Attitude of Mentors

Participants also indicated that the mentor can also inhibit mentoring of CSN. Tshabalala and Bornman (2011:40) highlighted that professional nurses were unapproachable and had negative attitudes towards the new nurses. This was perceived as a defensive mechanism for lack of confidence among the professional nurses (Tshabalala & Bornman, 2011:40).

Conclusion: The overwhelming majority of CSN revealed that organizational factors and mentor-related factors play a significant role in inhibiting the mentoring of CSN.

6.3 Results: Nurse Managers (NM)

The number of NMs who participated in the quantitative component are N=174 and those in the qualitative are N=27. The total of participants in both studies are N=201. Table 6.7 shows a comparison of demographic, professional and mentoring status of both studies.

Table 6.7: Demographic, professional characteristics and mentoring status of NMs (N=201)

Variable	Quantitative (N=174)	Qualitative (N=27)	Converged results (N=201)
Age	Minimum=28	Minimum=30	Minimum=29
	Maximum=64	Maximum=62	Maximum=63
Gender	Female: n=145 (83%)	Female=19	Female=164
	Male: n=29 (17%)	Male=8	Male=37
Basic Nursing Education	Diploma=(71.8%, n=125)	Diploma=18	Diploma=143
	Degree=(28.2%, n=49)	Degree=9	Degree=58
Have you mentored any CSN	Yes=71.3% (n=124),	Yes=15	Yes=139
	No=(28.7%, n=50).	No=12	No=62
Participation in a formal mentoring program	Yes=21.3% (n=37)	Yes=0	Yes=37
	No=78.7% (n=137)	No=27	No=164
Is workplace a mentoring environment	Yes=n=94 (54%) No=46% (n=80)	Yes=16 No=11	Yes=110 No=91

6.3.1 Demographic, Professional Characteristics and Mentoring Status of NMs

The demographic and professional characteristics of the participants in both studies were combined and are described as follows:

❖ Age

There is no difference between the ages of NMs in quantitative and qualitative components.

❖ Gender

The majority of the participants were females in both components.

❖ Basic Nursing Education

The majority of NMs had a diploma in nursing because huge numbers of nurses are still produced from the nursing colleges.

❖ Mentoring of CSN

The results revealed that out of the total 201 NMs, 139 have mentored CSN. Workload and shift type emerged as significant predictors of actual mentoring behaviour. In contrast to the expectations, Schaffer (2013:70) revealed that overworked nurses were more likely to mentor.

❖ Participation in a Formal Mentoring Programme

There was no difference between the ages of CSN in the quantitative and qualitative components, with the majority indicating that they have not participated in the mentoring programme. This necessitated the development of the mentoring programme.

❖ Is Workplace a Mentoring Environment

There is no significant difference between CSN who regarded their workplace as a mentoring environment.

6.3.2 Perceptions of NM Regarding Mentoring of CSN

Table 6.8 shows the perceptions of NM regarding mentoring of CSN.

Table 6.8: Perceptions of NM regarding mentoring of CSN

Quantitative	Qualitative	Interpretation
● Not indicated in the quantitative results	**Negative perceptions regarding mentoring of CSN** ● Some CSNs lack practical skills ● CSNs lack professional responsibility ● CSNs lack confidence	● Contrarily the quantitative data did not reveal negative perceptions regarding the mentoring of CSN. The reason is qualitative get more in-depth data as compared to structured questionnaire. However, this theme is important, taking into consideration that both studies are weighed equally.
● Majority of NM have mentored CSN were 71.3% (n=124), as compared to those who did not mentor CSN (28.7%, n=50).	**Positive perceptions regarding mentoring of CSN** ● CSNs are supported by other nurses	● Both studies highlighted that the CSN are mentored by some nurses.

6.3.2.1 Category 1: Negative Perceptions Regarding Mentoring of CSN

NMs stressed that CSN lack skills with regard to their much expected competencies. Several sub-categories emerged from this category: 1) Some CSN lack practical skills; 2) CSN are not professionally responsible; 3) CSN lack confidence. The data also helped to inform the need for mentoring of CSN.

❖ Some CSN Lack Practical Skills

The perceptions of NMs clearly indicate that CSN lack knowledge pertaining to practical procedures, especially those that are critical. This could be due to fact that the CSN's lack of experience and exposure. Similarly, Kram and Isabella (1985:122) posited that the appropriate mentoring will assist in the career support of new CSN. Therefore, it is apparent that CSN should be supported and mentored, so that they could gain knowledge of the practical skills.

❖ CSN Lack Professional Responsibility

It was not surprising that NMs found CSN not professionally responsible, specifically with regard to the managerial issues. The reason could be that CSN nowadays complete their training at a very young age, and, as a result, lack some professional responsibility. This could also be due to lack of experience, especially pertaining to delegation and time management. Makhakhe et al (2010:60) recommended that professional role modelling can help CSN to acquire professional skills.

❖ CSN Lack Confidence

The present study revealed that CSN were not confident, which could be due to lack of skills in managerial and general nursing practice. In addition, lack of communication skills can result in lack of confidence (Chesser-Smyth & Long, 2013:149; Ortiz, 2016:21). Another factor that contributed to lack of confidence was disconnecting between school and practice whereby the participants perceived the vast difference between the nursing school and health care environment (Ortiz, 2016:22). The mentors should be skilful in teaching CSN communication skills.

6.3.2.2 Category 2: Positive Perceptions Regarding Mentoring of CSN

The studies revealed that the NMs are mentoring the CSN. The quantitative component indicated that the NM who have mentored CSN were 71.3% (n=124), as compared to those who did not mentor CSN (28.7%, n=50). This is positive because the NM who have experienced mentoring might also possibly participate in the mentoring programme

Conclusion: The studies revealed that there are positive and negative perceptions regarding the mentoring of CSN.

6.3.3 Perceptions of NM Regarding Regarding Mentoring Needs

The participants highlighted the need for mentoring CSN (Table 6.9).

Table 6.9: Perceptions of NM regarding mentoring needs

Quantitative	Qualitative	Interpretation
❁ Not indicated in the quantitative results	**CSN's needs regarding mentoring** ❁ CSNs lack practical experience ❁ Need to mentored on professionalism **Mentors' needs regarding mentoring** ❁ Opportunities for training Support and recognition of mentors.	Contrarily the quantitative data did not reveal perceptions regarding the mentoring needs of the CSN. The reason is qualitative get more in-depth data as compared to structured questionnaire. However, this theme is important, taking into consideration that both studies are weighed equally. This also supports the need for mentoring of CSN

6.3.3.1 Category 1: CSN Need Mentoring

The participants revealed that the CSN need to be mentored. The following sub-categories emerged from NM interviews:

❖ CSN Lack Practical Experience

NMs acknowledged that CSN lack experience with regard to practical procedures. This could be due to the fact that the student nurses spend most of the time behind the desk during their training. That

could be due to the fact that the theoretical content is too much academic and idealistic to be directly linked to the real patient situation (Davhana-Maselesele et al, 2000:90).

❖ Need to be Mentored on Professionalism

All NMs emphasized that CSN were not displaying the characteristics and attitude of the ideal professional nurse. The NMs were concerned about the manner in which the CSN were not adhering to the SANC rules and regulations. This could be due to the fact that CSN have been students and lack the experience of professional nurses. Through mentorship there should be skill transfer from mentors to the CSN through a respectful professional relationship (Lekhuleni et al, 2012:65).

6.3.3.2 Category 2: Mentors' Needs Regarding Mentoring

CSN also indicated that NMs have needs related to mentoring of CSNs. These needs are underpinned in the following subsections.

❖ Opportunities for Training

These findings are consistent with those that were indicated in the quantitative component and from the CSN interviews. It is important that the mentor should have adequate skills and knowledge which will be imparted to CSN.

❖ Support and Recognition of Mentors

The NMs concurred with CSN by emphasizing the need to be supported by DoH and institution in order to be able to support the CSN. According to McIntosh et al (2014:364), mentors need peer support and inputs from their colleagues.

Conclusion:The study revealed that the mentors and mentees have needs that should be considered when developing the mentoring programme.

6.3.4 Perceptions of NM Regarding the Possible Benefits of Mentoring

Perceptions of NMs regarding regarding the possible benefits of mentoring are summarized in Table 6.10. The participants concurred with Kram and Isabella (1985:126) pertaining to mentee-related benefits. The categories that emerged from this theme are also discussed below.

Table 6.10: Perceptions of NM regarding the possible benefits of mentoring

Quantitative	Qualitative	Interpretation
● The mentoring programme will prepare CSN to perform on a public health facility=99% ● A general nursing orientation prepares CSN to perform on a public health facility=97% ● A CSN mentoring programme will increase the self- confidence of a CSN=97% ● A public health facility mentoring programme will decrease the anxiety level of a CSN=97	**CSN-related benefits** ● Skills development and competence ● Professional socialization ● Improved confidence and independence	● Both studies strongly emphasized the possible benefits of CSN from the mentoring programme. These findings were also overwhelmingly revealed by the CSN. It means that NM understood the importance of mentoring the CSN.
● Chapter 4 indicates that the highest number (95% to 100%) of the NM agreed with the mentoring benefits items as compared to (84% to 92%) of those who did not mentor the CSN.	**Mentor-related benefits** ● Skills development and knowledge ● Contributes confidence	● The benefits are stipulated in both studies. All NM in both studies fully assert that the mentor can benefit from mentoring. The benefits can be summarised as the career and psychological support as stipulated by Kram & Isabella (1985:125).
● A CSN mentoring programme will help in the recruitment of CSN=95% ● The mentoring programme is important=99%	**Organizational benefits** ● Improved patient quality of care ● Reduced staff turnover	● Even though the findings are not indicated in the quantitative results, these findings are supported in literature. An overwhelming majority of the participants including the CSN also highlighted that the benefits to the mentor and the mentee create the positive working environment which is conducive for all including patients and the management

6.3.4.1 Category 1: CSN-Related Benefits

The participants concur with Kram and Isabella, (1985:126) pertaining to the mentee related benefits. They emphasized that the CSN as the mentee can benefit psychosocial and career mentoring.

❖ **Skills Development and Competence**

The findings of this study agreed with Lekhuleni et al (2013:210), that mentoring can assist in closing CSN's theory practice gap.

❖ **Professional Socialization**

According to Lekhuleni et al (2012:63), in order to enhance effective professional socialization, mentors should avoid negative criticism of CSN.

❖ **Improved Confidence and Independence**

The participants indicated that mentoring will help boost the confidence of CSN. In this regard, they also emphasized that mentoring will help CSN to be autonomous and make their own decisions, specifically with regard to patient advocacy.

6.3.4.2 Category 2: Mentor-Related Benefits

NMs also indicated that by mentoring CSN they are more likely to enhance their own knowledge and skills. The findings concur with the SET (Yu & Belschak, 2010:22), which stipulate that the mentor can also benefit from mentoring the mentee.

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❖ **Skills Development and Knowledge**

Kram and Isabella (1985:118) and Norwood and Hutchinson (2010:126) consistently highlighted that the mentor benefits from mentoring the mentee whereby at the same time they also learn skills from the very same mentee.

❖ **Contributes Confidence**

The literature also asserts that mentoring helps to boost the confidence of the mentor (Kram & Isabella, 1985:118; Norwood & Hutchinson, 2010:126; Yu & Belschak, 2010:22). Seemingly, by assisting the mentee to be more skilful, the mentor will also help to boost the confidence of the mentee (Rebholz & Baumgartner, 2015:103).

❖ 6.3.5.3 Category 3: Organization-Related Benefits

The organization can also benefit from mentoring CSN. NMs acknowledged that the reciprocal mentor/mentee benefits mentioned above will result in improved quality patient care and reduced staff turnover. The participants highlighted that the organization can benefit from mentoring. The findings are supported by Witter and Manley (2013:393) who stipulated that nurses who are mentored are able to make decisions that are also beneficial to the patient and the organization. In addition, mentoring is also related to lower mentees turnover intentions, which can save the organization money and time that would have been spent recruiting new employees (Russell, 2004:612).

Conclusion:The findings indicate that mentoring is beneficial to the mentee, mentor and organization. Kram and Isabella (1985:117) posited that the mentee gain confidence from the psychosocial mentoring functions provided by the mentor.

6.3.5 Perceptions of NM Regarding Factors that Enhance Mentoring of CSN

Both studies revealed that several factors can enhance mentoring of the CSN. These factors are indicated in Table 6.11. Factors that enhance mentoring of CSN are: 1) Activities to be included in mentoring programme; 2) Characteristics/skills of good mentees; and 3) Characteristics/skills of good mentors.

6.3.5.1 Category 1: Activities to be Included in the Mentoring Programme

The managers emphasized that the following activities should be addressed by the CSN mentoring programme:

❖ Orientation

NMs stressed that the CSN mentoring programme should start with adequate orientation to familiarize the CSN with regard to their new working environment. This was also supported by CSN.

Orientation has been described as one of the important strategies that can enhance patient safety and the well-being of new nurses (Park & Jones, 2010:142).

Table 6.11: Perceptions of NM regarding factors that enhance mentoring of CSN

Quantitative	Qualitative	Interpretation
The majority of participants agreed that these factors should be included in the mentoring programme: ● Orientation programme for mentors=N=98% ● On-going professional development for mentors=99% ● Formal recognition of the mentoring role=97% ● Formal evaluation procedures=98% ● Voluntary participation as mentors=95% ● A designated coordinator for the programme=97%	**Activities to be included in mentoring programme:** ● Orientation ● Workshops ● Duration of at least six months ● Consistent opportunities for feedback/evaluation ● Structured formal mentoring programme ● Committee responsible for mentoring the CSN ● Team work to form part of mentoring	● The participants in both studies stated that the mentoring programme should be structured, formalized and should have these activities.
● Not indicated in the quantitative results	**Characteristics/skills of good mentees** ● Mentee must respect the mentor **Characteristics/skills of good mentors** ● Have interest in mentoring, patience and friendly demeanour. ● Professionalism and role modelling	● The quantitative participants did not indicate the characteristics of the mentor and the mentee as factors that can enhance the mentoring of CSN. This could be attributed to the fact that qualitative exploratory design probed and therefore was able to reveal more data as compared to the quantitative descriptive design.

❖ Duration of at Least Six Months

The findings are similar to those highlighted by the quantitative component whereby the majority of both CSN and NMs indicated that the CSN were mentored at least for a period of six months in the NWP public health facilities. However, some NM also indicated that mentoring duration should be

determined by capabilities and the individual CSN's needs. Rush et al (2012:353) recommended that the mentoring should not be less than six months because the new graduates may be vulnerable.

❖ Consistent Opportunities for Feedback/Evaluation

The majority of the participants highlighted that feedback and evaluation should consistently form part of the mentoring programme. These findings also concur with the quantitative component of both CSN and NMs. Apparently, feedback in the mentoring of CSN is a strategy that can help to determine and ensure quality mentoring. According to Anatole et al (2013:143), evaluation and ongoing monitoring help in the quality improvement and expansion into other domains of clinical care.

❖ Structured Formal Mentoring Programme

NMs stated that they have been using the trial and error method when mentoring and supporting CSN. The formal mentoring has a clear rationale; measurable goals and outcomes; mechanisms for assessment and selection of mentors and mentees; and accountability (Gibson & Heartfield, 2005).

❖ Workshops

The participants emphasized that the CSN should be workshopped as form of mentoring. CSN also lamented that they were not allowed to attend workshops. The mentors need to be developed about the new guidelines and also on how to mentor CSN.

❖ Committee Responsible for Mentoring CSN

The managers stipulated that there should be a steering committee that is responsible for ensuring the success of the mentoring programme. Some managers even suggested that the human resource development officer should form part of this committee. This committee is responsible for ensuring the smooth running of the mentoring process (Latham et al, 2008:28).

❖ Teamwork to Form Part of Mentoring

The participants revealed that mentoring of CSN should be a collaborative team effort. Some managers even indicated that every experienced personnel, including the clerks should be able to share their own experience with the inexperienced CSN. Rakhudu et al (2014:73) also highlighted that collaboration between different clinical specialists is important in bridging the gap between theory and practice.

❖ Formal Recognition of the Mentoring Role

The majority of NMs revealed that the mentoring role of the mentor should be recognized and acknowledged. This will also enhance the support of the mentor (Latham et al, 2008:34).

❖ Voluntary Participation as Mentors

The participants agreed to the statement regarding voluntary participation as mentors. The participants are supportive of the idea that the mentors should not be forced to take part in the mentoring programme (Nettleton & Bray, 2007:209). Similarly, Allen and Eby (2010:352) suggested that mentors should be allowed to voluntarily participate in the mentoring programme.

6.3.5.2 Category 2: Characteristics/Skills that Mentors Should Have

The participants highlighted that the mentor should have good professional and personal characteristics in order to enhance mentoring.

❖ Knowledgeable and Competent

The NMs revealed that the mentor should be knowledgeable and competent so as to be able to provide psychosocial and career mentoring. In support, Eller et al (2014:818) also emphasized that the mentor should be equipped with knowledge that will be imparted to the mentee.

❖ Role Modelling

Role modelling is indicated as very important in mentoring of CSN. Participants concur with Kram

and Isabella (1985:611) regarding the role modelling function of the mentor.

❖ **Respectful and Friendly Demeanour**

Mutual respect was also mentioned by NMs. This could be attributed to the fact that they need to role model their behaviour to the CSN.

❖ **Willingness to Teach and Learn**

Participants revealed that mentors should not be forced to teach the CSN.

6.3.5.3 Category 3: Characteristics/Skills that Mentees Should Have

The managers revealed that the characteristics of the CSN as a mentee can also influence the effectiveness of mentoring. NMs emphasized that the mentee should also have the following characteristics to enhance mentoring:

❖ **Positive Attitude and Willingness to Learn**

The majority of the participants indicated that CSN should have a positive attitude and be willing to learn. Others even indicated that this will even shorten the transition period of the CSN as they will not be dragged into learning.

❖ **Active Participation**

The mentors also stipulated that the mentee should possess self-directed learning and mentoring. This indicates that by being hands-on, the mentees can learn other work-related activities on their own.

Conclusion:Effective mentoring requires a properly structured mentoring programme which stipulates the activities and proficiencies that are supposed to be achieved. It also requires the commitment of both the mentor and the mentee.

6.3.6 Perceptions of NM Regarding Factors that Inhibit Mentoring of CSN

According to NMs, several factors inhibit mentoring (Table 6.12), namely:

1) Mentee-related;

2) Mentor-related; and

3) Organization-related.

Table 6.12: Perceptions of NM regarding factors that inhibit mentoring of CSN

Quantitative	Qualitative	Interpretation
● Not indicated in quantitative results	**Mentee-related factors** ● CSN have a negative attitude ● CSN's unwillingness to learn/lack of passion	● In the quantitative component, participants did not indicate mentee-related factors that can inhibit mentoring. This could be attributed to the fact that the qualitative exploratory design probed and therefore revealed more data as compared to quantitative descriptive design.
● Inadequate preparation for the role N=140 (80%) ● Lack of time to fulfil the role N=130 (75%)	**Mentor-related factors** ● Mentors lack knowledge ● Mentors don't have time to mentor properly	● Participants in both highlighted that the mentor-related factors can inhibit mentoring.
● Lack of supportive infrastructure N=148 (85%) ● Lack of recognition for the mentoring role N=131 (75%) ● Lack of mentoring resources N=148(85%)	**Organization-related factors** ● Staff shortages impacts CSN mentoring negatively. ● Lack of resources	● Participants in both highlighted that the mentee-related factors can inhibit mentoring.

6.3.6.1 Category 1: Mentee-Related Factors

NMs expressed numerous mentee factors that inhibit mentoring of the CSN.

❖ CSN Have a Negative Attitude

The participants revealed that the mentees were also contributing to lack of mentoring due to lack of respect and negative attitude. Lack of respect of CSN could be attributed to several factors, which were revealed by Vink and Adejumo (2015:4), including academic, psycho-pathological and social

factors. Mutual respect is crucial in mentoring and can be achieved by respect for the mentor and mentee's time, effort, and qualifications (Straus et al, 2013:137).

❖ **CSN's Unwillingness to Learn/Lack of Passion**

The participants revealed that CSN were not willing to learn and also do not have a passion to acquire new skills. Therefore, they were not cooperative. Again, CSN were politically minded and always complaining. This was seen as one of the impediments to effective mentoring.

6.3.6.2 Category 2: Mentor-Related Factors

NMs highlighted that the mentor can also inhibit effective mentoring of CSN. From this category, these sub-categories emerged:

❖ **Mentors Lack Knowledge and Preparedness for the Role**

Participants indicate that they don't know what is expected from them with regard to supporting and mentoring CSN. As a result, this inhibited proper mentoring of CSN. Therefore, if mentors are not recognized, they won't be able to create time for mentoring the CSN.

❖ **Mentors Don't Have Time to Mentor Properly**

Managers revealed that they have lots of responsibilities, for example, attending strategic meetings. These contribute to time constraints which make it impossible to mentor CSN. Straus et al (2009:136) highlighted that time required from both the mentor and mentee was perceived to be the single most important barrier to mentorship. The lack of time of mentoring could be due to lack of commitment of the mentors and inadequate recognition of mentors.

6.3.6.3 Category 3: Organization-Related Factors

The NMs identified several organizational related factors that inhibit mentoring of the CSN:

❖ Staff Shortages Impact CSN Mentoring Negatively

The study revealed that there is shortage of staff which makes it difficult to support the CSN. Consequently, CSN are neither adequately orientated nor supervised; as a result, they are used to reduce this shortage. Due to staff shortages, CSN are given the responsibility of being shift leaders. Similarly, Thopola et al (2013:176) found that the participants were allocated alone without supervision of the experienced nurse, and therefore had to learn by trial and error.

❖ Lack of Resources

Unavailability of resources negatively affects mentoring because the mentors will have no choice but to improvise every time when teaching CSN (Thopola et al, 2013:176).

Conclusion: Several factors can inhibit the effectiveness of the mentoring programme.

6.3.7 Perceptions of NM Regarding the Drawbacks of Mentoring CSN

Table 4.9 indicated that the majority of NMs disagreed that there are more drawbacks to mentoring perceptions regarding mentoring costs (N=133; 76%). Table 6.13 summarizes the perceptions of NM regarding drawbacks and mentoring intentions.

Table 6.13: Perceptions of NMs regarding the drawbacks of mentoring of CSN

Quantitative	Qualitative	Interpretation
● Table 4.9 indicates that majority of NM disagreed that there are more drawbacks to mentoring perceptions regarding mentoring costs: N=133(76%).	● Not indicated in the qualitative results	● Participants did not mention drawbacks of mentoring to mentors. However, these results concur with perceptions regarding mentoring benefits.
● Table 4.10. Indicate that the majority of the participant indicated that they are willing to mentor: ● I plan to mentor a nurse in the future ● I look forward to mentoring a nurse in my practice setting ● I am willing to participate in mentoring programme of CSN ● I would like to be a mentor.	● Not indicated in the qualitative results	● Participants mentioned that they were willing to mentor CSN in both quantitative and qualitative data. These results could be attributed to the fact they perceive more benefits as compared to drawbacks of mentoring the CSN.

Chapter 4 has also revealed that the majority of NMs who have mentored perceive fewer drawbacks to mentoring. Additionally, a study conducted by Eby and McManus (2004:267) identified negative experiences of mentoring whereby the mentors were exploited by the mentee. In this study, NM who have not mentored CSN might be uneasy about mentoring costs.

6.3.8 Perceptions of NMs Regarding the Intention/Willingness to Mentor

Table 6.14. Shows the results revealed in phase 1 regarding the mentoring intentions.

Table 6.14. Shows the perceptions of NMs regarding and mentoring intentions

Quantitative	Qualitative	Interpretation
Table 4.9. Indicate that majority of the NMs disagreed that there are more drawbacks to mentoring perceptions regarding mentoring costs: N=133(76%).	Not indicated in qualitative results	The participants did not mention the drawbacks of mentoring to the mentors. However these results concur with perceptions regarding mentoring benefits, whereby majority of participants perceived more benefits of mentoring.
Table 4.10. Indicate that the majority of the participant indicated that they are willing to mentor: • I plan to mentor a nurse in the future • I look forward to mentoring a nurse in my practice setting • I am willing to participate in the mentoring program of CSN • I would like to be a mentor.	Not indicated in qualitative results	The participants mentioned that they were willing to mentor the CSN in both quantitative and qualitative data. These results could be attributed to the fact they perceive more benefits as compared to drawbacks of mentoring the CSN.

According to Table 4.10, the majority of participants indicated that they are willing to mentor. Apparently, NMs who perceived more benefits to mentoring were likely not to focus on the drawbacks of mentoring. One NM had this to say:

> *I will gladly do that; I will gladly do that, (smiling). All the experience that I have acquired, and all that I know, and all that I'm very sure of, I don't have a problem to mentor somebody.*

The findings support the SET as highlighted by Thibaut (1959) in Loue, (2010:10), which indicates that the greater the costs associated with the relationship, the less likely individuals will enter into the relationship. Parise and Forret (2008:238), also recommended that management should show consistent support for the programme. If potential mentors believe the mentoring programme is an important organizational initiative, they would be much more likely to participate (Parise & Forret, 2008:238). It can be concluded thus: The mentors who perceive more benefits are also likely to perceive less drawbacks to mentoring and therefore intend to mentor.

Conclusion: Participants in both quantitative and qualitative studies were willing to mentor the CSN.

6.3.9 Correlations of Variables Related to Mentoring

The Pearson correlation coefficient was used to measure the correlation between personal characteristics, mentoring costs and benefits scores and willingness to mentor (Table 6.15).

Table 6.15: Correlations of variables related to mentoring

Quantitative	Qualitative	Interpretation
● The number of years that one had been employed as a registered nurse was negatively correlated with the mentoring cost score and mentoring willingness score, respectively. ● The mentoring willingness score and mentoring cost score were also negatively correlated. ● Mentoring benefits score was however, positively correlated with the number of years that NM had been employed as a registered nurse and mentoring cost score, respectively.	● Not indicated in the qualitative results.	● The qualitative component did not reveal the correlations between these variables. It is because quantitative data analysis involves the use of statistical tests which are not applicable in qualitative data analysis. ● This means that when number of years increases the willingness to mentor decreases. Consistently this study found that NM with more years employed as registered nurses disagreed that they have mentored CSN, and were not willing to mentor as compared to those with few years' experience.

❖ Correlations

➷ The number of years that one had been employed as a registered nurse was negatively correlated with the mentoring cost score and mentoring willingness score respectively. Ragins and Cotton (1993:108) indicated that individuals who have been in the organization for a very long time might have negative perceptions about the organization and, as a result, would not have anything to do with mentoring.

- The mentoring willingness score and mentoring cost score were also negatively correlated. When the mentoring costs increases, the willingness to mentor decreases. Consistent with these notions, Ragins and Cotton (1993:107) asserted that participants who anticipated more drawbacks to mentoring are likely not mentor.

- The study revealed that there were significant differences in the mean scores between the two groups for all three variables. Those who had mentored CSN had higher mean scores for both mentoring benefits and willingness scores while those who had not mentored any CSN had higher a mean score for the mentoring cost score. According to Norwood and Hutchison (2010:156), the participants who experience the benefits of mentoring are usually motivated to keep on mentoring, even though there are challenges.

6.4 Conceptual framework for development of a CSN mentoring programme

This chapter, constitutes the converged results for both quantitative and qualitative components. It was important to conduct needs analysis in Phase 1 which subsequently contributed to in order to develop the mentoring programme. This section describes the conceptual framework of the main concepts identified in the study. The identified concepts are described and related to the KLM which is used for the development of the CSN mentoring programme which will follow in chapter 7. This section starts with the description of both quantitative and qualitative results which were revealed in Phase 1 of the study. These findings are summarized in Table 6.16.

Table 6.16. Concluding statements of mentoring items, concepts, themes and subthemes

QUANTITATIVE COMPONENT		QUALITATIVE COMPONENT	
Community Service Nurses	**Nurse Managers**	**Community Service Nurses**	**Nurse Managers**
1. Mentoring of CSN was informal and unstructured and only took 6 months, therefore not effective.	13.Mentoring of NMs participated in informal and unstructured and only took 6 months, therefore not effective.	32.CSN have negative experiences with regard to their mentoring This theme was supported by following categories: ↬ Lack of mentoring; ↬ Challenges of performing community service.	42.NMs expressed negative perceptions regarding the mentoring of CSN.
2. Majority of respondents indicated that they were being mentored	14.Majority of have mentored CSN	33.Majority of CSN were not orientated; as a result, they felt that they were not properly welcomed to profession.	43.NMs emphasized that CSN lack skills with regard to their much expected competencies.
3. Working environment was not perceived as a mentoring environment.	15.NMs (54%) regarded their workplace as a mentoring environment	34.CSN experienced negative attitudes from their juniors and other experienced professional nurses, even doctors.	44.CSN were not confident, which could be due to lack of skills in managerial and general nursing practice.
4. There was no mentoring programme for CSN	16.NMs did not participate in formal mentoring programme	35.CSN overwhelmingly lamented the need for mentoring. This was supported by the following: ↬ CSN need mentoring ↬ NMs have needs for mentoring CSN.	45.CSN are mentored by being accompanied and not allocated alone.

QUANTITATIVE COMPONENT		QUALITATIVE COMPONENT	
Community Service Nurses	**Nurse Managers**	**Community Service Nurses**	**Nurse Managers**
5. Majority of CSN were not provided the career and psychosocial mentoring	17.Majority of NMs agreed that there were benefits to mentoring; as a result,	36.Participants also supported NMs regarding benefits that mentor would get from mentoring CSN.	46.CSN lack need to be mentored because they lack experience
6. Significant differences were found between CSN who were mentored and those that were not mentored with regard to psychosocial and career mentoring roles of mentor.	18.There was no significant difference between those who have mentored CSN and those who did not mentor CSN with regard to mentoring benefits	37.Factors that enhance mentoring of CSN in NWP facilities. Categories which emerged from this theme are as follows: ➢ Activities to be included in mentoring programme; ➢ Characteristics/skills of good mentees; ➢ Characteristics/skills of good mentors.	47.Managers acknowledged that CSN lack experience with regard to practical proficiency. This could be attributed to a fact that nursing students spend most of the time behind the desk during their training.
7. Mentoring programme will be beneficial to CSN	19.Significant difference between NMs who have not mentored CSN agreed more as compared to those who have mentored CSN with regard to mentoring costs (p-value=0.001)	38.Participants emphasized that they should be workshoped and appropriately in-serviced so that they can be up to date with new developments	48.NMs overwhelmingly emphasized that CSN were not displaying the characteristics and attitude of ideal professional nurse.

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QUANTITATIVE COMPONENT		QUALITATIVE COMPONENT	
Community Service Nurses	**Nurse Managers**	**Community Service Nurses**	**Nurse Managers**
8. An overwhelming number of CSN agreed that mentors should be orientated.	20.Highest percentages of NM who have mentored CSN strongly agreed that they have intention to mentor CSN as compared to those who have not mentored the CSN.	39.Mentees should be respectful to enhance effective mentoring.	49.NMs were concerned about manner in which CSN were not adhering to SANC rules and regulations
9. On-going professional development for mentors was also indicated by majority of CSN.	21.Majority of NMs agreed that mentoring programme would benefit CSN	40.In order to have an effective mentoring relationship, mentors should have good professional and personal characteristics which include willingness to mentor and teach the mentee	50.It is important that the mentor should have adequate skills and knowledge which will be imparted to CSN
10. CSN highlighted need for formally recognizing mentor's role.	22.Highest number of NMs agreed that Orientation programme for mentors to be included in CSN mentoring programme	41.Organizational factors play an enormous role in inhibiting the mentoring of CSN. Examples are staff shortages and high workload; and unavailability of equipment/lack of resources.	51.NMs need to be encouraged and acknowledged in mentoring of CSN. This important factor has also been revealed in literature.
11. Participants agreed to statement regarding voluntary participation as mentors.	23.Majority of NMs agreed that there should be an on-going professional development for mentors		52.Possible benefits of mentoring to CSN by acquiring both practical experience and mentoring to gain skills development and competency
12.CSN agreed that designated	24.Majority of NMs agreed that		53.Professional socialization was also

QUANTITATIVE COMPONENT		QUALITATIVE COMPONENT	
Community Service Nurses	**Nurse Managers**	**Community Service Nurses**	**Nurse Managers**
coordinator for programme	there should be a formal recognition of the mentoring role and evaluation		regarded as professional legitimization, whereby CSN acquire by working alongside experienced nurse
	25.Majority of NMs agreed that there should be a voluntary participation as mentors		54.Mentoring will help to boost confidence of CSN.
	26.Majority of NMs agreed that there should be a designated coordinator for the programme		55.NM elaborated that more they impart knowledge to CSN, the more they will also be empowered.
	27.There was a significant ($p<0.01$) positive correlation between the mentoring benefits score and mentoring willingness score.		56.Mentors gained self-efficacy and intrinsic satisfaction by realizing positive outcome and contribution they have made to future nurse
	28.Mentoring benefits score was, positively correlated with number of years that one had been employed as a registered nurse and mentoring cost score		57.Mentoring helps to improve retention of nurses which is beneficial to the organization

QUANTITATIVE COMPONENT		QUALITATIVE COMPONENT	
Community Service Nurses	**Nurse Managers**	**Community Service Nurses**	**Nurse Managers**
	29.Number of years that one had been employed as a registered nurse was negatively correlated with mentoring cost score and mentoring willingness score, respectively.		58. Majority of both CSN and NM indicated that CSN were mentored at least for a period of six months in the NWP public health facilities.
	30.NMs who had mentored CSN had higher mean scores for both mentoring benefits and willingness scores while those who had not mentored any CSN had a higher mean score for mentoring cost.		59.Feedback in mentoring of CSN is a strategy that can help to determine and ensure quality mentoring
	31.Mentoring willingness score and mentoring cost score were also negatively correlated.		

6.4.1. Description of mentoring concepts

The results from qualitative and quantitative data of the research were discussed in the previous section of this chapter. A literature contextualization has been done to support the research results. This section describes the conceptual framework inclusive of the main concepts and their relationships as well as their classification using the KLM. Figure 6.1, highlights mentoring concepts identified in the study.

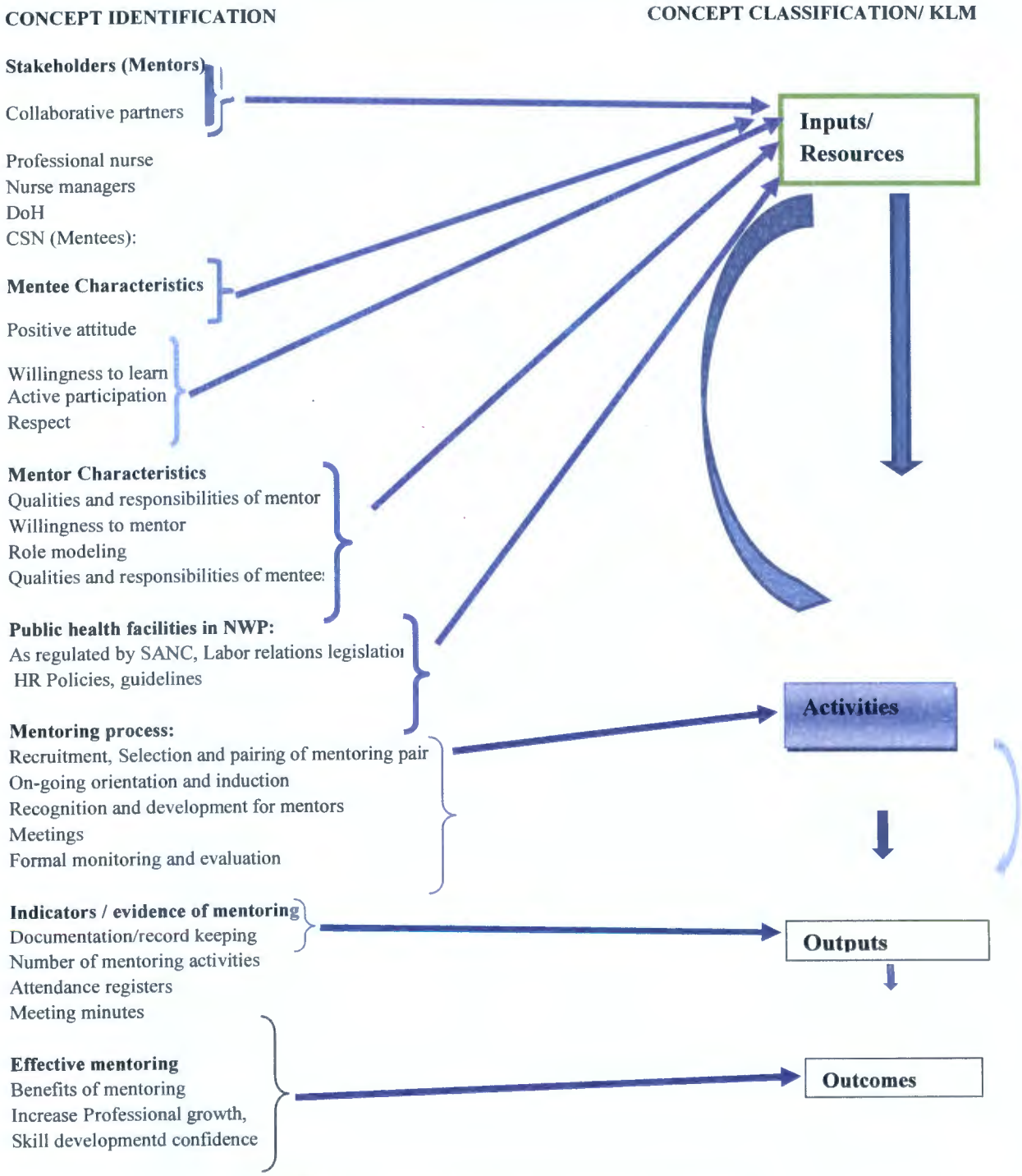


Figure 6.1. Conceptual framework for mentoring programme

Basically, a KLM used in this study is a systematic and visual way to present and share the relationships among the resources needed for mentoring programme development, the activities to do, and the changes or results hoped to achieve.The identified concepts were classified according to the adapted and KLM (W.K.Kellogg Foundation ,2004:6) as follows:

1) Inputs : CSN , NMs and other stakeholders and their characteristics
   Public health facilities and non -human resources

2) Activities : All activities that will be addressed by the mentoring

3) Outputs : Evidence / indicators of mentoring

4) Outcomes :Effective mentoring and orientation of CSN, Benefits of mentoring

These concepts are described as follows:

6.4.1. Inputs

The KLM (W.K.Kellogg Foundation ,2004:16) posit that in order to effectively implement the mentoring programme, adequate resources or resources are needed. The resources or inputs are classified as human and non-human resources. According to KLM (W.K.Kellogg Foundation ,2004:16), enabling protective factors or resources may include funding, existing organizations, potential collaborating partners, existing organizational or interpersonal networks, staff and volunteers, time, facilities, equipment, and supplies. KLM has also indicated that identification of resources should also include barriers such things as negative attitudes, lack of resources, policies, laws, regulations, and geography. To that effect, this model concurs with the study findings whereby participants revealed that lack of resources can inhibit mentoring of the CSN. Participant indicated that shortage of staff and equipments inhibit proper mentoring of CSN in NWP public health facilities. In addition, the resources that are needed in the implementation of mentoring programme

include time factor and funding. For better clarity, the inputs identified in the study are described as follows:

❖ NMs experienced nurses as mentors

Mentors play an important role in mentoring relationship. According to DPSA (2006:8), the mentor should be someone who has experience of five years or more in the specific area of placement. He or she must be interested in mentoring and willing to spend time engaged in mentoring. Serious consideration should be given to the extent to which the eligible person has the time resources to take on this responsibility. The NMs should work collaboratively with the following stakeholders:-

- Head of human resource
- Human resource development manager
- Labour relations officer
- DoH which is responsible for the provision of human resource issues, guidelines and policies, infrastructures and development of the mentees and mentors, supportive structure.

Therefore, human resources are imperative in implementation of the mentoring programme. The resources are explained and applied, in development of a mentoring programme in chapter 7.

❖ CSN as mentees

The CSN is also classified as the human resource input.The CSN in this study is the mentee. According to Department of Public Service and Administration (DPSA ,2006:14), the mentees should possess the following characteristics:

- The mentees should be able to possess the attitude of being pro-active and self-directed towards their own empowerment and skills development.

- They are expected to: Be willing to learn from the mentor or role model and be an active learner who is committed to the concept and practice of lifelong learning.

- Take responsibility for their own self-development and show creativity in suggesting other development areas to the mentor.

- Become competent communicators with the ability to express their ideas, concerns and problems to the mentor.

- Acquire well-developed listening skills in order to understand colleagues and co-workers as well as their mentors.

- Take the initiative and become oriented to problem solving and to solutions based on win-win principles.

❖ Non-human resources

Design, planning and implementation of the CSN mentoring programme should also include the available non-human resources (W.K.Kellogg Foundation ,2004:16). It is concluded that the inputs are important in the mentoring programme for the CSN. According to KLM (2004:10) time, facilities, equipment, and supplies should be available in the mentoring of CSN. The NMs requires ample time to mentor the CSN. Resources such as the guidelines, lecturer rooms, and ward equipments are needed to mentor the CSN.

Public health facilities

In this study, the NWP public health facility is regarded as the non-human resource because it is the environment where mentoring of the CSN should take place. The public health facility in this study is described as a supportive mentoring environment which should make sure that there are adequate non-human resources (W.K.Kellogg Foundation, 2004:16).This environment is governed by the following legal bodies:

- **South African Nursing Act number 33 of 2005 as amended (SANC, 2005).**

The SANC is a regulatory body for nursing practice and nursing education in South Africa. The mentoring of CSN will be done in accordance with the Nursing Act number 33 of 2005. This act provide guidance and regulations pertaining to the 1) Scope of practice of nurses; 2) Conditions on which nurses may practice their profession,; 3) The acts and omissions in respect of which the council may take steps against any person registered in terms of the Act ; 4) The requirement for any nurses to remain competent in the manner prescribed (SANC,2005:6).

- **Constitution of the Republic of South Africa, Act 108 of 1996**

According to DPSA (2006:18), the constitution of RSA, Act 108 of 1996, should be taken into consideration when mentoring the CSN. Section 29(1) states that in respect to education 29. (1) Everyone has the right to a basic education, including adult basic education; and to further education, which the state, through reasonable measures, must make progressively available and accessible. This clearly stipulates that the public health facility should ensure that the right to continuous education of CSN is ensured.

- **Human Resources Development Strategy, 2001**

The HRD strategic indicator 13 is to increase employer participation in lifelong learning with the use of mentorship, internship and learnership programmes (DPSA, 2006:36).These programmes should be implemented in the public service as a means of addressing the scare skills needs identified in the HRD strategy.

- **Public Service Act, 103 of 1994**

According to DPSA (2006:35), South African public service act number 103 of 1994 regulates the conditions of employment, terms of office, discipline, retirement and discharge of members of the

public service" and other relevant matters . The Act therefore stipulates the important conditions on which the Internship, Mentorship and Learnership programmes should be implemented.

- **Skills Development Act, No 97 of 1998**

The intention of the Skills Development Act of 1988 in DPSA (2006:35) is to:-

- provide an institutional framework to devise and implement national, sector and workplace strategies to develop and improve the skills of the South African workforce;
- integrate those strategies within the National Qualifications Framework contemplated in the South African Qualifications Authority Act, 1995;
- to provide for learnership that lead to recognised occupational qualifications;

- **Time**

Time is identified as one of the important resources when it comes to mentoring. The study revealed that NMs were not able to mentor CSN due to lack of time. According to DPSA (2006:20), the mentor need time to achieve mentoring activities such as actually meeting with the mentee. This time must also be taken into account as part of the mentor's overall responsibilities

It was therefore important to plan for these resources in the mentoring programme development in chapter 7.

6.4.2 Activities

Activities are the actions that are needed to implement the mentoring programme—what you will do with program resources in order to achieve program outcomes and goals (W.K.Kellogg Foundation, 2004:20). These fundamental activities were revealed in Phase 1 of the study and

literature. Both CSN and NMs pronounced that the mentoring programme should be made up of these activities. The activities mentioned in Phase 1 are as follows:

- **Orientation of CSN (general and unit)**

Orientation is described as a fundamental human resource strategy which provides new person in the workplace with complete and accurate information to make them more comfortable (Nyambegera, 2005:78). Orientation is very important because CSN will be properly welcomed and introduced to the organizational culture and climate. Participants pointed out that lack of orientation make them to feel dissatisfied and confused. Therefore it was necessary and imperative to include it in chapter 7 in the programme.

- **Orientation for the NM and CSN**

It is important the mentoring pair should be properly orientated about the mentoring of CSN. This will make them to know the activities that will be done in the mentoring programme so that they should know exactly what is expected from them.

- **Mentor and mentee pairing**

According to DPSA (2006:8) a person's aptitude and personal characteristics are important factors in a mentoring relationship. The suitability of all personnel for this responsibility must be carefully considered.

- **Contract for the mentee and the mentor**

To ensure consistency, mentees, interns and learners should enter into performance contracts with their mentors that specify the expected deliverables (DPSA, 2006:17). It is important to formalise the mentorship agreement and the following should be addressed:-1) Draft code of conduct for both mentor and mentee; 2) Draft performance criteria; 3) Renewal options/close-out.; 4) Assessment process.

- **Schedule for meetings and feedback;**

It is also important that the mentor and mentee should meet on regular basis for the purpose of giving feedback regarding their mentoring relationship.

- **Workshops and in-service training to address the learning needs of the CSN;**

Phase 1 pronounced that the CSN lack skills in managerial skills and knowledge of guidelines, protocols and policies. Therefore it is imperative that the mentee should be workshoped and attend the in-service trainings organized by the DoH and the institution.

- **Plan of the mentoring activities in the individual units.**

The mentoring activities should be implemented in the units where the CSN are allocated. These are well elaborated in chapter 7.

6.4.3. Outputs

W.K.Kellogg Foundation (2004:8) describe outputs as the direct results of program activities. They are usually described in terms of the size and/or scope of the services and products delivered or produced by the program. They indicate if a program was delivered to the intended audiences at the intended activities. A program output, for example, might be the number of classes taught, meetings held, or materials produced and distributed; program participation rates and demography; or hours of each type of service provided. Outputs will be evidenced in documention/ record keeping whereby all the mentoring activities are recoded. Number of mentoring should be recorded, attendance registers and minutes of the meetings should be weel documented. In this study the outputs are the mentoring indicators highlighted in chapter 7.

6.4.4. Outcome

Outcomes are specific changes in attitudes, behaviors, knowledge, skills, status, or level of functioning expected to result from program activities and which are most often expressed at

an individual level (W.K.Kellogg Foundation, 2004:8). These outcomes were identified by the participants in phase 1. The benefits of mentoring were revealed as the outcomes of mentoring.The participants also confirmed that mentoring will contribute to professional growth, increased confidence and skill development. In this study, it is expected that the CSN should be effectively orientated and mentored. The CSN and NMs and organization are also to benefit from this relationship.

6.5 Summary

This chapter presented the converged quantitative and qualitative results. Both studies complemented each other with regard to the perceptions of NM and CSN. Similarities were identified in the following:

- Perceptions about the need for mentoring of CSN;
- Perceptions regarding the possible benefits of mentoring;
- Perceptions regarding the drawbacks of mentoring;
- Perceptions regarding the factors that can enhance mentoring of CSN; and
- Perceptions regarding the factors that can inhibit mentoring of CSN.

Incongruences were mostly caused by the difference in the methods whereby the qualitative provided more descriptions, and quantitative indicated the items which were measured with the use of the questionnaire. The conclusion is that there is a need for development of a formal structured mentoring programme for CSN as described in the following chapter. The mentoring conceptual framework was developed to form the basis of mentoring programme in chapter 7. The concepts used in this framework were also identified and described to indicate their application in KLM and in mentoring programme development in chapter 7. The next chapter describes the development of the CSN mentoring programme and the proposed guidelines to operationalize it.

CHAPTER 7

DEVELOPMENT OF A MENTORING PROGRAMME FOR CSN AND PROPOSED GUIDELINES TO OPERATIONALIZE IT

7.1 Introduction

The previous chapters highlighted the converged results from the NM and CSN and addressed objectives 1, 2 and 3 of the study. Chapter 6 highlighted the converged results and the conceptual framework which informed the development of a mentoring programme.These identified concepts were classified according to KLM components which was adapted in the mentoring programme development.

1) Inputs :
   - Human resources :CSN , NMs and other stakeholders and their characteristics:
   - Non -human resources and Public health facilities
2) Activities : All activities that will be addressed by the mentoring
3) Outputs : Evidence / indicators of mentoring
4) Outcomes :Effective mentoring and orientation of CSN and benefits of mentoring

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This chapter is Phase 2 of the study which is the development of the CSN mentoring programme and is made up of the following: 1) Objectives of this chapter; 2) Mentoring programme development using the Kellogg's logic model and proposal to operationalize CSN mentoring programme. For the purpose of this study, the programme was neither implemented nor evaluated.

7.2 Objective of this Chapter

The objective of this chapter is to : Develop the CSN mentoring programme using KLM and describe the proposed guidelines for operationalizing it in the NWP public health facilities

7.3 Mentoring Programme Development Using the Kellogg's Logic Model

The identified concepts in chapter 6 and literaure were applied in the adapted Kellogg's Logic Model (KLM) to guide the development of this mentoring programme. Basically, KLM is described as a systematic visual way to enhance understanding of relationships among resources needed to operate the programme, activities for planning and intended changes or results expected. Components of KLM used in this study include: 1) Inputs/ Resources; 2) Programme Activities; 3) Outputs and 4) Expected Outcomes. The rationale for using the KLM is to provide key role players in mentoring with a road map of describing sequence of related events connecting the need for planned programme with programme desired outcomes. KLM was adapted by adding the needs analysis as the first component and the impact was not indicated because the programme was neither implemented nor evaluated. It will be implemented and evaluated as a post-doctoral study in future. Figure 7.1 shows a mentoring programme of CSN in the KLM.

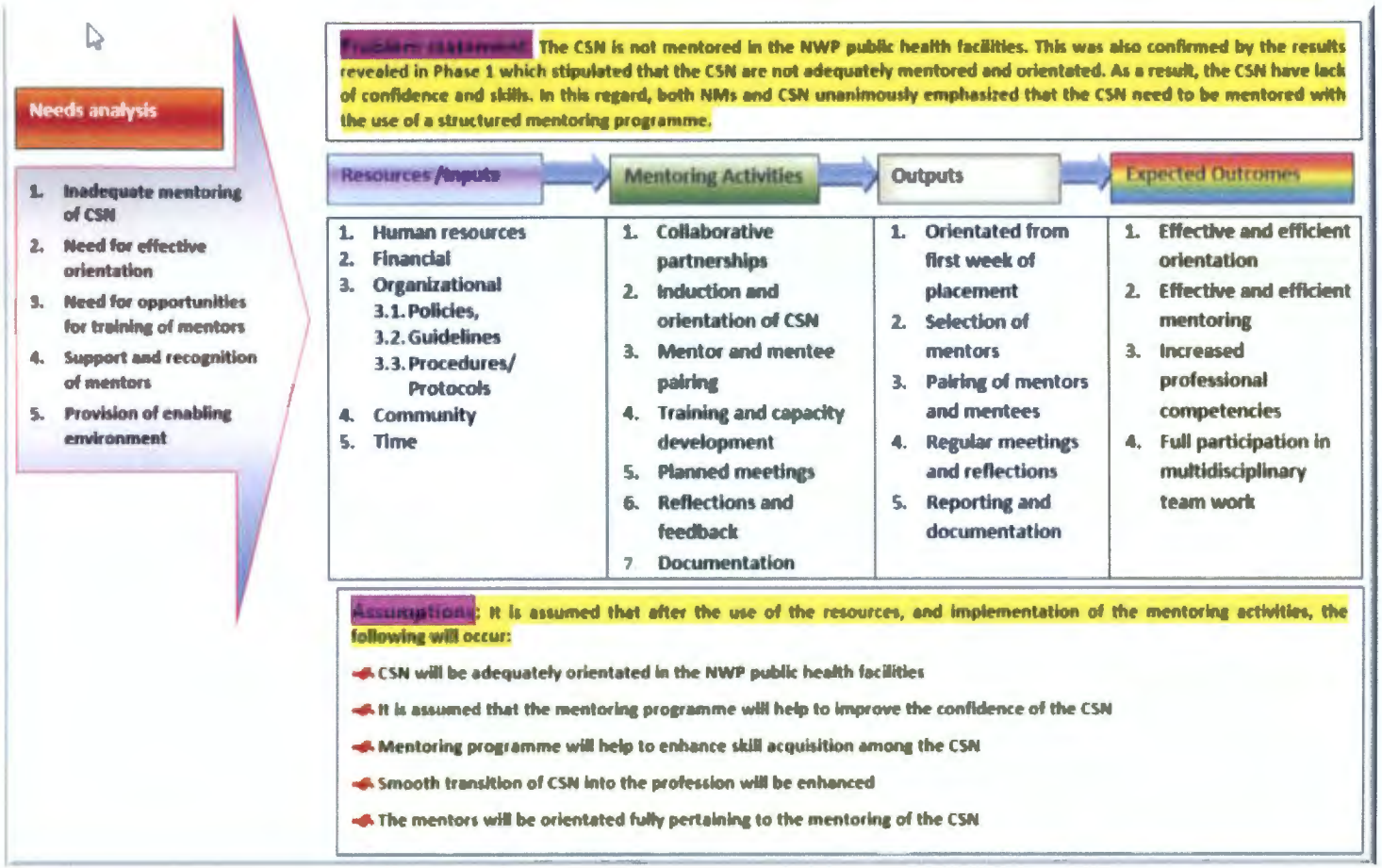


Figure 7.1: Mentoring programme of CSN in the Kellogg's logic model

The logic model was modified and adapted to plan and develop the mentoring programme for CSN in NWP. According to Shakman and Rodriguez (2015:16), there are three main types of logic models:

- Theory approach;
- Activities approach; and
- Outcomes approach.

For the purpose of this study, the theory approach was used to plan and develop the mentoring programme for the CSN (Shakman & Rodriguez, 2015:16). The logic model components are adapted and applied as follows:

- Needs Analysis;
- Problem Statement;
- Resources/Inputs;
- Activities/Strategies;
- Outputs; and
- Expected Outcomes.

These components were applied in the planning and development of the mentoring programme as follows:

7.3.1 Mentoring Needs Assessment

The first step of any planning is a needs analysis. For the purpose of the study, it was important to conduct mentoring needs assessment/situational analysis in the NWP public health facilities as emphasized by the DPSA (2006:16). Needs analysis assist in identifying the mentoring dynamics and, therefore, create a better understanding of how to develop the programme. The in-depth literature review and Phase 1 of the study supported the needs

which had to be considered when developing the mentoring programme for the CSN. The needs analysis is addressed and elaborated in Phase 1 of the study and therefore it will only be briefly applied and described in this chapter. The participants in Phase 1 also concurred with the Canadian Nurses Association (CNA, 2004:12) whereby they emphasized that a mentoring programme should create a learning opportunity for the CSN and experienced professional nurses in the NWP public health facilities to gain hands-on experience under the guidance of someone who is experienced in their field. The mentor facilitates the transition from being a student nurse to the workplace environment and provides support for the new CSN in the work environment.

7.3.2 Rationale for Needs Analysis

A needs analysis was done to get a clear understanding of the following as stipulated by DPSA (2006:16):

- **Establish perceptions regarding the mentorship approach to capacity development:**

It is imperative to identify whether the stakeholders have a positive attitude towards teaching others and learning. According to DPSA (2006:16) programme developers should not presume that everybody will participate in the mentoring programme. The attitudes to mentoring will considered by verifying whether the NMs are willing to participate in the study. However, this study revealed that majority of the nurse managers are intending to mentor the CSN in NWP public health facilities.

- **Identify mentorship needs:**

Identifying the need for mentoring helps to determine whether it is really necessary to develop the mentoring programme (W.K.Kellogg Foundation, 2004:10). According to DPSA (2006:17), strategic analysis should be based on the dynamic changes that are taking place in the organization. Identifying the mentoring needs also help to determine the extent of the problem and address it appropriately. These mentoring needs are enormously revealed by

the CSN and NMs in phase 1 of the study (figure 6.1 and table 6.15). These mentoring needs necessitate the development of the mentoring programme.

- **Establish internal capacity to conduct mentorship:**

Determining the capacity for mentoring will help to put strategies in place where there are shortfalls (KLM, 2004:7). Capacity for mentoring includes the knowledge and skills of the mentor to effectively and adequately mentor the CSN. The phase 1 of this study revealed that the NMs lack skills to mentor the CSN. The results call for workshops, in-service trainings and orientation for the mentors to capacitate them for mentoring the CSN. The study revealed that mentors need to be capacitated by being workshopped about the mentoring of the CSN

- **Identify current mentorship and similar activities within the department:**

It was significant to determine the activities that are presently done to mentor the CSN to avoid duplication of mentoring programme which can result in wasteful and fruitless expenditure of organizational resources (W.K.Kellogg Foundation, 2004:10). The study revealed in chapter 4 that there is lack of mentoring programme. The study revealed that both CSN and NM indicated that they were involved in the mentoring relationship. However, they did not participate in the formal structured mentoring programme.Therefore it is necessary to develop this mentoring programme .

- **Establish whether financial resources are available:**

The study also revealed the barriers to mentoring as lack of resources. Finances are needed for mentoring activities and purchasing the resources that are needed for mentoring programme (Shakman & Rodriguez, 2015:16).

7.3.2 Needs Identified in Phase 1

Phase 1 indicated that some CSN are mentored, but there is lack of a formal structured mentoring programme. The needs identified were as follows:

- CSNs lack practical experience and confidence;
- Need to be mentored on professionalism;
- The majority of the participants in Phase 1 did not perceive their workplace as a mentoring environment. The results indicate that CSN were not mentored;
- The participants also stipulated that they use their own discretion in mentoring the CSN and their needs are: Support and Recognition of Mentors; Opportunities for Training;
- Phase 1 also revealed a lack of resources, including the shortage of staff that negatively affected mentoring. Therefore, organizational support is needed so that mentors can be provided with the necessary resources, including the time for mentoring.

7.3.3 Goals of the Mentoring Programme for CSN

According to Carrion (2010:106) it is important to clearly state the goals and objectives so that the programme can accurately reflect and describe how the programme will affect the target population.

The two important goals of the CSN mentoring programme are to:

- Mentor the CSN to smoothly and successfully transit from being an unconfident new professional nurse to be confident professional nurse; and
- Effectively address the psychosocial and career mentoring needs of the CSN.

7.3.4 Objectives of the Mentoring Programme for CSN

- To adequately orientate the CSN in NWP public health facilities;

- To address the learning needs of the CSN; and
- To provide adequate mentoring of the CSN.

7.4 Problem Statement

The problem statement is the problem or challenge that the programme or policy is designed to address (Shakman & Rodriguez, 2015:16). In this study, the needs identified in Phase 1 logically informed the problem statement. Therefore, the problem statement in this study is: The CSN are not mentored in the NWP public health facilities

This was also confirmed by the results revealed in Phase 1 of this study which stipulated that the CSN are not adequately mentored and orientated. As a result, CSN and NM indicated that CSN lack confidence and skills. In this regard, both NM and CSN unanimously emphasized that CSN need to be mentored with the use of a structured form of mentoring programme. In support of the above, the study revealed the following:

- Lack of mentoring;
- Challenges of performing community service;
- Need proper orientation;
- Application theory and practice;
- Opportunities for training;
- Support and recognition of mentors; and
- Provision of resources and mentoring programme.

7.5 Resources (Inputs)

The resources or inputs consist of the human, financial, organizational, and community resources that are needed for the mentoring a programme of CSN (Shakman & Rodriguez, 2015:16). The resources that are needed for this mentoring programme are the human and non-human resources of which some were mentioned by the participants in Phase 1 and conceptual framework.

7.5.1 Human Resources

The human resources are the important stakeholders in mentoring programme, which were also identified in Phase 1 and literature. According to DPSA (2006:3), the mentoring programme requires a collaborative effort of different stakeholders. In addition, the leadership in the organization should actively support the mentee and the mentor with adequate time, resources to achieve success (DPSA, 2006:3). It is imperative to identify the stakeholders such as the mentor and the mentee and other role players who will enhance the success of the mentoring programme. Phase 1 identified the mentor and the mentee as important stakeholders in this mentoring programme.

7.5.2 Characteristics of the Mentor

- These characteristics were described with literature citations in Phase 1: Knowledgeable and competent; be a role model; Respectful and friendly; willingness to teach and learn; and good communication skills. This can also be imparted to the CSN.

- An interest in teaching and sufficient time and ability to assist mentee in developing learning objectives and structuring the learning experience to meet the objectives.

- Ability to assist CSN in integrating knowledge, skills, experiences and values required in the public service.

- The mentor should have a sound and seasoned knowledge of the public service, its intangible structures, core values and culture encourage and motivate. In this case it is envisaged that the mentor should be knowledgeable with regard to the policies and

- Good interpersonal skills for counselling and the ability to create an open, candid atmosphere for mentees to confide and trust in them.This will assist in providing the mentee with psychosocial support.

- Ability to assist with, guide and monitor mentee's development in areas outside their own technical field of expertise.

7.5.3 Characteristics of the Mentee

Phase 1 has also indicated that the mentee should have good personal and professional characteristic to make mentoring a success. McKimm, Jollie and Hatter (2007:5) also cited the following good characteristics of the mentee:

- **Willingness to learn** and develop and participate, because having a positive attitude will enable the mentee to learn quickly;

- **Ambitious and keen to succeed:** The drive to learn and develop will enhance putting in more effort;

- Able to accept power and risk: Will learn from mistakes;

- **Loyal:** Accept and oblige to the guidance provided by the mentor;

- **Flexible and adaptable:** Will assist the mentor with regard to unexpected challenges;

- **Self-aware:** Will make the mentor of own short comings; and

- **Approachable**: Able to receive constructive feedback.

7.5.4 Responsibilities of the Stakeholders

Phase 1 identified the resources and the responsibilities thereof. The stakeholders who are responsible for mentoring CSN are the: DoH, institutional management, human resource managers, human resource development officer, the nursing managers and experienced nurses. The non-human resources are: 1) all the equipment that will be used in different units for demonstration of skills; 2) policies, guidelines, protocols, and registers are also important as they will be used as teaching material.

7.5.5 Mentoring Activities

The identified resources are used to accomplish the planned activities. In the present study, the activities in the CSN mentoring programme include induction and orientation programme, workshops, in-service training, giving lecturers in the ward, scheduled meetings between the mentor and the mentee and any kind of support (Shakman & Rodriguez, 2015:18). According to Shakman and Rodriguez (2015:22), the activities should be prioritized. The participants in Phase 1 highlighted that the abovementioned resources should be used to achieve the following activities to enhance the mentoring of the CSN. The activities identified in Phase 1, together with those obtained from the literature will be used to address the mentoring needs for the mentee (CSN) and the mentor (NM). Phase 1 revealed the following activities that should be addressed by the mentoring programme (Annexure M1):

- Full general and unit orientation of CSN;
- Orientation of the mentor and mentee regarding the mentoring;
- Pairing of mentors and mentees;

- Meetings between the mentor/mentee pair and the committee;
- Workshops and in-service training;
- Daily ward lectures about guidelines and problem solving;
- Feedback/reflections from the mentor and the mentee;
- In-service training for mentors regarding new developments;
- Counselling sessions for the CSN; and
- Report writing.

For the purpose of this study, literature was also used to support these activities. Some of the activities were grouped together for better clarity and application in the development of the mentoring programme for the CSN. Therefore, programmes were designed to address the following:

- Orientation of CSN (general and unit);
- Orientation for the NM and CSN;
- Mentor and mentee pairing;
- Contract for the mentee and the mentor;
- Schedule for meetings and feedback;
- Workshops and in-service training to address the learning needs of the CSN; and
- Plan of the mentoring activities in the individual units.

These activities are indicated and addressed in the following subsections.

7.5.5.1 General Orientation of CSN

Phase 1 clearly highlighted that the CSN were not orientated. As a result, orientation was indicated as one of the activities that should be done to enhance the mentoring of the CSN. Orientation for new nurses is made up of two parts: instruction given to employees to acquaint themselves with the agencies' overall purpose and functions and instruction concerning specific job tasks that the employees must perform (Gillies, 1994:249). It was imperative to develop this orientation schedule which will serve as a guide for the NM and experienced nurses. In addition to the activities revealed by the participants in Phase 1, the important documents and nursing management books were used to develop this programme. For instance, the National Core Standards (NDoH, 2011:6) was used as it is more comprehensive and practical in the current health care issues in South African Health care facilities.

The South African Nursing Act No 33 (2005:1) was also used because it clearly elaborates the competencies of the professional nurse, act and omissions and scope of practice (SANC, 2005:25). SANC is the regulatory body of the nursing profession, which aims at the protection of patients as consumers of health and also ensures the standards of nursing education. Therefore, it was also important to orientate CSN about the codes of ethics for nursing in South Africa (2013:1). This was also identified in Phase 1 in that the CSN lack professionalism and respect for SANC as a regulatory body for nursing. The CSN will also be advised to compile a file with all these important records. The duration of the general orientation programme for CSN will be 1 week and facilitated by the human resource development (HRD) officer, NM and other stakeholders, labor relations officer (LRO) (Annexure M1).

7.5.5.2 Unit Orientation of CSN

According to Park and Jones (2010:148), induction and orientation if approached systematically will ease the adaptation process for the new nurse and lessen errors. Therefore, taking into consideration that CSN are allocated in different units when performing their community service, it is important that they should receive a thorough and adequate orientation so that they should feel welcomed and get acquainted with the running of the ward. Phase 1 also revealed that CSN are not orientated; as a result, they suggested that they should be orientated to that effect.

Gillies (1994:249) described orientation as the process of acquainting the new worker with the work environment so that s/he can quickly relate and function effectively in the new environment. Park and Jones (2010:148) revealed that the orientation programme should be used as one of the strategies that can enhance retention of the new registered nurses, because it implicates a nurse's confidence and competency. It is important that CSN should be orientated to the ward situation because of the fact the CSN has been in class and should therefore be orientated. Naranjee and Potgieter (2012:187) highlighted that orientation is the first step in learning about the new roles and the practice environment. In order for new graduates to understand their roles, there should be a clear and structured orientation programme in place, at institutional as well as unit level (Naranjee & Potgieter, 2012: 187).

The unit orientation programme for CSN consists of the four broad functions of the professional nurse which are: patient care, administration, research and education. These are included to enhance the experience of CSN. The programme is planned for two weeks during the first two weeks of employment which will be reduced when the CSN is rotated to different units subsequently. During this first week of orientation, CSN will be allowed to knock off at 16:00 Monday to Friday so that enough time can be provided to get used to the ward situation. This orientation programme is attached (Annexure M2).

7.5.5.3 Mentor-Mentee Pairing and Contracts

Mentor-mentee mismatch regarding the work styles and personalities has been pointed out as one of the factors contributing to negative mentoring (Grossman, 2012:135). According to Grossman (2012:135), it is important to get into the relationship knowing exactly what each entity expects to receive from the mentorship. It is also important to set up a contract which will help to prevent problems of negative mentoring (Grossman, 2012:135). The mentor and mentee should select one another and the characteristics of both are important determinants.

The pairing of the mentee to mentor will also be determined by the willingness of the mentor to mentor. However, the majority of participants in Phase 1 strongly indicated that they were willing to mentor the CSN. The ratio of CSN (mentee) to mentors will also be determined by the availability of the mentors. This is highlighted considering the issue of staff shortages. The selection of mentor and mentee was adopted from the literature and also took into consideration the results from Phase 1 (Jones, 2016:53).

The contracts for both the mentee are also adopted from Jones (2016:52). The mentor-mentee matching will be done in week 3 and it will last for 1 week. This will ensure that mentor and mentee are given time to get to know one another. In this mentoring programme, the selection will consider the characteristics of the stakeholders (Annexure M4).

7.5.5.4 Orientation for NM and CSN About the Mentoring Programme

Phase 1 revealed that mentors should be orientated. It is envisaged that this will help the mentors to know what is expected from them with regard to mission, vision, goals and objectives of the mentoring programme. The first educational session included orientation to the term mentoring, the different types of mentoring, and importance of mentoring (Latham et al, 2008:33). Joubert & De Villiers (2015:5) emphasized that the orientation of mentors and mentees regarding their roles, responsibilities and the outcomes of the programme could be underestimated.

The plan for orientating the CSN and NM was adopted and adapted from Jones (2012:54) mentoring handbook. The orientation of both the mentee will take place after the matching of mentor and mentee pairs, and will be organized by the programme committee members and it will last for 1 week. During this week the mentoring programme coordinator and the team will also have the time to meet the mentoring groups. Signing of agreements will also be done during this week (Annexure M4).

7.5.5.5 Schedule for Meetings and Feedback

Regular, consistent meetings promote open communication between the mentor and the mentee. During these meetings, the mentees should be allowed to ask questions and clarity regarding the issues of concern. Constructive feedback is also enhanced by frequent interactions between the mentor and the mentee (Eller et al, 2014:817). According to Seekoe et al (2009:212) the mentoring should be a participatory relationship whereby there are meetings between the mentor and the mentee (Annexure M6).

7.5.5.6 Mentoring Activities in the Individual Units

This mentoring programme will follow the two weeks after full orientation in the unit. The mentor will be in the unit and observing and guiding the CSN to acquire these skills. The goals and objectives will also be determined by the individual mentee because others may not even require the guidance pertaining to the specific skills. However, the mentee also has to identify own learning needs and make the mentor aware about own gaps.

For the purpose of this study, the mentoring framework is developed according to the competencies of the professional nurse (SANC, 2005:23; Nkosi & Uys, 2005). The mentoring of CSN should be done collaboratively with the in charges of the units, to enhance understanding of the CSN during mentoring process. The mentor can achieve all these goals individually or incorporate them with others. This is the framework which will be followed when mentoring of the CSN. This is summarised in Annexure M5.

7.5.5.7 Workshops for CSN and NMs

Latham et al (2011:347) also highlighted that the education included two 8-hour interactive sessions, and mentors attended two additional 1-hour mentor support sessions each year. Training included mentoring information such as facilitation of mentee growth and problem solving, mentor-mentee relationship phases, strategies for mentee preparation, negotiation of mentoring outcomes using formal agreements with mentees, enabling processes for overcoming obstacles, use of reflection and feedback (Latham et al, 2011:347). Mentors requested additional skills and information that were added to the programme, such as team building, review of critical communication skills, cultural competency, time management, conflict resolution, and feedback on personality and learning styles (Latham et al, 2011:347). In this mentoring programme, the mentors will be workshopped with important topics that will be applied to the mentoring of the CSN. The NM will suggest their topics of interest.

7.6 Outputs

Outputs are described as the key performance indicators that capture size and scope; they describe or count strategies and activities, such as the number of parent sessions delivered, the programme participation rates, the number of materials developed or distributed, and so forth. They often provide detail about the breadth and reach of strategies and activities (Shakman & Rodriguez, 2015:18). There should be evidence about the meetings, lecturers provided to the mentee etc. In this programme the output will be determined as follows and the evidence of the following should be recorded and kept by the programme coordinator:

- All CSN will be orientated within the first week of placement;
- The number of NM orientated;
- Pairing of mentors and mentee occurs within the first month;
- Meetings between the pair with other the committee members;

- Workshops and lectures in the unit and the institution are important;
- One weekly lecturer in the unit;
- Regular feedbacks between the mentee and the mentor; and
- Documentations and report which indicate the progress of the mentee.

7.6.1 Expected Outcomes

Outcomes are specific changes in attitudes, behaviours, knowledge, skills, status, or level of functioning expected to result from programme activities and which are most often expressed at an individual level (Kellogg Foundation, 2004:8). These outcomes were stipulated in the conceptual framework in the previous chapter. It is envisaged that after the implementation of mentoring activities, the following will be addressed:

- CSN are expected to be orientated adequately;
- Increased knowledge of guidelines, protocols and policies;
- Participate fully in multidisciplinary decisions;
- Increased confidence of CSN;
- Knowledgeable with regard to the guidelines and protocols used in the unit;
- Full general and unit orientation of CSN;
- Orientation of the mentor and mentee regarding the mentoring;
- Pairing of mentors and mentee;
- Meetings between the mentor/mentee pair and the committee;
- Workshops and in-service training;

- Daily ward lectures about guidelines and problem-solving; and
- Feedback/Reflections from the mentor and the mentee.

7.6.2 Assumptions

Assumptions are beliefs about participants, staff and the programme, as well as about how change or improvement may be realized (Shakman & Rodriguez, 2015:24). Being explicit about assumptions is one of the first and most important considerations during programme design, implementation and evaluation (Shakman & Rodriguez, 2015:24). It is assumed that after the use of the resources, and implementation of the mentoring activities, the following will occur:

- The CSN will be adequately orientated in the NWP public health facilities;
- It is assumed that the mentoring programme will help to improve the confidence of the CSN;
- The mentoring programme will help to enhance skill acquisition among the CSN;
- Smooth transition of CSN into the profession will be enhanced; and
- The mentors will be orientated fully pertaining to the mentoring of the CSN and other topics that will enhance effective mentoring.

7.7 Proposed guidelines to operationalize CSN Mentoring Programme

Any programme development is followed by its application. The application of the programme includes the guidelines on how the programme is to be operationalised. The proposed guidelines are described according to the KLM as described above. The guidelines pertaining to the human resources, mentoring activities, the outputs and outcomes are

described as stipulated in the KLM.

7.7.1 Inputs/ Resources

Both human and non-human resources are required for the effective mentoring of the CSN.

❖ **Human Resources**

Different stakeholders should actively be involved in the mentoring programme of the CSN as stipulated by the DPSA (2006:28). In order to ensure that the mentoring programme is effectively implemented, the following human resource should participate in this manner:-

Departmental Heads

- The departmental heads should ensure that mentorship programmes are integrated into the human resource and employment equity plans. For instance, when planning for recruitment of CSN, a proper plan should be in place to make sure that they are also orientated and mentored. The approval of mentorship contracts, plans and programmes should be the responsibility of departmental heads, therefore enhancing the mentoring of new nurses. The appointment of a mentoring programme manager should also be the inititive of the departmental heads.

- The annual performance agreements of relevant managers should also include the clause of the mentorship programmes. This will ensure that the managers are assessed and credited on performance development systems (PMDS) taking into consideration the implementation of mentoring programme. The mentoring programme should be monitored and evaluated whereby monthly progress reports kept.

Heads of Human Resource Development

The heads of human resource development are responsible for continuous development

and education of staff in the public health facilities. Therefore, they should actively facilitate the mentoring of CSN by doing the following activities:

- Facilitate and coordinate mentorship programmes across the organization. This can be done by identifying and co-ordinating experts in nursing and other disciplines to mentor and teach the CSN. For example specialist in neonatal resuscitations, HIV management can be invited by the heads of human resource development to participate in the mentoring of CSN.

- Develop capacity for mentoring across the organisation by ensuring regular workshops and in-service trainings on mentoring of CSN. The mentoring programme should be aligned with HRD plans to enhance the culture of mentoring whereby nurses and managers are developed on mentoring.

Department of Health

The department of health should support the mentoring programme so that the mentees and the mentors are provided with adequate support in terms of resources:-

- Phase 1 of the study revealed that shortage of staff inhibit mentoring of CSN in NWP public health facilities. The DoH should advertise and fill in the vacant posts to ensure that there are enough mentors available to perform the role effectively.

- The CSN should be mentored to make them understand the departmental vision , mission, objectives and strategies . This will make them to understand their role in realising the departmental objectives.

- The DoH should ensure that the CSN are mentored on the departmental health policies guidelines under the guidance of SANC rules and regulations so that they should know what is expected from them

- The newly appointed CSN should be provided with a file containing all important DoH guidelines for example maternity guidelines, SANC rules and regulations, protocols and policies. This file will serve as a source of reference and guide the CSN when performing their duties.

- The DoH should organise monthly workshops; short courses, and also provide the CSN an oppoprtunity to attend. By attending monthly workshops, the CSN can gain more skills and knowledge while still continuing with patient care.

- The DoH should recognise NMs who are successfully actively involved in the mentoring of CSN. The recognition can be provided by giving them opportunities to attend and present at national and international conferences; including them in the departmental publications and through PMDS.

- Monitoring and evaluation of the institutional mentoring programme should be the DoH 's inititiave and responsibility. This can be done on quarterly basis during the departmental reviews to ensure that mentoring is done adequately.

The Mentor

- It is important the NMs should be willing to mentor the CSN, so that they can have a healthy efficient and effective mentoring relationship. Despite the fact this study revealed that majority of NMs are willing to mentor, it should not be taken for garnted that everybody wants to mentor. For example, NMs who are willing to mentor can provide their names and contact details to the HRD so that their mentoring intention can be known and taken into consideration.

- The NMs or experienced nurse should have characteristics of a good mentor as indicated in this study. It is important the mentor should be a good role model and

upholds the standards of the profession, as these will be passed to the CSN. For example communication skills, etiquette, time management, respect for patients and colleagues can also be learned from the mentor who have those characteristics.

- The mentor should create learning opportunities for the mentee by demonstration of procedures guidance and supervision. This will help the mentee to become more competent and aquire more skills from the mentor

- It would be helpful if the mentor can lead the mentoring process at the same time respecting the CSN as an adult. In this regard, the mentor should initiate meetings and identify the CSN 's learning needs at the same time allowing mentee to make decisions, but recognizes when it is ethically necessary to intervene to prevent harm.

- The mentor should respond to mentee diversity and needs and be able to counsel and refer the mentee when needs arise. It is important the mentor should take cogniscance of CSN personal problems and be able to act appropriately to assist the mentee.This will further enhance the effectiveness of the mentoring relationship by providing both psychosocial and career support to the mentee.

- The mentor should assist the mentee to be visible in the organization by creating opportunities for meeting the most influential people in the organization. At the same time the mentor should be able to protect the CSN from being exploited, bullied and abused by other members of the multidisciplinary team.

- The mentor should be working in the same unit with CSN. He or she must clearly understand the CSN's job descriptions and expectations so that the guidance is provided adequately, appropriately and constantly.

The Mentee

- The mentee should be willing to learn and participate actively in the mentoring programme. In this regard, the CSN should enhance own mentoring by identifying own learning needs and suggest them to the mentor. Additionally, the CSN should be able to ask questions to colleagues and other members of the multidisciplinary team in the absence of the mentor.

- It would be helpful for the CSN to be co-operative , accountable and responsible to create positive learning experience. For example by performing self activities and tasks as requested by the mentor. In other words, CSN should collaborate with the mentor at all levels and stages of mentoring.

- The mentee should respect the mentor and accept criticism from the mentor. Meaning that the mentee should to the mentoring agreement and try by almeans to create cnoflicts in the mentoring relationship.

- The mentee should attend in-service trainings and workshops organized by the DoH, and public health facility. He or she must share knowledge by giving lectures in the unit because it will alos enhance knowledge.

- The CSN should keep the record and diary of all mentoring activities and reflections. This will help in making corrections and addressing the gaps in the mentoring relationship.

Mentorship Programme Coordinating Committee

These committees should be constituted by the following members:-

- The head of HRD who will facilitate and coordinate the mentorship coordinating committee meetings and activities;

- The head of human resource management who will provide guidance on job profiling and competency demands and requirements;

- The employment equity manager who will facilitate the achievement of employment equity, monitor the demographics of programmes, provide updated data on equity and align mentorship programmes with equity policies;

- The divisional managers who will create an enabling environment for mentoring to develop. This can be enhanced by providing the CSN with opportunities to run the unit and take leadership responsibilities.

7.7.1.2 Non-Human Resources

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- The DoH and the institutions must commit to finance the mentoring programme. In other words, financial resources are required to keep the mentoring programme running smoothly. For example finances will be needed to buy mentoring resources such as stationary, lunch during meetings.

- The public health facility should ensure that the environment is conducive for mentoring of CSN. This can be ensured that all stakeholders have knowledge of the legal documents mentioned in chapter 6. Each and every unit should have file consisting of these important documents.

- The organization should avail policies, protocols, guidelines which will serve the purpose of teaching and mentoring the CSN. Other teaching materials such as videos, handouts should be made available for the mentor.

- Time should be made available to the mentor and the mentee to attend the meetings.

The mentor should be allowed more time to spend with the CSN. In this regard, workload can be reduced so that the mentor can have enough time to give attention to the mentee.

- The institutions should buy in the mentoring programme by excusing the mentors in other administrative duties.

- The mentor will need time to achieve several mentoring activities except to the actual meeting with the CSN. This time must also be taken into account as part of the mentor's overall responsibilities. These activities include preparing for meetings, writing up and filing notes from meetings, follow-ups from meetings and assistance to CSN.

- The DoH should ensure that annual reports include the mentoring activities in each and every public health facilities so as to ensure adherence.

- Funds should be availedfor the CSN to attend conferences, workshops, seminars and lectures organised in the province and nationaly.

7.7.2 Mentoring Activities

The following guidelines should be implemented to address the mentoring activities suggested in Phase 1, as stipulated by the KLM.

❖ **Collaborative Partnerships in Mentoring Programme**

- The mentoring programme should involve the participation of all stakeholders to ensure that the CSN is properly and adequately mentored. All parties should work together, respect one another.

- This collaboration should be enhanced by regular meetings between the

stakeholders.These meetings should include giving feedback, inputs and suggestions to perfect the mentoring relationship.

- The resources should be shared amongst the stakeholders to enhance the mentoring of the CSN; For example lectures can be given to the group of CSN with the use of same venue and equipments. The participants should also create a group chart through which they can share ideas, information and challenges on regular basis.

- Experts in different departments should also contribute in the mentoring of the CSN.The human resource officers should actively participate in the support of the CSN by providing relevant information pertaining to human resource issues, for example, absenteeism, disciplinary and grievance procedures.

❖ Orientation of CSN (General and Unit)

- The orientation of the CSN should take place from the first week of placement and on continuous basis .It should start by introductions whereby they are orientated to the organogram. This will help to make the CSN to feel welcomed and to know the management and the different members of the multidisciplinary teams.

- The general orientation should orientation should commence by general institutional orientation which will help to introduce the CSN to organizational culture .This should include should include the institutional philosophy, mission, vision, goal and objectives of the facility. It will assist in making the CSN to knowand understand his or her role in achieving these goals;

- The CSN should be orientated about human resource issues, for example, absenteeism, disciplinary procedure, grievance procedure; different types of leaves, performance appraisals.The orientation regarding the human resource issues should

be done by the LRO and human resource officer. This will help to make the CSN know important human resource issues and maintain good working relations with the employer

- The unit orientation should be done thoroughly and include the specifics of the unit for example, the organogram. The CSN should be orientated on arrival in the unit and it should not be assumed that he or she knows the ward. Orientation programme should be available and followed to make sure that the CSN is orientated properly

- The CSN should be orientated about the administrative duties the unit, for instance: the off duties, delegations, ordering and control of stock and drugs. Standard procedures, protocols guidelines and policies should be clearly shown to the CSN

- Issues related to patient care should take precedence during orientation. This will include the standard nursing care plans, dealing with patient complaints.

❖ Orientation for the NM and CSN

- The mentor and mentee should be orientated to the purpose of the mentoring programme. This orientation should be done by the mentoring programme committee and coordinators. Mentoring experts can be helpful in sharing their knowledge in this regard. Experienced who have been mentored can also be useful in sharing their experience and enlighten others about the purpose of mentoring

- It would be important to orientate and induct the participants about overview of the programme. The orientation should focus on the important aspects of mentoring such as definitions, history, benefits of mentoring as revealed by research articles and mentoring books. This will help the participants to have a well informed background of mentoring.

- It is important that the mentee and mentor should be orientated about the role of the mentor and mentee; so that they should know exactly what is expected from them. This role clarification is important because they will know what to do in terms of disagreement and conflicts.

- Orientation should include memorandum of agreement; which outline exactly the time frame for meetings, feedback and different tasks. It should serve also as a contract between the mentor and the mentee.

- It would be helpful that the mentor and mentee should be orientated on the components of the programme. This orientation should include the orientation programme upto the reflections and completion of the mentoring programme.

- It is important the mentoring pair should give each other regular constant feedback and reflections.This can be done during the meetings between the two. Feedbacks should be constructive so that animosity is avoided during the mentoring relationship.

❖ Mentorand Mentee Pairing

The mentor mentee pairing should be guided by the following:

- Eligibility criteria which include newly hired CSN and experienced professional nurses willing to participate in the mentoring programme. It is important the NMs should also be an expert in the field of mentoring so that adequate and sufficient information can be provided to the mentee.

- Role expectations from the mentor and the mentee which include amongst others the willingness of the mentees to accept responsibility for their own growth and learning.The mentee role will require a substantial expenditure of time and energy by seeking challenging assignments and responsibilities; .The mentees are also expected

to be receptive to feedback and coaching from the mentor.

- Contract for the mentee and the mentor which include:1) The goals of the mentoring relationship indicating what they want to achieve with the programme; 2) Expectations of the mentor and mentee from the mentoring relationship; 3) Communication agreement which indicate the methods they will use for communicating with each other.

❖ Planned Meetings

The mentee and the mentor should be able to freely interact and express themselves (Seekoe et al, 2009:212).

- The mentee should have a diary where important dates for the meeting are recorded. They should ensure that the meetings are effective; the following principles should be adhered to: 1) Goals of the meeting should be clearly stated; 2) Topics to be discussed; 3) Resolutions or achievements should be stated; 4) Goals of the next meeting should be determined and recorded; 4) Feedback should also be provided; and 5) Minutes of these meetings should be recorded.

- It is important the meetings should be properly planned so that the time frame are adhered to.

❖ Training and Capacity Development of CSN

- Both the mentor and the mentee should design the mentoring strategy based on the job description and key performance areas and the developmental needs of the mentee.This will ensure that the mentee is not expected to perform duties or responsibilities above his or her level of expertise

- The specific activities and actions that will be used to address the developmental needs of the mentee should be clearly stated. In this regard the activities can include allowing the mentees to attend strategic meetings organised by the DoH and coferences where learning can take place.

- The mentor should invite the mentee to observe him or her when performing any particular skills, to enhance learning. Critical thinking can be enhanced by posing several questions to the mentee and scenarios to solve. The mentee is guided to practice in accordance with relevant protocols and policies guidelines.

- The mentor should act as a leader, role model and supervisor to enhance professionalism and skills development.

- The mentor should identify the learning opportunities, for example workshops, in service trainings, patient case presentations, conferences, mortality and mobidity meetings so that the mentee can attend and learn from those.

- The mentor should guide the CSN in the development of critical thinking skills, prioritization, and delegation skills by doing the following: 1) Mentee observe basic skill communication with patient and family, update plan of care; 2) Observe admit/discharge of patients; 3) Assisting the doctor's rounds and follows through on new orders on assigned patients in a timely manner 4) Provide collaborative care of patients in an organized manner providing for patients need with the mentor's guidance.

- The mentor should guide the CSN in the development of important skills such as psychosocial skills towards meeting psychosocial needs of patients. The mentor should guide the CSN to develop communication skills to be able to comuunicate and

advocate for patients.

- The mentor should guide the CSN in the development of the professional and ethical and legal practice skills and to develop accountability and responsibility. These skills can be demonstrated by providing the mentees with previous scenarions which contributed to litigations. The CSN can also be allowed to attend SANC disciplinary courts and departmental disciplinary proceedings.

- The mentor guides the mentee to acquire the managerial and leadership skills. The mentee can be delegated to run the unit with the mentor being a phone call away. This can help the CSN to gain a sense of independence

❖ **Reflections and Feedback**

- The CSN as the mentee should keep records of their own progress as specified in terms of the mentorship agreement. The mentee can compile the portfolio of evidence in this regard;

- The mentors should also report to the mentoring programme coordinators and committee about the progress of the mentee. Mentors must respect the confidentiality of their interaction with mentee.

- The mentor and mentee should have adequate time for reflections and feedback from one another.The reflections should be written in the form of a diary regarding their experiences be it positive or negative. Acknowledgment of good performance is also very critical because it can enhance self confidence

7.7.3. Outputs/Documentation

- Record keeping is important in mentoring. It will serve the purpose of evidence to

indicate that the mentee was orientated and mentored adequately.

- The mentor and mentee should discuss and document nursing assessments, interventions, and evaluations of nursing care delivery. These records can also be used in future as a source of reference.

- Minutes of the meetings should be kept as a record of resolutions, agreement achieved during those meetings. The date time and duration of each formal meeting or appointment

- Progress report should be adequately kept to determine the effectiveness of mentoring of the CSN. The mentee should also be allowed to read the report so that it can serve as a means of self reflection.

- In order to meet their reporting requirements all mentors must keep a record of interactions with protégés in all programmes. The mentor must keep a file containing records of interactions with the mentee that are noteworthy in any way and agreement on actions to be taken by either party;

- On the basis of these records mentors must write a minimum one-page report at the conclusion of every mentorship irrespective of its duration. This report must be submitted to the mentoring programme coordinator.

7.7.4 Expected Outcomes

- At the end of the mentoring relationship, the CSN should demonstrate knowledge of the public health facility and the specific unit. The mentee should demonstrate knowledge of the organizational culture and values.

- Documents which reveal the orientation programme should be available. Those

documents should be clearly signed by the mentor, mentee and other stakeholders who participated in the mentoring of the CSN.

- Effective and efficient mentoring of CSN should be evidenced by the CSN demonstrating knowledge of protocols, procedures, ethical issues. Records should be available which demonstrate and show that the CSN was mentored. This can be the evidence of lectures attended by the mentee, minutes of the meeting held during the mentoring process. Record of workshops, conferences and contact sessions between the mentor and mentee are also very essential.

- Increased professional competencies should be demonstrated by the CSN. The CSN should show that he or she has acquired skills.The CSN should demonstrate competencies in managing patients independently and confidence in solving problems.

- The CSN should demonstrate knowledge of managerial and administrative skills by showing the ability to run the unit with confidence. Active participation in the teaching of subordinates and contributing effectively in different commitees can also enhance competency.

- Full participation in the multidisciplinary team work should be demonstrated by the CSN. This can be demonstrated by taking part in doctor's round, giving and taking reports during change over.

7.8. Summary

This chapter described the planning and development of the mentoring programme using the logic model. The objectives of this chapter and the literature studied on the mentoring programme were highlighted. The needs for mentoring were described together with the goals and objectives of mentoring programme development. The proposed guidelines for operationalizing the mentoring programme was described .The following chapter will discuss the study evaluation, limitations, recommendations and conclusions.

CHAPTER 8

STUDY EVALUATION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

8.1 Introduction

In Chapter 7, the mentoring programme for CSN was developed, together with the proposal on how the CSN mentoring programme should be operationalised.in NWP public health facilities. This chapter describes the evaluation, justification, limitations, recommendations and conclusions of the research.

8.2 Evaluation of the Research

8.2.1 Overview of the study

Chapter 1 discussed the literature reviewed to develop the background of the study and describe the mentoring of CSN in public health facilities. Important terms such as mentoring, CSN, nurse managers, public health facilities were defined. It was revealed that CSN were faced with numerous challenges attributed to lack of mentoring programme. The significance of the study was stipulated

Chapter 2 elaborated the literature review conducted to gather more information regarding the mentoring of new nurses. Several topics were addressed to better understand the development of mentoring programme. The Kram's mentoring role model and the Social exchange theory were explained.

The convergent parallel approach was adopted, whereby the researcher used both structured questionnaires and semi-structured interviews to collect data from CSN and NM regarding their perceptions about mentoring of CSN in public health facilities in the NWP. CSN and NM's perceptions pertaining to the mentoring of CSN were quantitatively described.

Furthermore, the experiences of CSN and perceptions of NM were qualitatively explored and described about mentoring of CSN in NWP public health facilities. In order to interpret the study results, the researcher compared, contrasted and merged both quantitative and qualitative results

Chapter 4 dealt with the quantitative results for both the CSN and NMs. The mentoring questionnaires were used to collect data. This chapter presented the quantitative component for both CSN and NMs' perceptions regarding the mentoring of CSN in the NWP public health facilities. The demographic and professional characteristics of the participants were presented. Furthermore, perceptions of CSN regarding mentoring role theory constructs were presented. NMs' perceptions regarding mentoring costs and benefits, and willingness to mentor were presented. The perceptions of both CSN and NMs were highlighted regarding the importance of mentoring programme and factors that should be included in the mentoring programme. Items used in the scales were also measured on a four-point Likert scale.

Chapter 5 revealed the qualitative compoment of the study. The chapter presented qualitative results of this convergent mixed methods research design on CSN's experiences and perceptions of NMs regarding the mentoring of CSN in NWP public health facilities. Both individual and FGD were conducted on both CSN and NMs .The qualitative themes were discussed as follows: 1) the need for mentoring, 2) Negative and positive mentoring experience experiences possible mentoring benefits, 3) negative and positive perceptions of mentoring 4) Possible mentoring benefits 5) factors that can enhance mentoring, 6) factors that can inhibit mentoring.

Chapter 6 presented the converged quantitative and qualitative results. Both studies complemented each other with regard to the perceptions of NMs and CSN. Similarities were identified in the following: 1) Perceptions about the need for mentoring of CSN; 2) Perceptions regarding the possible benefits of mentoring; 3) Perceptions regarding the

drawbacks of mentoring; 4) Perceptions regarding the factors that can enhance mentoring of CSN; and 5) Perceptions regarding the factors that can inhibit mentoring of CSN.The mentoring conceptual framework was developed to form the basis of mentoring programme in chapter 7. The concepts used in this framework were also described to indicate their application in KLM and in mentoring programme development.

Chapter 7 described the planning and development of the mentoring programme using the logic model. The needs for mentoring were described together with the goals and objectives of mentoring programme development. The proposed guidelines for operationalizing the mentoring programme were described.

8.2.2 Purpose and Objectives of the Study

The overall purpose of the study was to develop the mentoring programme of CSN in NWP public health facilities. The following objectives were addressed:

8.2.2.1. Objective one

Measure the perceptions of CSN and NM about the mentoring of CSN in NWP public health facilities

In order to address this objective, the quantitative approach and descriptive crossectional design was used.The CSN qualified in the four year programme and met the requirements for SANC R425 (1985) and together with the NMs in the selected public health facilities in the NWP were included in the survey.The target population of CSN were 531 , of which the sample of 224 were proportionally selected. The NMs population was 314 and the sample of 174 were selected using the stratified and simple random sampling method. Even though 53% of CSN indicated that they were mentored, surprisingly, majority of CSN did not participate in a formal mentoring programme. Only 8.9% (n=20) participated in formal mentoring programme as compared to 91.1% (n=214). Table 4.3 revealed that the CSN's perceptions

were that the two mentoring roles were not achieved. The overwhelming majority of participants perceived that a mentoring programme will be beneficial to CSN (Table 4.4). Huge number of CSN agreed that mentors should be orientated and recognised.

The majority of NMs agreed that there were benefits to mentoring; as a result, there was no significant difference between those who have mentored CSN and those who did not mentor the CSN with regard. This study found that there was a statistically significant association between having mentored a CSN and whether they considered working place to be a mentoring environment (p=0.007). Table 4.9 shows mentoring costs perceptions of NM who have mentored CSN and those who have not mentored CSN. Unsurprisingly, NM who have not mentored CSN agreed more as compared to those who have mentored CSN with regard to mentoring costs. It means that NMs who have not mentored CSN perceived negative aspects of mentoring as compared to positive aspects of mentoring CSN.

8.2.2.2. Objective two

Explore and describe the experiences of CSN with regard to their mentoring in NWP public health facilities .

Semistructured individual interviews and FGD were conducted on 28 CSN in the NWP public health facilities. Table 5.2 shows the themes, categories and sub-categories that emerged from the interviews of the CSN.The CSN revealed the following experiences regarding their mentoring in the NWP public health facilities: 1) Negative experiences regarding mentoring; namely: lack of mentoring, challenges of performing community service, CSN mentoring needs; 2) Positive experiences related to minimal mentoring; 3) Possible benefits of mentoring the CSN; 4) Factors enhancing mentoring; 5) Factors inhibiting mentoring of CSN. These findings indicated that CSN were not mentored adequately.

8.2.2.3. Objective three

Explore and describe the perceptions of NM with regard to mentoring of CSN in NWP public health facilities .

A total of 27 NM were interviewed as follows: 3 NM focus groups (n=8; n=6; n=6), and individual interviews, n=7. Out of the total 27 interviewed, 19 were females and 8 were males. Nine had a university degree as basic nursing education as compared to 18 who had a college nursing diploma. The age ranges of NM were 30 to 62 years. They had experience as registered nurses from ten to forty five years. Table 5.3 shows themes which emerged from NM interviews which are also discussed in this section. The NMs revealed the following perceptions regarding mentoring in the NWP public health facilities: 1) Negative perceptions regarding mentoring; 2) Positive experiences related to minimal mentoring; 3) CSN mentoring needs; 4) Possible benefits of mentoring the CSN; 5) Factors enhancing mentoring; 6) Factors inhibiting mentoring of CSN.

❖ **Summary of the Results**

- Converged results highlighted the CSNs' needs regarding mentoring
- NMs acknowledged that CSN lack experience with regard to practical procedures. This could be due to the fact that the student nurses spend most of the time behind the desk during their training.
- All NMs emphasized that CSN were not displaying the characteristics and attitude of the ideal professional nurse.
- The NMs concurred with CSN by emphasizing the need to be supported by DoH and institution in order to be able to support the CSN.

- CSN revealed they experienced with regard to the following: 1) Negative attitude of other nurses toward CSN;2) Unrealistic expectations from CSNs; and 3) Blamed for mistakes and feel bullied .

- CSN, NMs and organizations are likely to benefit from mentoring programme of the CSN.

- Factors that need to included or considered in the mentorship programme were revealed by both studies. These factors were included in the CSN mentoring programme.

- The study overwhelmingly revealed the factors that can inhibit mentoring of the CSN.

8.2.2.4. Objective four

Identify and conceptualise the framework for CSN mentoring programme development in NWP public health facilities

It was a necessity to develop the conceptual framework for CSN mentoring programme devlopment in NWP public health facilities. The concepts were identified from the study results and classified according to the KLM components which was adapted in the mentoring programme development.

1) Inputs : Human resources and non-human reources
2) Activities : All activities that will be addressed by the mentoring
3) *Outputs* : Evidence / indicators of mentoring
4) Outcomes :Effective mentoring and orientation of CSN and benefits of mentoring

8.2.2.5. Objective five

Develop a programme to enhance mentoring of CSN in public in NWP public health facilities

The KLM was modified and adapted to develop the mentoring programme for CSN. The conceptual framework informed the development of CSN mentoring programme. Additionally, needs analysis, the problem statement was formulated and assumptions about a mentoring of the CSN were also clearly stipulated. A visual representation depicting the structure and contents of the CSN mentoring programme was illustrated. The KLM components were applied in this aspect.The Inputs /resources for mentoring the CSN were identified and elaborated. The mentoring activities were also elaborated and Annexures attached .The outputs and expected outcomes were explained and applied. The mentoring programme was neither implemented nor evaluated in this study. The components of the KLM were adapted and applied as follows:

- **Needs Analysis:** Formed Phase 1 of the study and revealed that the CSN need to be mentored.

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- **Resources:** The human and non- human resources were identified and described in terms of their use in the mentoring programme of the CSN.

- **Activities:** Mentoring activities were also underscored by the participants in Phase 1.

- **Outputs:** These constituted the evidence of the mentoring programme activities, and were explained on the basis of the mentoring activities.

- **Outcomes:** For the purpose of this study the expected outcomes were the short terms outcomes which will be addressed by the mentoring programme.

8.2.2.6. Objective six

Describe the proposed guidelinelines to operationalize the CSN mentoring programme.

These were also described according to the components of the KLM. The study clearly elaborated how these components should be applied in the implementation of a mentoring programme.

Conclusion: Taking into consideration of the above mentioned, it is concluded that the objectives of the study were addressed.

8.3 Justification of the Study

The research study is an original contribution to the body of knowledge that is applicable to nursing education and nursing management. The development of the mentoring for the CSN is a contribution to policy making, practice, education and research because of the following reasons:

- The perceptions of the CSN and NM were measured, explored and described using the convergent parallel MMD.
- The data from the CSN and NM were analysed at the same time and discussed with the application of literature.
- The study results were used to form the foundation for the development of the CSN mentoring programme.
- The results confirmed that mentoring is beneficial to the mentee, mentor and the organization. The success of the mentoring programme depends on the collaborative effort of all stakeholders.
- The mentoring programme development utilised the KLM model which provide the

users with clear visual steps to follow when implementing and evaluating the mentoring programme. This mentoring programme is unique and contextual to the NWP public health facilities. In addition, the mentoring programme for the CSN provides guidance for mentoring the CSN, which has not been done in the NWP.

8.4 Limitations of the Study

The study has the following limitations:

- The study was only done in the NWP public health facilities and therefore cannot be generalized to other provinces in South Africa.

- Some public health facilities were not included in the study because of their vast distribution and therefore required a huge budget and time. In addition, lack of permission from other public health facilities was an impediment to the accessibility of the participants in those facilities.

- The mentoring programme has not yet been implemented nor evaluated.

8.5 Recommendations

Based on the results revealed by this study, the following recommendations are made:

8.5.1 Nursing Education

- The mentoring programme for the CSN should be publicised in the nursing education field so that can be known and to increase collaboration with the nursing education institutions.

- It should be published in the accredited journals to increase accessibility by people who are interested in mentoring.

- The programme should be presented at the workshops and conferences organised by NDoH and organization so that it can be adapted and adopted by different stakeholders in other provinces for mentoring of their newly qualified nurses and the CSN.

- Presentations should be done at conferences to increase awareness and accessibility of the mentoring programme.

8.5.2 Nursing Research

- It is important that the mentoring programme be piloted and evaluated in different public health facilities in the NWP.

- The mentoring programme should be implemented and its effectiveness be evaluated by conducting a research to determine both short term and long term impact of the programme.

- The study can be conducted to gather data about the strategies to overcome the barriers to mentoring of the CSN.

- The programme should be replicated in other provinces in South Africa and other countries

8.5.3 Nursing Practice

- In-service training regarding the mentoring programme can serve as an important strategy in enhancing awareness and importance of mentoring.

- The facility managers and different stakeholders should work together in supporting the mentee and the mentor to enhance the success of the mentoring programme.

- Different stakeholders should be work shopped on their mentoring role so that they should know exactly what is expected of them.

8.5.4 Policy

- The DoH should address challenges of shortage of staff and material resources addressed in order to improve the quality of nursing and mentoring of CSN.

- Mentoring role of NMs should be recognized during the PMDS review so that it can be viewed as the imperative task of each and every experienced professional nurse

- The DoH should work hand in hand with SANC to formulate the job descriptions of the CSN to enhance role clarification.

- The status of CSN should be explicitly clarified by SANC and DoH whether it is intentionship, and if it is like that they should work strictly under direct supervision of experienced professional nurses.

8.6 Summary

This chapter described the evaluation of the study and determined whether the study objectives were met and realized. The ultimate objective of development of the mentoring programme for CSN was achieved and the operationalizing guidelines were also developed. The justification of the study was done by highlighting the uniqueness of the study and its possible contribution to the body of knowledge and practice. Additionally, the chapter also revealed that the mentoring programme was neither implemented nor evaluated, and this was indicated as a limitation which should be addressed by conducting the post-doctoral study. The chapter also indicated the recommendations regarding nursing education, research and practice. It can therefore be concluded that the mentoring programme will be adequate for mentoring of CSN in the public health facilities and therefore enhance effective transition into the nursing profession.

REFERENCES

Alboliteeh, M. 2015. Choosing to Become a Nurse in Saudi Arabia and the Lived Experience of New Graduates: A. Mixed Methods Study. PhD Thesis. Adelaide, Australia.

Ali, P.A. & Panther, W. 2008. Professional development and the role of mentorship. *Nursing Standard,* 22(42):35-39.

Allen, T.D. 2003. Mentoring others: A dispositional and motivational approach. *Journal of Vocational Behavior,* 62(1):134-154.

Allen, T.D. & Eby, L.T. 2011. The Blackwell handbook of mentoring: A multiple perspectives approach. Oxford: John Wiley & Sons.

Allen, T.D., Poteet, M.L., Russell, J.E. & Dobbins, G.H. 1997. A field study of factors related to supervisors' willingness to mentor others. *Journal of Vocational Behavior,* 50(1):1-22.

American Association of Colleges of Nurses, 2008. Essentials of Baccalaureate Education for Professional Practice. Retrieved from. www.aacn.nche.edu/education-resources/baccessentials08.pdf.

Anatole, M., Magge, H., Redditt, V., Karamaga, A., Niyonzima, S., Drobac, P., Mukherjee, J.S., Ntaganira, J., Nyirazinyoye, L. & Hirschhorn, L.R. 2013. Nurse mentorship to improve the quality of health care delivery in rural Rwanda. *Nursing Outlook,* 61(3):137-144.

Bally, J.M. 2007. The role of nursing leadership in creating a mentoring culture in acute care environments. *Nursing Economics,* 25(3):143.

Barnett, J.S., Minnick, A.F. & Norman, L.D. 2014. A description of US post-graduation nurse residency programs. *Nursing Outlook,* 62(3):174-184.

Baxter, C.A. 2013. The effect of coaching on nurse manager leadership of unit based performance improvement: Exploratory case studies. *DNP Practice Inquiry Projects*. Paper 3. http://uknowledge.uky.edu/ dnp_etds/3.

Benner, P. 1982. From novice to expert. *The American Journal of Nursing,* 82(3):402-407.

Beyers, B & Jooste, K. 2013. Experiences of community service practitioners who are deployed at a rural health facility in the Western Cape. University of Western Cape, Bellville. http://etd.uwc.ac.za/xmlui/bitstream/handle/11394/3321/Beyers_MCUR_2013.pdf?sequence=1 accessed September 2016.

Bjerknes, M.S. & Bjørk, I.T. 2012. Entry into nursing: an ethnographic study of newly qualified nurses taking on the nursing role in a hospital setting. *Nursing Research and Practice,* 2012: seven pages.

Bland, C.J., Taylor, A.L., Shollen, S.L., Weber-Main, A.M. & Mulcahy, P.A. 2009. *Faculty success through mentoring: a guide for mentors, mentees, and leaders*. Lanham, MD: Rowman & Littlefield Publishers, Inc.

Botma, Y., Hurter, S. & Kotze, R. 2013. Responsibilities of nursing schools with regard to peer mentoring. *Nurse Education Today,* 33(8):808-813.

Brink, H., Van der Walt, C. & Van Rensburg, G. 2013. *Fundamentals of research methodology for health care professionals*. Cape Town: Juta and Company Ltd.

Burns, N. & Grove, S.K. 2011. Understanding nursing research: Building an evidence-based practice: 5th edition, Elsevier Health Sciences (Saunders Company. Philadelphia. USA).

Canter, K.S., Kessler, E.D., Odar, C., Aylward, B.S. & Roberts, M.C. 2012. Perceived benefits of mentoring in pediatric psychology: A qualitative approach. *Journal of Pediatric Psychology,* 37(2):158-165.

Carrion, J. 2010. Development and Implementation of a New Graduate Nurse Mentorship Programme for the Medical Surgical Specialty. (Doctoral dissertation, WALDEN UNIVERSITY).

Chabedi, M.A. 2011. The mentoring role of unit managers in a clinical psychiatric setting. Doctoral dissertation, Pretoria University, http://www.repository.up.ac.za/dspace/bitstream/handle/2263/25748/dissertation. pdf? sequence=1

Chandler, G.E. 2012. Succeeding in the first year of practice: heed the wisdom of novice nurses. *Journal for Nurses in Professional Development,* 28(3):103-107.

Chesser-Smyth, P.A. & Long, T. 2013. Understanding the influences on self-confidence among first-year undergraduate nursing students in Ireland. *Journal of Advanced Nursing,* 69(1):145-157.

Creswell J.W, & Plano Clark.V.L. 2007. Designing and conducting mixed methods research. Sage Publications, Inc. USA.

Creswell J.W, & Plano Clark.V.L. 2011. Designing and conducting mixed method research. 2nd edtion.Sage Publications, Inc USA.

Creswell J.W. 2014. Research design: Qualitative & quantitative mixed method approaches. 4th edition. Sage Publications, Inc. UK.

Cohen, N.H. 2000. A step-by-step guide to starting an effective mentoring program: Human Resource Development. http://www.talentchrome.com/wp-content/uploads/A-Step-By-Step-Guide-To-mento ring.pdf.

Cronbach, L.J. 1951. Coefficient alpha and the internal structure of tests. *Psychometrika,* 16(3):297-334.

Dale, B., Leland, A. & Dale, J.G. 2013. What factors facilitate good learning experiences in clinical studies in nursing: Bachelor students' perceptions. *ISRN Nursing,* 2013 Article ID 628679, 7 pages, http://dx.doi.org/10.1155/2013/628679 Accessed August 2016

Dappen, L.D. & Isernhagen, J.C. 2005. Developing a student mentoring program: Building connections for at-risk students. *Preventing School Failure: Alternative Education for Children and Youth,* 49(3):21-25.

Davhana-Maselesele M, Tjallinks J.E, Norval M.S.2000. Problems in integrating theory with practice in selected Clinical nursing situations. http://uir.unisa.ac.za/bitstream/handle/10500/17944/dissertation_maselesele_md.pdf?sequence=1 Accessed 19August 2016.

Department of Public Service and Administration Republic of South Africa. 2006.The Public Service Mentorship Programme. Step by step guide.Goverment Printers. PRETORIA

Du Plessis, D. & Seekoe, E. 2013. Newly qualified midwives working experiences and challenges in community services. *African Journal for Physical, Health Education, Recreation & Dance*. October (Supplement 1): 128-141.

Dyess, S.M. & Sherman, R.O. 2009. The first year of practice: New graduate nurses' transition and learning needs. *The Journal of Continuing Education in Nursing,* 40(9):403-410.

De Vos, A.S., Delport, C., Fouché, C.B. & Strydom, H. 2011. *Research at grass roots: A primer for the social science and human professions*: Pretoria: Van Schaik Publishers.

Duchscher, J.E.B. 2009. Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses. *Journal of Advanced Nursing,* 65(5):1103-1113.

Dunham-Taylor, J., Lynn, C.W., Moore, P., McDaniel, S. & Walker, J.K. 2008. What goes around comes around: Improving faculty retention through more effective mentoring. *Journal of Professional Nursing,* 24(6):337-346.

Doerksen, K. 2010. What are the professional development and mentorship needs of advanced practice nurses? *Journal of Professional Nursing,* 26(3):141-151.

Eby, L.T., Durley, J.R., Evans, S.C. & Ragins, B.R. 2006. The relationship between short-term mentoring benefits and long-term mentor outcomes. *Journal of Vocational Behavior,* 69(3):424-444.

Eby, L.T. & Lockwood, A. 2005. Protégés' and mentors' reactions to participating in formal mentoring programs: A qualitative investigation. *Journal of Vocational Behavior,* 67(3):441-458.

Eby, L.T. & McManus, S.E. 2004. The protégé's role in negative mentoring experiences. *Journal of Vocational Behavior,* 65(2):255-275.

Eller, L.S., Lev, E.L. & Feurer, A. 2014. Key components of an effective mentoring relationship: A qualitative study. *Nurse Education Today,* 34(5):815-820.

Ferguson, L.M. 2011. From the perspective of new nurses: what do effective mentors look like in practice? *Nurse Education in Practice,* 11(2):119-123.

Freeling, M. & Parker, S. 2015. Exploring experienced nurses' attitudes, views and expectations of new graduate nurses: A critical review. *Nurse Education Today,* 35(2):e42-e49.

Friese,S.2013. ATLAS.ti 7 User Manual. http://atlas.com/wp-content/uploads/2014/05/atlasti-v7-manual.Accessed June 2016

Gazza, E.A & Shellenbarger , T.2005. Succesfull Enculturation Strategies for Retaining Newly Hired Nursing Faculty. Nurse Educator.Volume 30, Number 6, pp 251–254

Gibson, T. & Heartfield, M. 2005. Mentoring for nurses in general practice: An Australian study. *Journal of Interprofessional Care,* 19(1):50-62.

Gillies D.A. 1994. Nursing Management: A system Approach. Third edition. W.B. Saunders Company. United States of America.

Gitonga, L.K. 2016. Factors Hindering Formal and Informal Nursing Mentorship Programmes in Kenyan Public Universities. *American Journal of Health Research,* 4(2):23-29.

Ghosh, R. & Reio, T.G. 2013. Career benefits associated with mentoring for mentors: A meta-analysis. *Journal of Vocational Behavior,* 83(1):106-116.

Gordon, C.J., Aggar, C., Williams, A.M., Walker, L., Willcock, S.M. & Bloomfield, J. 2014. A transition programme to primary health care for new graduate nurses: a strategy towards building a sustainable primary health care nurse workforce? *BMC Nursing,* 13(1):1.

Govender, S., Brysiewicz, P. & Bhengu, B. 2015. Perceptions of newly-qualified nurses performing compulsory community service in KwaZulu-Natal. *Curationis,* 38(1):1-8.

Grossman S.C. 2013. Mentoring in Nursing: A Dynamic and Collaborative Process, Second Edition. Springer Publishing Company. United States of America.

Green B, Herscowitz H.B, Sheppard V. 2007. George University Medical Center Faculty Mentoring Programme. Guidelines for Mentors and Mentees. Office of Faculty and Academic Affairs. http://www1.georgetown.edu/gumc/evp/facultyaffairs/about/AccessedJuly 2013

Gregg, M.F., Wakisaka, T. & Hayashi, C. 2013. Nurse Managers' Strategies for the Integration of Newly Graduated Nurses into Clinical Units in Japan: A Qualitative Exploratory Study. *The Open Nursing Journal,* 7:157-164.

Hadidi, N.N., Lindquist, R. & Buckwalter, K. 2013. Lighting the fire with mentoring relationships. *Nurse Educator,* 38(4):157-163.

Hansen-Salie, N. & Martin, P. 2014. The perceptions and factors influencing the competency in newly qualified professional nurses working in private hospitals in the Western Cape, South Africa. *African Journal for Physical, Health Education, Recreation and Dance,* October (Supplement 1:2):538-553.

Hill, L.A. & Sawatzky, J.-A.V. 2011. Transitioning into the nurse practitioner role through mentorship. *Journal of Professional Nursing,* 27(3):161-167.

Hlosana-Lunyawo L.F. & Yako E.M. 2013. Experiences of newly qualified professional nurses in primary health care facilities in the Amathole District, Eastern Cape Province, South Africa. *African Journal for Physical, Health Education, Recreation and Dance (AJPHERD)* Supplement 1 (October):1-13.

Hnatiuk, C.N. 2012. Mentoring nurses toward success. *Medical-Surgical Matters,* 21(5):9-11.

Hollywood, E. 2011. The lived experiences of newly qualified children's nurses. *British Journal of Nursing,* 20(11):661-671.

Hughes, A.J. & Fraser, D.M. 2011. 'SINK or SWIM': The experience of newly qualified midwives in England. *Midwifery,* 27(3):382-386.

Hunt, D.M. & Michael, C. 1983. Mentorship: A career training and development tool. *Academy of Management Review,* 8(3):475-485.

Huybrecht, S., Loeckx, W., Quaeyhaegens, Y., De Tobel, D. & Mistiaen, W. 2011. Mentoring in nursing education: Perceived characteristics of mentors and the consequences of mentorship. *Nurse Education Today,* 31(3):274-278.

Jamieson, L., Harris, L. & Hall, A. 2012. Providing support for newly qualified practitioners in Scotland. *Nursing Standard,* 27(2):33-36.

Johnson, R.B., Onwuegbuzie, A.J. and Turner, L.A., 2007. Toward a definition of mixed methods research. *Journal of mixed methods research, 1*(2), pp.112-133.

Johnson, S.K., Geroy, G.D. & Griego, O.V. 1999. The mentoring model theory: dimensions in mentoring protocols. *Career Development International,* 4(7):384-391.

Jones, A., Benbow, J. & Gidman, R. 2014. Provision of training and support for newly qualified nurses. *Nursing Standard,* 28(19):44-50.

Jones, S.J. 2016. Establishing a Nurse Mentor Programme to Improve Nurse Satisfaction and Intent to Stay. Doctor of Nursing Practice thesis, Eastern Kentucky University, Princeton, Kentucky. http:// encompass.eku.edu/cgi/viewcontent.cgi?article=1014&context=dnpcapstones. Accessed June 2016

Joubert, A. & De Villiers, J. 2015. The learning experiences of mentees and mentors in a nursing school's mentoring programme. *Curationis,* 38(1):1-7.

Kanaskie, M.L. 2006. Mentoring—a staff retention tool. *Critical Care Nursing Quarterly,* 29(3):248-252.

Klerk, K & Kortenbout, E.W. 2010. Clinical supervision in selected hospitals, Cape Town: reflections on registered nurses lived experiences. University of the Western Cape. http://etd.uwc.ac.za/xmlui/bitstream/handle/11394/1761/ Klerk_MCUR_2010.pdf?sequence=1 ACCESSED 19August 2016

Kram, K.E. & Isabella, L.A. 1985. Mentoring alternatives: The role of peer relationships in career development. *Academy of Management Journal,* 28(1):110-132.

Kram, K.E. 1983. Phases of the mentor relationship. *Academy of Management Journal,* 26(4):608-625.

Kramer, M., Maguire, P., Schmalenberg, C., Halfer, D., Budin, W.C., Hall, D.S., Goodloe, L., Klaristenfeld, J., Teasley, S. & Forsey, L. 2013. Components and strategies of nurse residency programmes effective in new graduate socialization. *Western Journal of Nursing Research,* 35(5):566-589.

Krefting, L. 1991. Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy,* 45(3):214-222.

Kruse, B.A & van Dyk,L. 2011. Retaining community service nurses in the Western Cape public health sector (Doctoral dissertation, Stellenbosch: University of Stellenbosch).

Lai, P.K. & Pek, P.H. 2012. Concept of professional socialization in nursing. *International e-Journal of Science, Medicine & Education (IeJSME),* 6(1):31-35.

Latham, C.L., Hogan, M. & Ringl, K. 2008. Nurses supporting nurses: creating a mentoring programme for staff nurses to improve the workforce environment. *Nursing Administration Quarterly,* 32(1):27-39.

Lekhuleni, M.E., Khosa, L.B. & Amusa, L.O. 2013. A model for mentorship of newly qualified professional nurses employed in community health care services. *African Journal for Physical, Health Education, Recreation and Dance*, September (Supplement 2), 57-71.

Lekhuleni M.E., Khoza, L.B., Amusa, L.O. 2013. Identification of self-care deficiencies requiring mentorship of newly qualified professional nurses employed in the health services in Limpopo South Africa. *African Journal for Physical, Health Education, Recreation and Dance*: 193-203.

Levinson, D.J. 1986. A conception of adult development. *American Psychologist,* 41(1):3-13.

Lindsey, L., 2012. Mentoring of nurse managers: The experience of new nurse managers in rural hospitals: does mentoring make a difference? University of Louisville.

LoBiondo-Wood, G. & Haber, J. 2010. Nursing research: Methods and critical appraisal for evidence-based practice. 7th edition. St Louis Missouri: Mosby Elsevier.

Lorentzon, M. & Brown, K. 2003. Florence Nightingale as 'mentor of matrons': correspondence with Rachel Williams at St Mary's Hospital. *Journal of Nursing Management,* 11(4):266-274.

Loue, S. 2010. Mentoring Health Science Professional. Springer Publishing Company.

Makhakhe, A.M. 2010. Nurses' experience of the transition from student to professional practitioner in a public hospital in Lesotho. *MCur dissertation, North-West University, Potchefstroom.* North-West University Repository. http://hdl.handle.net/10394/4735. Accessed July 2013

Magobe, N.B., Beukes, S. & Müller, A. 2010. Reasons for students' poor clinical competencies in the primary health care: clinical nursing, diagnosis treatment and care programme. *Health SA Gesondheid (Online),* 15(1):1-6.

Mampunge, F. & Seekoe, E. 2014. Experiences of final-year nursing students at a public college of nursing regarding their preparedness to become registered nurses. *South African Journal of Higher Education,* 28(6).

Mariani, B. 2012. The effect of mentoring on career satisfaction of registered nurses and intent to stay in the nursing profession. *Nursing Research and Practice,* 2012:1-9.

Maseko, L.J., Erasmus, A., Di Rago, T., Hooper, J. & O'Reilly, J. 2014. Factors that influence choice of placement for community service among occupational therapists in South Africa. *South African Journal of Occupational Therapy,* 44(1):36-40.

Maxwell, C., Brigham, L., Logan, J. & Smith, A. 2011. Challenges facing newly qualified community nurses: a qualitative study. *British Journal of Community Nursing,* 16(9):428-430, 432-424.

McIntosh, A., Gidman, J. & Smith, D. 2014. Mentors' perceptions and experiences of supporting student nurses in practice. *International Journal of Nursing Practice,* 20(4):360-365.

McKimm, J., Jollie, C. & Hatter, M. 2007. Mentoring: Theory and practice. *London NHSE.* http://www.faculty.londondeanery.ac.uk/e-learning/explore-further/e-learning/feedback/files/Mento ring Theory_and_Practice.pdf.

Melrose, S., Miller, J., Gordon, K. & Janzen, K.J. 2012. Becoming Socialized into a New Professional Role: LPN to BN Student Nurses' Experiences with Legitimation. *Nursing Research and Practice,* 2012, Article ID 946063, 8 pages doi:10.1155/2012/946063.

Meyer S.N., Maude M, Shangase N.C., van Niekerk S.E. 2009. The Nursing Unit Manager: A Comprehensive Guide. Third Edition. Heinemann Publishers (Pty) Ltd, Johannesburg. RSA.

Moeti M.R., van Niekerk S.E., van Velden C.E. 2004. Perceptions of the clinical competence of the newly registered nurses in the North-West Province. *Curationis*, 28(3):72-84.

Mokoka, E., Oosthuizen, M.J. & Ehlers, V.J. 2010. Retaining professional nurses in South Africa: Nurse managers' perspectives. *Health SA Gesondheid (Online),* 15(1):1-9.

Morina Jr, S.F. 2010. Mentoring and Retention in First-Year Teachers: A Mixed-Methods Study: ERIC.

Morolong, B. & Chabeli, M. 2005. Competence of newly qualified registered nurses from a nursing college. *Curationis,* 28(2):38-50.

Mqokozo N.J., Minnaar A, Tjale A.A. 2014. Personal narratives of newly qualified nurses in a public hospital in Gauteng Province. Wits Institutional Repository, http://hdl.net/10539/4735 Accessed June 2014.

Mulaudzi, F.M., Libster, M.M. & Phiri, S.S. 2009. Suggestions for creating a welcoming nursing community: Ubuntu, cultural diplomacy, and mentoring. *International Journal for Human Caring*, 13(2):46-52.

Naranjee, P & Potgieter, E. 2012.Bridging programme graduates' perceptions of their preparedness to manage a nursing unit. Unpublished dissertation. http://uir.unisa.ac.za/bitstream/handle/10500/9028/dissertation_naranjee_p.pdf;sequence=1

National Department of Health. 2011. *Human Resource Strategy for Health 2012/2013-2016/2017.* Pretoria: Government Printers.

National Department of Health. 2013. National Health Care facilities Baseline Audit. National Survey Report. http://www.hst.org.za. Accessed June 2016.

Ndaba, B.J.& Nkosi, Z.Z. 2013. Lived experiences of newly qualified professional nurses doing community service in midwifery section in one Gauteng hospital. http://uir.unisa.ac.za/bitstream/handle/10500/13814/ dissertation_ndaba_bj.pdf?sequence=1&isAllowed=y.

Nelson, D., Godfrey, L. & Purdy, J. 2004. Using a mentorship programme to recruit and retain student nurses. *Journal of Nursing Administration,* 34(12):551-553.

Nettleton, P. & Bray, L. 2008. Current mentorship schemes might be doing our students a disservice. *Nurse Education in Practice,* 8(3):205-212.

Nick, J.M., Delahoyde, T.M., Del Prato, D., Mitchell, C., Ortiz, J., Ottley, C., Young, P., Cannon, S.B., Lasater, K., Reising, D. & Siktberg, L. 2012. Best practices in academic mentoring: a model for excellence. *Nursing Research and Practice,* 2012, Article ID 937906, 9 pages doi:10.1155/2012/937906.

Nieuwstraten, C., Huh, A., Liu, G., Davis, K. & Dolovich, L. 2011. Developing, implementing, and evaluating a formal pharmacist mentorship programme. *Canadian Journal of Hospital Pharmacy,* 64(2):124-130.

Nkoane, N.L. 2015. Community service nurses' experiences regarding health care services at Tshwane district public hospital. http://uir.unisa.ac.za/bitstream/handle/10500/20039/dissertation_nkoane_nl.pdf?sequence=1 &isAllowed=y.

North-West Province Department of Health. 2015. Annual Performance Plan 2015/2016. Setsokotsane Approach for radical socio-economic changes transformation with special focus on small villages, townships and dorpies. http/ www.nwhealth.co.za Accessed June 2016.

Norwood, A.W & Hutchinson ,S.2010. The lived experience of nurse mentors: Mentoring nurses in the profession. University of Missouri--Columbia.https://mospace.umsystem.edu Accessed June 2016.

Nyambegera S.M. 2005. Human Resource Management. A Biblical Perspective. Uzima publishing House. Nairobi.

Okurame, D.E. 2009. Mentoring and organisational constraints as predictors of attitudes to work in the Nigerian public health sector. *Journal of Health and Human Services Administration*:342-371.

Onwuegbuzie, A.J. & Collins, K.M. 2007. A typology of mixed methods sampling designs in social science research. *The Qualitative Report,* 12(2):281-316.

Onwuegbuzie, A.J., Slate, J.R., Leech, N.L. & Collins, K.M. 2007. Conducting mixed analyzes: A general typology. *International Journal of Multiple Research Approaches,* 1(1):4-17.

Ortiz, J. 2016. New graduate nurses' experiences about lack of professional confidence. *Nurse Education in Practice,* 19(19-24.

Parise, M.R, & Forret, M. L.2008.Formal mentoring programs:the relationship of program design and support to mentors'perceptions of benefits and costs.*Journal of Vocational Behavior*, vol. 72, no. 2, pp. 225–240, 2008.

Park, M. & Jones, C.B. 2010. A retention strategy for newly graduated nurses: an integrative review of orientation programs. *Journal for Nurses in Professional Development,* 26(4):142-149.

Parker, V., Giles, M., Lantry, G. & McMillan, M. 2014. New graduate nurses' experiences in their first year of practice. *Nurse Education Today,* 34(1):150-156.

Patterson, B., Bayley, E.W., Burnell, K. & Rhoads, J. 2010. Orientation to emergency nursing: perceptions of new graduate nurses. *Journal of Emergency Nursing,* 36(3):203-211.

Pellico, L.H., Brewer, C.S. & Kovner, C.T. 2009. What newly licensed registered nurses have to say about their first experiences. *Nursing Outlook,* 57(4):194-203.

Ragins, B.R. & Cotton, J.L. 1993. Gender and willingness to mentor in organizations. *Journal of Management,* 19(1):97-111.

Ragins, B.R. & Cotton, J.L. 1999. Mentor functions and outcomes: a comparison of men and women in formal and informal mentoring relationships. *Journal of Applied Psychology,* 84(4):529-550.

Ragins, B.R. & McFarlin, D.B. 1990. Perceptions of mentor roles in cross-gender mentoring relationships. *Journal of Vocational Behavior,* 37(3):321-339.

Ragins, B.R. & Scandura, T.A. 1994. Gender differences in expected outcomes of mentoring relationships. *Academy of Management Journal,* 37(4):957-971.

Ragins, B.R. & Scandura, T.A. 1999. Burden or blessing? Expected costs and benefits of being a mentor. *Journal of Organizational Behavior,* 20:493-509.

Rakhudu, M.A., Davhana-Maselesele, M. & Useh, U. 2013. A model of collaboration in implementing problem based learning (PBL) in nursing education.

Rebholz, M. & Baumgartner, L.M. 2015. Attributes and Qualifications of Successful Rural Nurse Preceptors: Preceptors' Perspectives. *The Qualitative Report,* 20(2):Article 7, 93-119,

Rikhotso, S.R., Williams, M.J. & De Wet, G. 2014. Student nurses' perceptions of guidance and support in rural hospitals. *Curationis,* 37(1):1-6.

Rohatinsky,N.K.2008.Mentoring perceptions of registered nurses. https://ecommons.usask.ca/bitstream/handle/10388/etd-09012008-194025/rohatinskythesis2008.pdf. Accessed July 2016.

Rohatinsky ,N.K.2012. Committing to Mentorship: Nurse Managers' Perceptions of their Roles in Creating Mentoring Cultures, https://ecommons.usask.ca/bitstream/handle/10388/ETD-2012-09-718/ROHATINSKY-DISSERTATION.pdf?sequence=3 Accessed July 2016.

Rohatinsky,N.K, Jahner ,S. 2016. Supporting nurses' transition to rural healthcare environments through mentorship. *Rural and Remote Health* (Internet) 2016; 16: 3637. Available: http://www.rrh.org.au/articles/subviewnew.asp?

Rush, K.L., Adamack, M., Gordon, J., Lilly, M. & Janke, R. 2013. Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies,* 50(3):345-356.

Russell, J.E.A. 2004. Mentoring. Encyclopedia of Applied Psychology, Volume 2.

Sawatzky, J.V. & Enns, C.L.2009.A Mentoring Needs Assessment:Validating Mentorship in Nursing Education. *J Prof Nurs* 25:145–50.

Schaffer, M. 2013. The mentoring-burnout relationship and predictors of nurse mentoring behavior. *All Dissertations.* Paper 1116.

Schmidt, K.E. & Faber, S.T. 2016. Benefits of Peer Mentoring to Mentors, Female Mentees and Higher Education Institutions. *Mentoring & Tutoring: Partnership in Learning*:1-21. DOI: 10.1080/ 13611267.2016.1170560

Seekoe, E., Arries, E.J & Dzvimbo, P.2009. A Model for Mentoring newly appointed Nurse Educators in Nursing Education Institutions in South Africa. Unpublishded thesis

Setati, C.M.& Nkosi, Z.Z. 2013. The perceptions of professional nurses on student mentorship in clinical areas: a study in Polokwane municipality hospitals, Limpopo Province. University of South Africa Institutional Repository. http://hdl.net/10500/10500 Accessed June 2014.

Shakman, K. & Rodriguez, S.M. 2015. Logic Models for Programme Design, Implementation, and Evaluation: Workshop Toolkit. REL 2015-057. *Regional Educational Laboratory Northeast & Islands*. http://ies.ed.gov/ncee/edlabs. Accessed September 2016.

Shannon, C.D. 2009. Exploring the use of mentoring within state vocational rehabilitation agencies and the issues of retention, job satisfaction and career motivation: (Order No 3381353, Michigan State University). *ProQuest Dissertations and Theses,* 148-n/a.

Simpson, M.A. & Beynon, C. 2005. A Resource Guide for Implementing Nursing Mentorship in Public Health Units in Ontario.

Smith, L.S., McAllister, L.E. & Crawford, C.S. 2001. Mentoring benefits and issues for public health nurses. *Public Health Nursing,* 18(2):101-107.

South African Nursing Council. 2016. Age distribution of registered nurses and midwifes in South Africa. http://www.sanc.co.za/stats/Stat2015/Age%20stats%202015.pdf

South Africa. 1996. The Constitution of the Republic of South Africa, Act 108 of (1996) Pretoria: Government Printers.

South African Nursing Council (2005). *Act No. 33 of 2005*. Pretoria: Government Printers, http// www.sanc.co.za/pdf/ Nursing% 20 Act 202005. PDF.

South African Nursing Council. 2013. Nursing Education Institutions output 2004-2013: 4 year programme. http://www.sanc.co.za/stats/stat-ts /Output/Output%202006-2015%.Accessed June 2016.

South African Nursing Council.2015. Provincial Distribution of Nursing Manpower versus population of South Africa. http://www.sanc.co.za/stats/stat 2015/year%202015%Provincial%.Accessed June 2016.

South African Nursing Council Regulation No R765 of August 2008. Pretoria: Government Printers.

South African Nursing Council Regulation No R425 of February 1985. Pretoria: Government Printers, http://search.proquest.com/docview/304949362?accountid=12865. (304949362).

Statistics South Africa. 2016. Population per province. Pretoria: Government Printers, http://www.southafrica.info/about/geography/provinces.htm#.WAS_OmcaK1s accessed September 2016.

St Clair, M.B.2013.New Graduate Nurses' Experiences of Transition During Orientation into Critical Care).*Theses and Dissertations.* Paper 378.
http://dc.uwm.edu/cgi/viewcontent.cgi?article=1383&context=etd

Straus, S.E., Johnson, M.O., Marquez, C. & Feldman, M.D. 2013. Characteristics of successful and failed mentoring relationships: a qualitative study across two academic health centers. *Academic Medicine,* 88(1):82-89.

Tabor, A.A., 2012. Perceptions of professionally experienced nurses in mentoring new nurses: A phenomenology Thabane, L., Thabane, M. & Goldsmith, C. 2006. Mentoring young statisticians: facilitating the acquisition of important survival skills. *The African Statistical Journal,* 2:123-136.

Thomas, S.P. & Burk, R. 2009. Junior nursing students' experiences of vertical violence during clinical rotations. *Nursing Outlook,* 57(4):226-231.

Thopola, M.K., Kgole J.C. & Mamogobo, P.M. 2013.Experiences of newly qualified nurses at University of Limpopo, Turfloop Campus executing community service in Limpopo Province, South Africa. *African Journal for Physical, Health Education, Recreation and Dance*, March 2013 (Supplement 1):161-181.

Tshabalala R.M. & Bornman E, 2011. Experiences of a group of student nurses regarding mentoring in the clinical practice. Unpublished dissertation.

Tsotetsi, A.D., Phiri, S.S. & Peu, M.D. 2012. Experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng Province. http://repository.up.ac.za/dspace/bitstream/handle/2263/29851/dissertation.pdf.

Valdez, A.M. 2008. Transitioning from novice to competent: what can we learn from the literature about graduate nurses in the emergency setting? *Journal of Emergency Nursing,* 34(5):435-440.

Vink, H. & Adejumo, O. 2015. Factors contributing to incivility amongst students at a South African nursing school. *Curationis,* 38(1):1-6.

Vogelpohl, D.A., Rice, S.K., Edwards, M.E. & Bork, C.E. 2013. New graduate nurses' perception of the workplace: have they experienced bullying? *Journal of Professional Nursing,* 29(6):414-422.

Wagner, A.L. & Seymour, M.E. 2007. A model of caring mentorship for nursing. *Journal for Nurses in Professional Development,* 23(5):201-211.

Wanberg, C.R., Kammeyer-Mueller, J. & Marchese, M. 2006. Mentor and protégé predictors and outcomes of mentoring in a formal mentoring programme. *Journal of Vocational Behavior,* 69(3):410-423.

Wanberg, C.R., Welsh, E.T. & Kammeyer-Mueller, J. 2007. Protégé and mentor self-disclosure: Levels and outcomes within formal mentoring dyads in a corporate context. *Journal of Vocational Behavior,* 70(2):398-412.

Weng, R.H., Huang, C.Y., Tsai, W.C., Chang, L.Y., Lin, S.E. & Lee, M.Y. 2010. Exploring the impact of mentoring functions on job satisfaction and organizational commitment of new staff nurses. *BMC Health Services Research,* 10(1):240.

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., Barton, M. & Walker, C. 2013. Supporting newly qualified nurses in the UK: a systematic literature review. *Nurse Education Today,* 33(4):370-377.

Witherspoon, N.O. 2014. *Female Managers' Perceptions of Developing a Mentoring Program: A Phenomenological Study.* Doctoral dissertation. Nova South-eastern University. Retrieved from NSUWorks, Abraham S. Fischler College of Education. http://nsuworks.nova.edu/fse_etd/6.

Whittemore, R. & Knafl, K. 2005. The integrative review: updated methodology. *Journal of Advanced Nursing,* 52(5):546-553.

Witter, J.A. & Manley, R.J. 2013. A quasi-experimental study: Mentoring for the novice nurse in an acute care setting. *Journal of Business and Economics*, 4(5):381-396.

W.K. Kellogg Foundation. 2004. Using Logic Models to Bring Together Planning, Evaluation, and Action Logic Model Development Guide. Battle Creek: W.K. Kellogg Foundation. http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx.

Yu, I & Belschak, F. 2010. Mentoring as a social exchange process: Valuing exchange in mentoring relationships. http://dare.uva.nl/cgi/arno/show.cgi?fid=169170.

Zaayman L.S.& Daniels F.2016. Professional nurses' experiences of their community service placement year at a secondary academic hospital in the Western Cape, https://scholar-google-co za.nwulib.nwu.ac.za/scholar.

Zhang, Y., Qian, Y., Wu, J., Wen, F. & Zhang, Y. 2016. The effectiveness and implementation of mentoring programme for newly graduated nurses: A systematic review. *Nurse Education Today,* 37(136-144.

Zey, M.G.1991. The Mentor Connection. Transaction Publishers. New Brunswick, NJ.

ANNEXURE A

NORTH-WEST UNIVERSITY ETHICS CLEARANCE CERTIFICATE

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

Private Bag X6001, Potchefstroom
South Africa 2520

Tel (018) 299-4900
Faks (018) 299-4910
Web http://www.nwu.ac.za

Ethics Committee
Tel +27 18 299 4849
Email Ethics@nwu.ac.za

ETHICS APPROVAL OF PROJECT

The North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your project as indicated below. This implies that the NWU-RERC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below

Project title: Development of a mentoring programme for the community service nurses in the North West Province Public Health facilities.

Project Leader: MA Rakhudu & Khunou

Ethics number NWU-01831-14-A9

Approval date 2015-05-22 **Expiry date** 2020-05-21

Special conditions of the approval (if any): None

General conditions

While the ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The project leader (principle investigator) must report in the prescribed format to the NWU-RERC:*
  - *annually (or as otherwise requested) on the progress of the project,*
  - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
- *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-RERC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-RERC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-RERC retains the right to:*
  - *request access to any information or data at any time during the course or after completion of the project.*
  - *withdraw or postpone approval if:*
    - *any unethical principles or practices of the project are revealed or suspected,*
    - *it becomes apparent that any relevant information was withheld from the NWU-RERC or that information has been false or misrepresented,*
    - *the required annual report and reporting of adverse events was not done timely and accurately,*
    - *new institutional rules, national legislation or international conventions deem it necessary.*

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Linda du Plessis

Prof Linda du Plessis
Chair NWU Research Ethics Regulatory Committee (RERC)

ANNEXURE B

REQUEST TO CONDUCT RESEARCH: NORTH-WEST PROVINCE DEPARTMENT OF HEALTH

2325 Kgalegi Crescent
Unit 1
MMABATHO
2735
27 May 2015

Policy, Planning, Research Monitoring and Evaluation
Northwest Department of Health
Private Bag 2068
MMABATHO
2735

Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby apply to conduct a research study for my Doctor of Philosophy at your facilities. I am a student and a lecturer at the North West University (Mafikeng Campus). The topic of my study is: Development of a mentoring program for the community service nurses in the North West Province public health facilities. The study will include the nurse managers and the CSN who completed in 2011 and 2012. The participants will be expected to respond to structured mentoring questionnaires and individual interviews.

The dignity and privacy of the research participants will be respected and protected by upholding the rights and confidentiality, anonymity, informed consent and their right to withdraw from the study at any time. All the records to be used in this study will not have participants' personal information. The study has been approved by relevant committees at North West University (Mafikeng Campus).All the information you need is in the attached information letter. A copy of my proposal is also attached. My promoter is Dr M.A. Rakhudu who can be contacted at 0183892030. I am available to answer any questions you might have and can be contacted on 0767240146. My e-mail address is sisinyana.khunou@nwu.ac.za.

Thank you in anticipation.

Sisinyana Hannah Khunou

ANNEXURE C

APPROVAL LETTER FROM THE NORTH-WEST PROVINCE DEPARTMENT OF HEALTH

health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

3801 First Street
New Office Park
MAHIKENG, 2735

Enq: Kaitumetse Shogwe
Tel: 018 391 4504
kshogwe@nwpg.gov.za
www.nwhealth.gov.za

POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

Name of researcher : **Ms S.H Khunou**
North West University

Physical Address
(World Institution) North West University (Mafikeng)
Albert Luthuli
University View
MAFIKENG 2735

Subject : **Research Approval Letter- Development of a mentoring program for the community service nurses in the North West Province Public Health Facilities.**

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher is expected to arrange in advance with the chosen facilities, and issue this letter as proof that permission has been granted by the Provincial office.

This letter of permission should be signed and a copy returned to the Department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.

Kindest regards

Dr. FRM Reichel
Director: PPRM&E

07/07/2015
Date

Researcher

LEPAPHA LA BOITEKANELO
DEPARTMENT OF HEALTH
Kgetsana Private Bag X2068
Mmabatho.2735
07 JUL 2015
NORTH WEST PROVINCE
REPUBLIC OF SOUTH AFRICA

10/07/2015.
Date

Healthy Living for All

ANNEXURE D

LETTER TO THE PUBLIC HEALTH FACILITY

2325 Kgalegi Crescent
Unit 1
MMABATHO
2735
July 2015

Director
Ngaka Modiri Molema District
MMABATHO
2735

Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby apply to conduct a research study for my degree in Doctor of Philosophy at your health facilities. I am a student and a nursing lecturer at the North West University (Mafikeng Campus). The topic of my study is: development of a mentoring program for the community service nurses in the North West Province public health facilities. The study will include the nurse managers (experienced nurses) and the CSN who completed in 2011 and 2012. The participants will be expected to respond to structured mentoring questionnaires and individual interviews. The dignity and privacy of the research participants will be respected and protected by upholding the rights and confidentiality, anonymity, informed consent and their right to withdraw from the study at any time. All the records to be used in this study will not have any personal information (example names and addresses of participants) linked to it. The study has been approved by relevant committees at NWU (Mafikeng Campus).All the information you need is in the attached information letter. A copy of my proposal is also attached. My promoter is Dr M.A. Rakhudu who can be contacted at 0183892030. I am available to answer any questions you might have and can be contacted on 0767240146. My e-mail address is sisinyana.khunou@nwu.ac.za.

Thank you in anticipation.

Sisinyana Hannah Khunou

ANNEXURE E1

PERMISSION LETTER FROM WITRAND HOSPITAL

health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

Tel (018) 294 9100
Fax: (018) 294 7060
Witrand Hospital
Private Bag X253
Potchefstroom
2520

WITRAND HOSPITAL

WITRAND HOSPITAL: Office of the Chief Executive Officer

05/11/2015

Ms S H Khunou

Email: Sisinyana.Khunou@nwu.ac.za

Developing of a mentoring program for community service nurse in the North West Province Public Hospitals – Dr M A Rakhudu ethics approval

1. The above-mentioned research refers and your e-mail dated and received 30/10/2015
2. Your request is already approved by the NWDoH and will thus be allowed in our facility. It is however important for us to have you presenting at our in-house Research meeting taking place on Thursday 12/11/2015 at 13:00 in our EXEC boardroom. This will assist us in understanding what you need for us and to introduce you to the contact person within our facility who will be the Acting Nurse Manager, Mrs Gorekwang

Kind Regards

MRS N L MOCWALEDI-SENYANE
CHIEF EXECUTIVE OFFICER: WITRAND HOSPITAL

NWU LIBRARY

ANNEXURE E2

PERMISSION LETTER FROM MAFIKENG PROVINCIAL HOSPITAL

health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

MAFIKENG/BOPHELONG

Lichtenburg road corner
Dan Ma Mafikeng
Private Bag X2031
Mafikeng, 2735

Tel (018) 383 2506 x 1014
Fax 086 260 6878
mmolubele@nwpg.gov.za
www.nwpg.gov.za/health

MAFIKENG PROVINCIAL HOSPITAL

To Ms SH Khunou

From Ms LE Dibaga
Acting Deputy Director Nursing

Date 29/07/2015

Subject Request for permission to conduct research

I hereby inform you, that your request to conduct research is approved, week ending 14 August 2015.

Hope you find this in order

Ms LE Dibaga
Acting Deputy Director Nursing

DEPUTY DIRECTOR NURSING
MAFIKENG PROVINCIAL HOSPITAL
2015 -07- 29
PRIVATE BAG X2031 MAFIKENG 2745
NORTH WEST PROVINCE
REPUBLIC OF SOUTH AFRICA

ANNEXURE E3

PERMISSION TO CONDUCT RESEARCH AT MOGWASE COMMUNITY HEALTH CENTRE

health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

Tel: 014 597 6600
Fax to E-mail: 086 234 7830
Email:

Corner of Heystek and Kloof
Road
EMRS Building
Rustenburg
0300

BOJANALA DISTRICT: DIRECTOR DISTRICT HEALTH SERVICES

To: **Mr L. Mokotedi**
Acting Sub-district Manager
Moses Kotane Sub-district

From: **Mr I. M. Moloi**
Acting Director: District Health Services
Bojanala District

Date: **11 April 2016**

SUBJECT: **PERMISSION TO CONDUCT RESEARCH**

The department has granted Ms Sisinyana Hannah Khunou to conduct research (Attached find approval letter from Department)

You are kindly requested to allow Ms Khunou to conduct research at Mogwase CHC and support the process

Your assistance in this regard is highly appreciated

Thank you.

Mr I.M. Moloi
Acting Director: District Health Services
Bojanala District

Healthy Living for All

1

ANNEXURE E4

PERMISSION TO CONDUCT RESEARCH AT MOSES KOTANE HOSPITAL

health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

Tel: 014 597 8600
Fax to E-mail: 086 234 7600
Email:

Corner of Heystek and Kloof
Road
EMRS Building
Rustenburg
0300

BOJANALA DISTRICT: DIRECTOR DISTRICT HEALTH SERVICES

To: **Mr E. Mmusi**
Acting Chief Executive Officer
Moses Kotane Hospita

From: **Mr I. M. Moloi**
Acting Director: District Health Services
Bojanala District

Date: **11 April 2016**

SUBJECT: **PERMISSION TO CONDUCT RESEARCH**

The department has granted Ms Sisinyana Hannah Khunou to conduct research. (Attached find approval letter from Department)

You are kindly requested to allow Ms Khunou to conduct research at Moses Kotane Hospital and support the process

Your assistance in this regard is highly appreciated.

Thank you,

Mr I.M. Moloi
Acting Director: District Health Services
Bojanala District

ANNEXURE E5

PERMISSION TO CONDUCT RESEARCH AT TLHABANE COMMUNITY HEALTH CENTRE

health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

Tel: 014 597 6800
Fax to E-mail: 086 234 7800
Email:

Corner of Heyneyleb and Nicol
Road
EMRS Building
Rustenburg
0300

BOJANALA DISTRICT: DIRECTOR DISTRICT HEALTH SERVICES

To: **Mr L.K. Tlhowe**
Sub-district Manager
Rustenburg Sub-district

From: **Mr I. M. Moloi**
Acting Director: District Health Services
Bojanala District

Date: **11 April 2018**

SUBJECT: **PERMISSION TO CONDUCT RESEARCH**

The department has granted Ms Sisinyana Hannah Khunou to conduct research (Attached find approval letter from Department).

You are kindly requested to allow Ms Khunou to conduct research at Tlhabane CHC and support the process

Your assistance in this regard is highly appreciated

Thank you.

Mr I.M. Moloi
Acting Director: District Health Services
Bojanala District

Healthy Living for All

1

ANNEXURE F

INFORMATION SHEET

Faculty of Agriculture Science and Technology
North West University (Mafikeng Campus)

TOPIC: DEVELOPMENT OF A MENTORING PROGRAMME FOR THE COMMUNITY SERVICE NURSES IN THE NORTH WEST PROVINCE PUBLIC HEALTH FACILITIES

Introduction: I Sisinyana Hannah Khunou am a lecturer at North West University (Mafikeng Campus). I am a student at NWU doing a PhD .I want to conduct a research on the development of a mentoring programme for the community service nurses in the North West Province public health facilities.

Purpose: The overall purpose of the study is to develop the mentoring programme of CSN in the public health care facilities in NWP. In the year 2008; the RSA Department of health implemented a policy on compulsory community service for nurses (DoH, 2011:73). According to this policy the newly qualified nurses are expected to serve the community for a period of one year as a strategy to equip them with skills and to curb shortage of nurses especially in the rural areas. However, the, mentoring of these community serve nurses is not adequately practiced, or if practiced not clearly documented. On the 13/03/2014 the researcher attended the CSN stake holder's meeting which was held at the DoH, whereby it was highlighted that the CSN do not have a mentoring programme because they have met all the requirements. In addition to that, unavailability of the mentoring programme of the CSN is of great concern. This is seen by the lack of confidence in rendering quality nursing care and frustrations of these nurses. Lack of support, guidance contributes to early burnout and resignations of these nurses. The current information gap becomes even more important given South Africa's demand for nurses and the need for up scaling quality of nursing care in the PHC settings. Therefore, this study seeks to develop programme for mentoring of CSN in the public health facilities in NWP.

Procedure: The study will include filling of questionnaires by the CSN and the nurse managers in the public health facilities. The researcher will also interview the CSN and NM to explore their perceptions regarding the mentoring of CSN in the NWP public health facilities. The participants will be required to fill in a consent form after reading and understanding this information leaflet. The dignity and privacy of the research participants will be respected and protected by upholding the rights and confidentiality, anonymity, informed consent and their right to withdraw from the study.

Right to withdraw: Your participation in this study is voluntary. If at any time you do not want to fill in the questionnaire or do not want to respond to any question, you may skip it. You have the right to withdraw from the study at any time.

Contact numbers: The study has received approval from Ethics Committee of the North West University (Mafikeng Campus).In case of any questions and clarity I can be contacted at 0767240146 or you can contact my promoter Dr M.A.Rakhudu who can be contacted at 0183892030.

We will require your approval to participate in this study by writing your name and signing in the space provided in the consent form.

ANNEXURE G

CONSENT FORM

DEVELOPMENT OF A MENTORING PROGRAMME FOR THE COMMUNITY SERVICE NURSES IN THE NORTH WEST PROVINCE PUBLIC HEALTH FACILITIES

I_____**(Full name and surname)** confirm that I am participating willingly in the study on Development of the mentoring program for the community service nurses in the North West Province public health facilities. The purpose, procedure, risks, benefits of the study have been explained to me. I have had time to ask questions and have no objection to participate in the study. I fully understand the following which has been explained to me:

- That I will be interviewed for plus minus 30 minutes to 1hour in the area chosen by me to ensure my privacy
- I will complete the questionnaire which last for 30 minutes to 40 minutes
- The tape recorder will be used to capture the information that I give to the researcher
- That should I wish to discontinue with the study, my withdrawal will not affect me in any way.
- I am aware that the results of the study including my personal details will be anonymously processed to research reports.

Signature of the Participant: _____ **Date:** _____

Signature of the Researcher: _____ **Date:** _____

ANNEXURE H

INSTRUCTIONS ON THE COMPLETION OF THE QUESTIONNAIRE

1. THE PURPOSE OF THE STUDY

The overall purpose of the study is to develop the mentoring program of CSN in the public health facilities in NWP.

2. OBJECTIVES OF THE STUDY

The objectives of the study are to:

2.1. Measure the perceptions of CSN and NM about the mentoring of CSN

2.2. Explore and describe the experiences of CSN with regard to their mentoring in NWP public health facilities

2.3. Explore and describe the perceptions of NM with regard to mentoring of CSN in NWP public health facilities

2.4. Develop program which will enhance mentoring of CSN in NWP public health facilities

3. INSTRUCTIONS

Make an X or write in appropriate response in the space provided.

For example:

What is you gender?

Select one of the following:

Female	1 X
Male	2

ANNEXURE I

QUESTIONNAIRE ON MENTORING IN NURSING PRACTICE FOR CSN

SECTION 1: BACKGROUND INFORMATION

Please make an **x or** write in appropriate response

Demographic, professional data		**X**
1. Age	_____years	
2. What is your gender	Female	1
	Male	2
3.What is the level of the health facility you are working in	Community clinic	1
	Community health centre	2
	District hospital	3
	Provincial hospital	4
4. How long have you been employed as a Registered Nurse ?	_____years	
5. What was your basic R/N nursing education?	Diploma	1
	Bachelor of Nursing Science	2
6. Were you or are you currently being mentored in your nursing practice	yes	1
	No	2
7. How many nurses on your unit are currently mentoring you?	None	1
	One or two	2
	More than three	3
8. If you have been mentored as a CSN, on average, how long did your mentoring relationship last?	Not applicable	1
	Less than 6 months	2
	6 months to 12 months	3
	13 months to Two years	4
	Over two years	5
9. Have you participated as a mentee in a formal mentorship programme organized by the department of health?	Yes	1
	No	2
10. Would you describe your unit as " mentoring environment".	Yes	1
	No	2

SECTION 2: PERCEPTIONS REGARDING THE ROLE OF THE MENTOR.

Select your answer using the following scale:
1=Strongly Disagree **(SD),**
2=Disagree **(D)**
3=Agree **(A)**
4=Strongly Agree **(SA)**

The mentor		Strongly disagree	Disagree	Agree	Strongly agree
2.1	help me learn about other parts of the organization	1	2	3	4
2.2	give me tasks that require me to learn new skills	1	2	3	4
2.3	help me to be more visible in the organization	1	2	3	4
2.4	is someone I can confide in	1	2	3	4
2.5	frequently get together with me informally after work by ourselves	1	2	3	4
2.6	be like a father/ mother to me	1	2	3	4
2.7	serve as a role model for me	1	2	3	4
2.8	give me advice on how to attain recognition in the organization	1	2	3	4
2.9	provide me with challenging assignments	1	2	3	4
2.10	provide support and encouragement	1	2	3	4
2.11	frequently socialize with me on one- to- one outside the work setting	1	2	3	4
2.12	be someone I identify myself with	1	2	3	4
2.13	guide my professional development	1	2	3	4
2.14	see me as competent	1	2	3	4
2.15	suggest specific strategies for achieving career aspirations	1	2	3	4
2.16	assign me tasks that push me into developing skills	1	2	3	4
2.17	is someone I can trust	1	2	3	4
2.18	My mentor and I frequently have one -on -one informal social interactions	1	2	3	4
2.19	treat me like a son/ daughter	1	2	3	4
2.20	guide my personal developments	1	2	3	4

SECTION 3: CSN MENTORING PROGRAMME.

Please indicate how much you agree with the following statements about the CSN mentoring programme.

Item		Strongly disagree	Disagree	Agree	Strongly Agree
3.1	CSN mentoring programme will prepare CSN to perform on a public health facility	1	2	3	4
3.2	The mentoring programme is important	1	2	3	4
3.3	A general nursing orientation prepares CSN to perform on a public health facility	1	2	3	4
3.4	A CSN mentoring programme will increase the self- confidence of a CSN.	1	2	3	4
3.5	Mentoring programme will decrease the anxiety level of a CSN.	1	2	3	4
3.6	CSN mentoring programme will help in the recruitment of CSN	1	2	3	4

SECTION 4: PERCEPTIONS ABOUT THE FACTORS THAT SHOULD BE INCLUDED IN THE MENTORING PROGRAMME OF THE CSN.

Select your answer using the following scale

Items		Strongly Disagree	Disagree	Agree	Strongly Agree
4.1	orientation programme for mentors	1	2	3	4
4.2	on-going professional development for mentors	1	2	3	4
4.3	formal recognition of the mentoring role	1	2	3	4
4.4	formal evaluation procedures	1	2	3	4
4.5	voluntary participation as mentors	1	2	3	4
4.6	a designated coordinator for the program	1	2	3	4

Comments:_____

Thank you for filling in this questionnaire.

ANNEXURE J

QUESTIONNAIRE ON MENTORING IN NURSING PRACTICE FOR NM

SECTION 1: BACKGROUND INFORMATION

Please make an X or write in appropriate response:

Demographic, professional data		X
1. Age	_____years	
2. What is your gender	Female	1
	Male	2
3.What is the level of the health facility you are working in	Community clinic	1
	Community health centre	2
	District hospital	3
	Provincial hospital	4
4. How long have you been employed as a Registered Nurse?	5-10 years	1
	11-15 years	2
	16-20 years	3
	21-25 years	4
	More than 25 years	5
5. What was your basic R/N nursing education?	Diploma	1
	Bachelor of Nursing Science	2
6. Are you currently registered in nursing education program?	Yes	1
	No	2
7. Do you have national level certification in nursing speciality?	Yes	1
	No	2
8. Were you or are you currently being mentored in your nursing practice	yes	1
	No	2
9. Have you mentored a community service nurse (CSN) during your nursing career?	None	1
	One or two	2
	More than three	3
10. How many CSN have you formally mentored in your practice setting?	None	1
	1 or 2	2
	3 to 5	3
	6 to 10	4
	More than 10	5
11. If you have mentored a CSN, on average, how long did your mentoring relationship last?	Not applicable	1
	Less than 6 months	2
	6 months to 12 months	3
	13 months to Two years	4
	Over two years	5
12. Have you participated in a formal mentorship programme organized by the department of health?	Yes	1
	No	2
13. Would you describe your unit as "mentoring environments".	Yes	1
	No	2

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SECTION 2: PERCEPTIONS REGARDING MENTORING

Select your answer using the following scale:

Items		Strongly disagree	Disagree	Agree	Strongly agree
2.1	Mentors get a sense of fulfilment by passing their wisdom on to others	1	2	3	4
2.2	Serving as a mentor can be one of the most positive experiences in one's career	1	2	3	4
2.3	Being a mentor is more trouble than it is worth	1	2	3	4
2.4	Mentoring makes one feel better about one 's self	1	2	3	4
2.5	Mentoring takes more time than it is worth	1	2	3	4
2.6	There are more drawbacks to being a mentor than advantages	1	2	3	4
2.7	A good mentee can enhance a mentor 's reputation	1	2	3	4
2.8	The advantages of being a mentor outweigh the drawbacks	1	2	3	4
2.9	The mentoring relationship can benefit both mentor and mentee	1	2	3	4
2.10	One's creativity increases when mentoring others	1	2	3	4
2.11	Mentee can end up taking the mentor's job	1	2	3	4
2.12	I plan to mentor a nurse in the future	1	2	3	4
2.13	Mentors can be backstabbed by the opportunistic mentee	1	2	3	4
2.14	I would not want the risk of being put in a bad light by my mentee' s failure	1	2	3	4
2.15	One' s job performance is likely to improve when one becomes a mentor	1	2	3	4
2.16	Mentoring has a positive impact on the mentor's job	1	2	3	4
2.17	I do not expect to mentor a nurse in my practice setting	1	2	3	4
2.18	The mentor 's job is usually rejuvenated by the mentoring relationship	1	2	3	4
2.19	I do not have time to be a mentor	1	2	3	4
2.20	I look forward to mentoring a nurse in my practice setting	1	2	3	4
2.21	Mentoring has a positive impact on the mentor's job performance	1	2	3	4
2.22	Choosing a poor mentee is a negative reflection on the mentor's judgement	1	2	3	4
2.23	Mentee can be a positive reflection on the mentor's competency	1	2	3	4
2.24	Mentors can count on their mentees to be loyal supporters	1	2	3	4
2.25	A poor mentee can ruin a mentor's reputation	1	2	3	4
2.26	I am willing to participate in the mentoring programme of CSN	1	2	3	4
2.27	Mentors obtain positive recognition in their organization for assuming a mentoring role.	1	2	3	4
2.28	Choosing a good mentee is a positive reflection on the mentor's judgement.	1	2	3	4
2.29	Mentees can be a negative reflection on the mentor's competency.	1	2	3	4
2.30	I have no desire to be a mentor	1	2	3	4
2.31	Mentors gain status amongst their peers for their	1	2	3	4

Items		Strongly disagree	Disagree	Agree	Strongly agree
	mentoring activities.				
2.32	Mentors are able to relive their lives through their mentees.	1	2	3	4
2.33	I have oriented CSN.	1	2	3	4
2.34	Mentoring is an energy drain	1	2	3	4
2.35	Mentors view mentees as a younger version of themselves.	1	2	3	4
2.36	I would like to be a mentor.	1	2	3	4

SECTION 3: CSN MENTORING PROGRAM

Please indicate how much you agree with the following statements about the CSN mentoring program.

Item		Strongly disagree	Disagree	Agree	Strongly Agree
3.1	CSN mentoring programme will prepare CSN to perform on a public health facility	1	2	3	4
3.2	The mentoring programme is important	1	2	3	4
3.3	A general nursing orientation prepares CSN to perform on a public health facility	1	2	3	4
3.4	A CSN mentoring programme will increase the self- confidence of a CSN.	1	2	3	4
3.5	Mentoring programme will decrease the anxiety level of a CSN.	1	2	3	4
3.6	CSN mentoring programme will help in the recruitment of CSN	1	2	3	4

SECTION 4: PERCEPTIONS ABOUT THE FACTORS THAT SHOULD BE INCLUDED IN THE MENTORING PROGRAMME OF THE CSN.

Items		Strongly Disagree	Disagree	Agree	Strongly Agree
4.1	orientation programme for mentors	1	2	3	4
4.2	on-going professional development for mentors	1	2	3	4
4.3	formal recognition of the mentoring role	1	2	3	4
4.4	formal evaluation procedures	1	2	3	4
4.5	voluntary participation as mentors	1	2	3	4
4.6	a designated coordinator for the program	1	2	3	4

Comments:_____

Thank you for filling in this questionnaire.

ANNEXURE K

INTERVIEW GUIDE

1. Introduction and orientation

-Provide information about the purpose of the study

-Highlight the issues regarding voluntary participation

-Provide the information about notes taking, tape recording

-Signing of consent form

2. Obtaining information regarding the following

-Number of years

-Position

-Age

-Qualification

-Health facility

3. Perceptions/experiences regarding mentoring of CSN

-Verify the need for mentoring of CSN

-Ask participants about their perceptions regarding the benefits of mentoring

-Ask participants about the characteristics of a good mentor and mentee

-Perceptions about how can mentoring of CSN be enhanced

-Activities that should be included in the mentoring program

- Perceptions regarding people who should mentor the CSN

-Ask about the challenges or barriers to mentoring the CSN

-Ask whether they are willing to participate in the mentoring program

ANNEXURE L

SELECTED INTERVIEW TRANSCRIPTS FROM CSN AND NM

Individual Interview

Age: 44 years
Gender: Male
Speciality: Trauma and Emergency
Basic Nursing qualification: Diploma
Experience: 20 years
Position: Manager
Duration: 30:16

Researcher: Good afternoon sir

Manager 01: Good afternoon mam.

Researcher: This interview is about the development of the mentoring programme for the CSN in NWP PHC facilities. What are your perceptions about the mentoring of the CSN?

Manager01: In my own perception, I think the community service nurses need a very close mentoring. Reason being uhm... in my own observation the period I have been with them. I think they need correlation of theory they have just learned and the practical sphere of the ward...of running the ward practically. The most important thing that they lack too much is taking responsibility of the ward or taking the responsibility to each and every patient they see. That is lacking too much. The other thing again that lacks is...like eh being unable to do procedures as required by the doctors as required, for an example the resuscitations and eh some other minor procedures like uhm...those of administering transfusions patients...I mean blood and eh... ja...Like taking care of valuables of patients...such things I think they do lack lot of monitoring in those issues. Thus far what I can recall this far

Researcher: You have said that you have identified that they need mentoring because they need to be mentored on how to do different procedures.: Resuscitation, blood transfusion, keeping patients valuables. Anything else?

Manager01: Ja... basically...even on managerial issues...taking care of....reporting times and knocking off times they still lack behind whereby they happen to report late, they still take

along hours on lunch, hence I said responsibility like they don't really take a good responsibility of the ward. At some stages you ask them some certain patients, where there are patients and where did this patient come from they don't take full even in detail information as when the patients come. Such things. They are...they are minor but at at the end of the day they happen to be a very big issues, because then the hospital will not know, like record keeping and such things, they know theory about record keeping, but practical they don't do it. And it's it's really a problem that. Like jotting of, jotting down of eh...off duties they will jot them down correctly so, they will...but implementing, checking if everyone is on duty, as he supposed to be. That's where they lack. Taking leaves, that's where they lack, all those things they are not up to date with, so I think they need to to also, maybe, maybe it is because they have not being responsible in the...in the wards they have been training but, as soon as they assume eh... taking...assuming like responsibility, they need to be inducted a lot in that... yes

Researcher: You have mentioned that they need to be mentored on accountability, managerial issues. Do you think that they need to be mentored about policies, protocols?

Manager01: I...I think so, because earlier on I mentioned that things like resuscitations, I mentioned all those. I think they lack, they don't participate fully on resuscitations. I will make an example, there are protocols like poisoning protocols, there are protocols like poly trauma patients, protocols like for any other like DKA patients, diabetic keto acidodis patients like so forth. Because they are not aware of certain changes or like they are not aware of protocols they happen not to pitch for resuscitations. So I think they do need to know those protocols and really to be well inducted in the service. Otherwise they'll just be present on duty but not really being effectively doing the tasks as expected. Ja...

Researcher: So you have mentioned that induction should form part of mentoring. Anything else?

Manager01: Basically, thorough orientation, uhm...orientation...like I mentioned to take the responsibility of the patients. At times they just think that maybe if a patient comes in and the patient get transferred maybe for a tertiary management, it's like off their hands and they don't have anything to do with that patient. Sometimes when the family comes and inquire about that patient they don't even know the ward where the patient is being admitted at tertiary level. Such, such...such it's...it's quite very important for the where about of the patients. I think policies in general will help to be inducted on policies, how to do certain things because the hospitals where they trained in, is not the hospital where they are going to work. So I think that it's... it's a gap, then we...we leave them maybe in a gap not knowing

what to do and what not to do. They still apply what was applied on a district hospital while they are in a provincial hospital. So I think a specific induction is very relevant. Dealing with a district patient is not like dealing with eh...eh provincial uhm…patient. So it is... I think it's vital on that note

Researcher: So do you think that they are incompetent and they lack confidence?

Manager01: In...in...their incompetency is not clear as we may think...uhm...they may i don't know whether it is fear or lack of confidence. Theory they've got and they know theory background. But when it comes to practica it is if they...their rapport with the patient is...or the way they handle patients it's it's lacking because, a person can tell you how to administer certain drug, but when you give them a chance to administer the very drug you find out that they leave some gaps. They don't explain maybe like side effects of the drug, they don't explain maybe the expected outcomes of the of those drugs so forth. So they are competent the only thing that I think they lack is...I think they lack...maybe patients relationship thing. That rapport that's lacking, and some of them indeed, they are very incompetent I mustn't I mustn't cover all of them., some of them they really don't know a thing. You ask them certain drugs they don't know a thing, you ask them certain, to do certain procedures, they don't even know anything. And at the same time they are not...I I would say some...ok arrogance is not something that we can maybe treat or solve with uhm induction and solve with mentoring, but I I don't know interpersonal skills somehow they are they they lack them. So...somehow attitude also. But the main thing that think its play a role it's they lack passion on their work generally, I think that's where it is lacking. I think something must be done for them to like their profession better or to approach their profession much better. Ja...

Researcher: You have mentioned the gaps or the needs of the CSN. Do you think that they can benefit from mentoring?

Manager01: I think so. I...I... I think they'll benefit a lot from mentoring because, if they have consistent mentoring, they will then be able to cover their backs and to cover where they lack. From their mentor I think their mentor won't bully them, their mentor wont...in any way threaten them. But their mentor will be able to slowly show them the procedures and take time with them so that they are confident professionals tomorrow. I I think they'll benefit a lot and this consistent mentoring I mean somebody who will be there to...just check how they work and really have a very good relationship with them. And as well bit by bit introduce them in taking...in assuming the responsibility that I mentioned earlier for them to be very professional tomorrow. Yes.

Researcher: For how long should that mentoring take place?

Manager01: It it it has to depend on individuals. Uhm...some of them they are those cases that I can still recall where you work with somebody who is a community service nurse, maybe for three months, four months then you can see there is a lot of improvement. He or she is assuming responsibilities he is, quite flowing well, he is recording everything, he is taking responsibility of the ward, he is taking responsibility of each and everything that comes through his section and everything, but some it really takes a while. I think it has to depend on an individual, individual basis. If if if we really let's say put six months, some are not ready at six months and at the same time I think we have to put into cognisance their energy, their age I mean. Young ones they happen to still not to...to get where exactly they are still...you know...left behind at school and all that. So I think it has to depend on an individual. Really it has to maybe... let's say three monthly they need to be assessed to say we have mentored you on certain policies how far we have come and. It has to be something that can be...also assessed maybe quarterly or so. But I think six months it's adequate for every person to like really get eh well inducted

Researcher: Tell me more.

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Manager01: There should be a feedback on each and every one on progress because, we can't monitor somebody on...mentor somebody on same issues, I mean for a long time. It is going to end up denting or insulting the intelligence of an individual. I think where the person has improved it has to be ticked off, then move to the second step. Then we also check where the person lacks, you know. The the... I mean nursing is quite broad, we talk of health education of which most nurses don't do and they don't do it because they lack information.So,those areas they need to be visited, some are very good at health education some are very poor at... at it. So I think individualising and really give feedback on each and every aspect we have achieved is going to help us.

Researcher: In other words the feedback should be constructive and it should be consistent?

Manager01: Exactly...exactly...exactly (nodding)

Researcher: You have mentioned that the mentee can benefit from mentoring; do you think that the mentor can benefit from mentoring?

Manager01: He can...I would...I would refer to me. Uhm...myself I like teaching because I like teaching, students will come or community service nurses will come, maybe asking me of

topics that I am not that good at. Because I...really like teaching, I would have to go back, study those thoroughly so that I am able to explain them thoroughly to them. So at the same time they challenge me to also learn on certain things that maybe I missed at school, and as well as discussing and as mentoring them, at the same time the information stays new as possible and I have to update myself because I'm responsible over them. So a mentor also benefits, because that mentor has to update himself with the recent information as much as possible so that whatever that he is teaching, whatever that he is giving, is an updated information. So I think it's...it's the mentor also benefit as well.

Researcher: So in other words, their developmental needs are also met ?

Manager01: Exactly.

Researcher: The psychological needs?

Manager01: Ja...I think so... I...I, I think so. Even...even psychological wellbeing, it mean...meaning that at the end of the day, you will feel that I have done something that helped somebody. In return I have helped many patients that are going to come on this mentee's hands, because, that gives you a very healthy eh eh eh mental status to say that I am doing something positive, I am doing something great, so you are up for challenges each and every to say today what are we doing, because we are moving away from the routine. I think the mentor as well psychologically is going to benefit, is going to be very healthy psychologically. Is going to approach issues without any attitude, knowing that I am assisting someone to settle in my profession. I am grooming somebody, actually I think the word that we maybe we need is to groom them (emphasising). To groom them to be...to be...to be...to be professionals. To be professionals, to be a very responsible eh...multidisciplinary team members.

Researcher: In other words mentoring will help the mentor to have this intrinsic motivation?

Manager01: Exactly, and and insight as well, he is going to benefit and have lot of insight with many...many queries and ja...and grow at the same time in his or her profession, ja...

Researcher: You have mentioned that patients are also going to benefit. Do you think that the organization can benefit from mentoring of CSN?

Manager01: Definitely... definitely.... I would... I would relate a sequence of... maybe of progress. A patient that comes in a hospital, and get receive a very...I would say professional

care, that person is going to go about and tell others that at certain hospital at a certain ward, they are very professional. A patient who gets helped from a very unprofessional person will also go around and tell people that at certain hospital, certain ward they are very unprofessional, I don't advice people to go there. At the same time we would want the community to have confidence on us as professionals. So I think that is going to be a very good thing to say, in that hospital they very professional, whenever you have a problem, rush there. We are not going to have a problem of people delaying with lot of eh eh problems. No people will come very late I mean when we talk of cancer they come well, they...when the cancer has metastasis...and everything, so I think that the department is going to benefit a lot and organization at large is going to benefit a lot because...then it is going to have a very confident and who are going to learn and as well do away with issues of shortages that we do have today. They are going to develop passion, and they are going to learn and they are going to stay, not people who change directions and go to other careers, I think staff retainment is going to...is going to be there. We gonna win a battle of shortage and everything at the end of the day, because then people will be passionate about their work. People will love their work because they are well inducted and they know what to do at the right time and day, and they... they are quite confident and they can be professionals. It's not a stressing situation because if you come and you don't know anything you end up being stressed, you end up feeling like you can run away, hence they change careers...ja.

Researcher: You have mentioned that mentees have some gaps or needs. Do you think that mentors have needs?

Manager01: They do...they do. Mentors...if...I would put it maybe in a statement to say what you don't use, you lose. If they don't use the information that they have acquired they are going to lose that information and they won't be able to be competent anymore as professionals. They will just be there for ten years, for twenty years but really the information is not there, because they don't use that information often. They don't teach, that... they don't pass it to the next generation, they don't empower others and failure to empower others. Then you are going to have a gap that you will sit there not...eh I mean...your staff or your colleagues are not empowered as you. Come a problem you are the only one who has to attend to it, if you know, if you don't know, then it's a stressing situation for you.You you you you are *stucked,* you are not growing, you are not doing anything. I mean leaving a hose pipe in a very place for a very long time the grass underneath becomes yellow because it's suffocating. I would say they suffocate and they don't have anywhere to turn to and they end up just being professionals that are not really keen to do their work and they don't even know.

Researcher: Ok

Manager01: They should be, they should be...they should be workshopped. Not necessarily on on what to teach or what to...maybe do...Maybe their workshop it can be maybe how to teach or how to, how to give or how to mentor somebody or how to...that interpersonal skills, how do you deal with somebody who is very arrogant and they are training. How to deal with maybe a very lazy nurse, how to deal with maybe...somebody who just absent himself who doesn't give you feedback as you want to. How do you deal with such situations? And at the same time they they also need to be...how can I put it...to be...to be reassured that whatever that you are doing you are doing something great. Maybe in the form of rewards, in the form of you know... I think mentors also need that. I mean for each and every is a human need to be rewarded or to be...you know... to be reassured at the end of the day to say... look at your nurses, look at them how they are performing. You know such a thing. It's also going to help them to also work hard and to also to look forward to train more people...ja.

Researcher: Do you think that mentors should have certain characteristics to be able to mentor effectively?

Manager01: Positive attitude is...is a necessity for a mentee and for a mentor. uhm I will make an example, if maybe a mentor is not well behaved or well-groomed into the profession that person cannot mentor properly. Because some people you are a role model to some of your mentees, so they must be role models for for the mentees as well. To learn a certain attitude, the way you treat your patients, the way you treat your mentees, you have to to to to have good ethics towards them and and etiquette so that at the end of the day, everyone feels respected, everyone feels welcomed to to participate. Thus the goal where we have to build it, that's our goal that we need to achieve at the end of the day that mentees are free with their mentors and at the same time mentor is also free with his or her mentees. They have a very good relationship, they can talk about anything, they can talk about any weaknesses they can pick up. And also mentees, they...they will have confidence as to correct the mentor if he misses something or she misses something to say, but this is not the way we manage DKA. According to the new protocols we manage it this way. Then if the person has a very good attitude will accept that and correct it and continue to teach others. And that's a very learning eh eh atmosphere that we are looking for...

Researcher: If we can develop this mentoring programme, are you willing to participate as a mentor?

Manager 01: I will gladly do that, I will gladly do that, (smiling). All the experience that I have acquired, and all that I know, and all that I'm very sure of, I don't have a problem to mentor somebody.

Researcher: Do you think that there are barriers to mentoring?

Manager 01: Not really, I don't think that there are really barriers that can really impede... mentoring. I don't think of anything that can really disturb it. And I don't think that time is the issue. I don't think uhm...as human beings we like making lot of excuses. That we don't have time, the ward is full. The ward is full but you have human resource that cannot help you with the full ward because you didn't mentor them properly. Hence you are having eh...a full ward. By taking every thirty minutes every morning or after each and every patient that you are dealing with, discuss that patient thoroughly. This is what was supposed to be done, it is not done. Correcting them, mentoring them daily, mentoring them you know timeously. I think those people are going to benefit a lot and at the end of the day you are going to win. And you are going to have time in your hands, because everyone now is capable of doing the job that you are stressing about. Ja...

Researcher: Anything else that you should like to share with me?

Manager01: I'm quite happy that atleast somebody is thinking about mentoring of the...the newly qualified nurses. Because uhm...there should be progression in in in in our profession. That...ok we hear people saying on media that, this profession has gone to to the dogs. I mean we should stop it before it gets to the cats. We should stop it before it it gets worse and really groom the people so that we really get the people who are really passionate about their work and who are really able to really perform as expected and really preserve the eh...the health organizations

Researcher: Thank you very much

Manager01: You are welcome

Individual interview: CSN PARTICIPANT 8:
Gender: Female
Age: 35 years old
Qualification: Diploma in Nursing
Experience: Two years' experience
Placement: Hospital
Duration: 48minutes

Researcher: What can you tell me about your experience regarding mentoring as a CSN?

CSN P8: OK...after... I was allocated in this institution...I was in the first, first few weeks...I was not working under supervision as requested... and as I expected. Because of shortage. Even on the very first day I was left with the ward. And I did not know the policies, I did not know anything of of how I was going to go about things if something might go wrong. But as time went by eh... things improved and I... I...eh...was working under supervision and I gained experience, I think for me after...eh... being placed in this institution, for me working alone, I think it worked on my favour because I gained confidence, I learned to work independently. And to make decisions as an independent and autonomous worker

Researcher: Ok, anything else?

CSN P8: Ja... I can see, I can say that I gained eh eh experience. And then I...by being mentored I gained this confidence knowing that there was someone to help me whenever I needed something. But...in a nutshell I can say that I gained confidence and this feeling of being independent because I learned to work independently with little supervision

Researcher: You have mentioned that during the first month you were left alone in the unit, how did that affect you?

CSN P8: Ja... as I was saying, at first I was scared. But as the days went by without any negative incidences, I gained confidence and eh it also built my self-esteem knowing that I can work independently. Yes... I can manage the ward independently

Researcher: Scared?

CSN P8: Yes, I was scared because I was new in the field and I am working in this institution whereby there are so many risks. I did not know the protocols, …policies …should anything happen to the patient, because I am here for patient safety. I didn't know what would I do if something went wrong. Because I was not orientated and I was working alone heading the unit without being mentored

Researcher: You have also mentioned that you did not know about the policies in your unit when you were newly qualified. Which policies are you talking about that you feel that you need to be mentored on

CSN P8: Ok...ok. like on my first... the first time I was allocated in the male ward it is an adolescent ward so I knew that there was a risk of escapes, I didn't know any policy about escape. There was a risk of... eh...encountering aggressive patients. So there are protocols that need to be followed and I did not know them at the time. There are risks that the patient can fight at any time and there are those policies, procedures that you have to follow, which I did not know at the time. I was not orientated

Researcher: tell me more about this orientation. How were you orientated?

CSN P8: Waitse (you know)...we were orientated after....after a month here. What happens during orientation, they call people from from different departments. Where they orientate you like... for example department of labour, they will be orientating you about the basic conditions of employment, employment equity act. Eh...people from infection control, they will tell you your rights, your responsibilities and what should happen when maybe you get infected while on duty, such things. That is what happens on orientation. And you are orientated by... regarding policies and protocols. Yes, that would help you on daily basis in the unit

Researcher: So you were orientated about the administrative policies? How else?

CSN P8: Yes, in the ward I was orientated by the operational manager. But it was just here and there, she did not go deeply. I learned many things by myself. And by inquiring, by observation, by reading by myself and by asking my colleagues. It was more of the orientation of the structure of the ward than being orientated by the policies in the ward. Yes

Researcher: What else did you experience?

CSN P8: There was... a fight in the ward, there were aggressi...ve, during...I think it was on my third day, there was a vicious fight in the ward (emotional). And I was managing...I was heading the unit. The assistant nurses were looking at me for... as I was the senior. I used what... the skills that I was taught at the college, management skills, my interpersonal skills. But I did not follow the procedure but at the end of the day the problem was resolved. I was able to calm the patient, I called the doctor. One patient was transferred to the security ward. Yes. That also helped me to gain confidence, that no I can manage this unit, without being mentored

Researcher: Nodding

CSN P8: I...got support from my colleagues, the management instead, they wanted to blame me for not following the protocols, which I did not know at the time. I... I felt that they did not appreciate what I have done. Emotional...You see...people were like you have done well...but. I was not happy about that...But you should have done this and that, knowing very well that I was not aware of those procedures. I was heading the unit and being new in the unit, I was heading the unit. I felt that they were not appreciating fully what I have done, But I received a full support from my colleagues that no you have handled this well, and you were alone, so I appreciated that from my colleagues.

Researcher: So they were blaming you

CSN P8: Yes...because I used the management that I knew from the college of management of aggressive patient where else there was a ward protocol that I should have used instead of the management that I know. So that was the problem that they were talking about. But then I told them that I am new here, you have not orientated me. I was not under any. Ja.

Researcher: What did they say?

CSN P8: No they understood they apologised, because I felt very... unfairly treated. It was then that they speeded up eh... this...the orientation thing., that they started to orientate us

Researcher: So if the department of health can develop the mentoring programme, what would you like be included in that program

CSN P8: Uhm... I think it would be a good thing if if...that mentoring programme could be developed. We need support. I think support is the first thing that is required. Supporting these newly qualified nurses, because we are new, we are scared, we are not sure of ourselves. We are very sure of the theoretical part of things, not the practical part of things. Is to give us support. Maybe some workshops, workshops eh...for both the the mentor and the mentee, if I can say that. So that because there are so many developments. Health is a dynamic thing; there are so many changes on daily basis, to keep us abreast with knowledge. I think those the things that I would like to see

Researcher: Are you saying that you are not attending any workshops.

CSN P8: No, ever since I was here, I have attended one workshop. And I attended it as a replacement. The person who was supposed to that workshop eh...got held up or something. So there are no workshops so far

Researcher: So you think that there should be some workshops for the newly qualified nurses?

CSN P8: Workshop. I would like us to be workshopped on policies... there are many developments...eh like... medicine, there are many changes, introductions of medicines, Policies, medicines, protocols, guidelines such things. Yes.

Researcher: So you are not attending workshops?

CSN P8: Not at all

Researcher: Anything that is done with regard to development except workshops?

CSN P8: Nothing, there is nothing that is being done

Researcher: …(Nodding)

CSN P8: Nothing... We are told about...that that we are under budget constraints. That's what we are being told.No workshops, no development. The only development that I may say is only when you have applied for study leave. You must have some certain, you must be in the institution for the certain period. Otherwise there is nothing ever since I have been here

Researcher: Do you think that mentors also have some needs?

CSN P8: Yes, they they... I think they also need to be workshopped. Because I think they have... most of them the experienced nurses, they have... they are still caught in the past. They know those old methods, and things are changing, they need to be abreast with the new developments, from time to time.

Researcher: what characteristics do you expect from the mentor?

CSN P8: I would expect the person who is knowledgeable. that I know that if... I know that that person might not know everything, but atleast I should know that I can rely on this person. He or she knows a lot. A person with good interpersonal skills, because I cannot be able to interact with the person who does, who does not have a sense of humour, who is always angry. Yes. And I want a person who instils confidence in me, who knows that... who who makes me feel you know...that I can get to, I can can be able to do whatever that I am requested to do. And a person who has a professional work ethic. Not person who no is a good mentor, to...tomorrow she has personal problem she does not attend to those things. I like a person who has professional work ethic. Yes. That is the kind of the mentor I would be comfortable to work with

Researcher: You have mentioned shortage of nurses. Do you think that it is the barrier to mentoring of CSN.

CSN P8: Yes, I do believe that

Researcher: Can you elaborate that?

CSN P8: Because when there is shortage of nurses, that nurse, eh...the nurse who is supposed to be mentoring you newly qualified nurse end up going, end up be send to relieve or help out in ward where there is critical need. Whereas there is this gap that will be left in her unit. That is what is happening. And then I think also causes nurses to to to be demoralised because they become overworked. Then they end up neglecting newly qualified nurses. They will be saying, no we learned by ourselves let them also learn by their own. Yes
Researcher: Any barriers to mentoring

CSN P8: Eh...except the...the shortage...Lack of equipment, lack of resources is also a barrier, yes. Like for an example, if some teaches you about ECG and there is no ECG machine that does not really serve any purpose, yes
Researcher: And how do you think that mentoring of CSN, can be done?

CSN P8: I think that...before a eh eh...as a newly qualified nurse, before you come to the unit the the...unit should be aware that you are coming in time on time. We should, should be allocated your mentor. That should happen to all units. You should be allocated that you are responsible maybe an an...eh the ratio should be normal. Maybe one mentor per 3 newly qualified nurses. Then that small community, the mentor can be able to manage like small group of people

Researcher: Are you supported by the managers?

CSN P8: I don't think so. I think the managers themselves are overstressed. That is my observation. They are stressed by the...maybe the administration duties, lack of resources, And then maybe the continuous complaints from different units. So... they end up not being able to support us. Maybe the... they have too much in their plate. They have concentrate on their duties and then also to oversee, maybe the nurses. So I think that many things they are not aware of them. Yes

Researcher: Tell me more.

CSN P8: Eish, challenges are that as a newly qualified nurse, I am presently not employed. I work on contract bases. I ask myself why did I go to school for four years. And this...and when I went to to nursing I had many career options, but I chose it because I liked it. But now I am regretting that decision, because here I am, I am unemployed. I feel I am unappreciated. We are told that there are no funds to absorb us in the system. So I become demoralised (SAD) I just drag my feet and just wait for time off. I feel like I am not doing...I'm not being fair to the patients. But I also have a livelihood I have children to take care of, If my my personal life is not taken care of, obviously I won't be productive. Those are the challenges as a newly qualified nurse! In the North-West Province! (Angry)

Researcher: So do you have a platform whereby you are able to raise your challenges?

CSN P8: In terms of being unemployed? Yes, we have raised this with our unions. But I feel that they are not doing enough. We have also raised it with the management. As for...for example I have also completed my com serve but I have not been absorbed and I am earning a com serve...what...salary, which is very unfair, I'm being underpaid, while we do so much for for this. But then I have decided to leave this province to go for greener pastures and it is promising. But then the province could lose a lot...a lot of nurses. They train us...and then they train us for other provinces. After com serve we are not being retained. yes.

Researcher: If we have to wrap up what we discussed, you have indicated that the department is not doing enough?

CSN P8: Yes is not doing enough to support us. The only report is written when we complete...during our completion of the com serve. Is written by the...CEO and that is was the only time that my CEO saw me. For the past 12 months, he did not know me. The only time he saw me it was when I submitted that completion of com serve report. There was a portion that he had to fill. If the very same person in my institution does not know me, does not support me, how about the one that is further away. Yes, you cannot get support at all.

Researcher: Role of managers?
CSN P8: That is very critical. I believe that charity begins at home. If our own management knows our challenges, our strengths and our weaknesses and we work together as a unit. They can be able to know our needs, our shortages and be able to take those problems to their seniors at the provincial level. So it is then that the province takes us seriously. If our very own institution does not know us there is no way that we can get support from the province

Researcher: And do you think that feedback is important with regard to your support?

CSN P8: It is very important. We should know what is going on if if I had some complaints I expect redress that we are this far with the problem that you raised. I think that is the form of professionalism, courtesy and decency to give feedback to your employee

Researcher: If you could be mentored as a CSN, how long should it take?

CSN P8: As I was saying that there are some... nursing is continuous, there are so many changes daily. I think six months would be enough for me. Because I wouldn't... I would like

to be mentored but I wouldn't want to be totally dependent on the mentor. That would be enough for me, to be able to stand on my own feet. Six months is ok. Yes

Researcher: How would you like to get the feedback?

CSN P8: At least monthly if not quarterly.

Researcher: Can you please elaborate

CSN P8: I think eh eh face to face is better, but if maybe if if it is not possible may on other times you are given eh, may be you are in a written form maybe a memo or something. But I prefer it to be personal, Maybe, if I'm not addressed alone, maybe whoever is giving us the the feedback would eh eh meet us as a group and give it on person to person bases.

Researcher: With regard to the incident of that aggressive patient, how did you learn from that situation

CSN P8: Yes, I learned that mentorship is important, because if i was under mentorship, my mentor would have told me that this is how we do things. If we we have this kind of incidence this is how we go about it. I think I would have done things correctly even though I was able to come there with the solution but it was not the correct way. But I do feel that if I had a mentor I... I would have prevented something from occurring that that those nasty exchanges with the management could have been prevented.

Researcher: Ok, I think we have reached the end of our interview. Also allow me to come back and make a follow up regarding any clarity. I really appreciate for your participation.

CSN P8: Thank you

Focus groups discussions transcripts

NM: N=8
Gender: Females= 7; Male=1
Experience: 15 years to 42 experience as registered nurses
Qualifications: All had diploma in nursing as basic; nursing management=4; nursing education= 2 ; specialty= 8
Duration: 1 hour, 4 minutes

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Researcher: What are your perceptions regarding the mentoring of the CSN?

Participant C: I think it would be... great if they can really be mentored, because currently, I feel they...they are not mentored in the right way. They are thrown in the deep side, because of shortage of staff. And they must just continue immediately as a sister. I don't know how others feel but that is my perception about how I see it.

Participant G: I think the...com serves must be...really mentored. Because mostly they do theory at at their...during their course. So for them to be able to render quality nursing care..., there must be somebody to assist them to support them, in order for them to be able to be...be confident. They must know exactly what is expected from them. And they must be able to face challenges. If something happens then the person must not feel like, oh...I failed and then...just want to leave or the must know that in in nursing or maybe in any other... other job you meet obstacles. But there must be a way to to solve, those things, they must not give up. They must be better people, independent, that's all I think

Participant B: Infact even though they learn these things from the field, but they are lacking things like ethics and professionalism. Cause, these years in our profession the unions are too involved. And they don't respect the SANC regulations, and they don't want to respect the rules and regulations. And with them when this thing started, when the the ANC wanted to implement this thing, it took first at the university, when they came to the ward, that s how it was arranged. How does the drip stand look, so we start again to teach them from fresh about the practical aspect. But I think if they are...uhm mentored, it will save us time, so that it will be easier by the book to the practical. That's my perception

Participant E: Yes I agree... because they are really...sometimes it feels like especially when they are work night duty or when they must take responsibility, they qualified by the nursing

council as a suster, and when they are qualified as a suster, we expect from them to take eh...the responsibility of a suster, because when you are qualified as a suster, and you make a mistake and you must take court...you cannot say that I did not know, because you...Then when they end up in court and they are really a risk in the ward. Because I feel the the the com serve susters these days when they finish with their training, you cannot really let them go,eh eh leave leave them in the ward, once as to be responsible for the patients. You must, you must lead, sorry about my English you must you must give the eh, the necessary training. But then...also i feel...lack eh...in these days of nursing, I am an old suster and I am coming eh eh eh from and I coming from,eh eh let's say the 1970s, but in that days there was there were being very very respectful. I feel there is a great lack of each respectness. They,re not respectful to older us older suster or a suster who work with them. When they finish, they feel like, I,m also a professional nurse and you cannot remind me of anything. And really the the, in my days, you when the matron and suster in charge and suster above you, even if you eh...eh a first year student you do have respect for a second year student. And so the eh eh the bevel neh goes up neh. And so when you eh they they trained us, uhm... sorry for Afrikaans, gedrul like in the army for respect. Respect for the, for your seniors, respect for your seniors. Now these days even the...even the cleaners do not have respect for a suster, for a suster or eh...So i i really feel there is eh... eh...a big shortage of respectness. The...they're not even respect the doctors, and that or that, is the reason for... no one wants to mentor the com serves, in a whole, some uhm eh...they...will say you must not let us down our work, you must not let us down. Not always there,I I but some of them, they feel I'm already qualified i m a suster like you and I eh...can do my work, I know what to do. That is why most of the people feel that there is really they need eh, they need learning respect, they need to mentoring and we must lead them into the profession. But...they,re also a risk, for the patients and themselves... ok.

Participant D: I agree with what sister B said. The eh... com serve nurses they must understand, if you,ve got your...driver's licence neh, previously while you was practicing, you...there was someone always with you., you was not alone the driver no. But immediately after you got your licence now you must be driving alone. And then that is the time you are learning to drive. Because there is no one who is going to tell you, there is a stop look for that, look for that. You must observe and do things for yourself. So they must understand., although they are sisters uhm we are not...we are not, we are willing to mentor them. Although they are professional nurses with three bars, some of us, we got one bar, some of us haven't got the bars but we've got experiences. We are long in the field and we know what to do. They must allow us to tow them. If they are not sure, while i was a student,not eh eh

student nurse ja, one of the sisters told us you must ask if you don't know something. Do...don't do common mistakes, because if you are, because if you ask you are clever and you are going to learn. But if you don't ask, you are a stupid because you are doing silly mistakes, things that that was not supposed to be, to be a mistake. Just because you didn't ask. They must ask us, we are willing to mentor them, to lead them what, and how to do, what and what what. Don't look at a person the bars the qualification, the person has got two bars and you are not going to tell me. And then things will run smooth in the profession if they are willing to

Participant H: That is true, it's true, the com serve need to to be...mentored, because I've realised that some of the eh...com serves they know, they doesn't have any knowledge towards what we are doing. So they only...concentrate on their theories, practically they lack too much, so they they need to be mentored. And also as sister B has already said respect comes first. Eya, respect come first. So most of them when they come...maybe you are you are working with them, they don't have any respect towards their juniors like maybe she is working with the assistant nurse or cleaners they don't respect them. So they need to be mentored

Participant: A: Uhm, mam, I think the community nurses...eh...eh they need to know that if you are new neh, you you can know everything but if you are new in an environment, you need to be orientated, you need to know, I know they are taught the new developments and all that in their studies, but they need to be mentored eh eh in their environment they are going to work.And then the other thing is the...etiquette will...is going to ah...need to be emphasized because ah ah in our trainings we know that etiquette was very important, whether you are senior comes in you stand up. So, so they think they know neh, that is why some of them, some their attitude it it is not good, they've got the negative attitude towards the other professional nurses and then they are like the other speakers have said towards the old nurses because they will give them names, like bo bar 1 and we know that they are having three bars... The ancestors (laughing). They need to be mentored and advised. Some of them, some of them, neh they need to...to to understand that uhm...the situations are not the same neh. Like in K hospital, the the institution that i am working in is is sometime we do understand there is a shortage of staff and then some will, we need them to be, take the responsibility neh. Like if the the other sister is not there she will have to take the responsibility of being eh the eh registered or the PN in-charge for that unit. So, we need to...just to eh eh mentor them on their the nursing regulations for being, the time she is registered as a professional nurse, the acts and omissions.

Participant G: Can I...I...I, I just want to ask that if it is really possible when they are at 4th year neh, maybe they start with something like,they stress EPP, for them, neh. Maybe they start...because..., the 4th year students they're already professional nurses. They need to start there by behaving like professional. When they come to the institution, then we just press some of the little things, but they must be...ke gore they must come being well equipped...yes. They can start something from the 4th year, then we just...

Researcher: Anything else

Participant C: Eh,you know what...and also, what I think the root course, sometimes you know I think, maybe today the people don't go for the passion of nursing. They go for the job. And that's a big thing. Because you will see that in the in the practice...that...that specific people there is no interest of going the extra mile, you know. So, passion, I mean previous years we, if you can remember, it was standard 6 people who got to...became nurses and...Now you must have all these standard 10 and you must have this biology and stuff like that that the previous years the people but they had the passion. Now you've got, you are so clever, and you are intelligent but...the interest in what you are doing, is not there!

Participant B: I think the other thing also is that they don't take nursing as eh as a calling. Nursing in the olden days we used to say is calling is not for everybody's work.So not everybody can enter the profession. But due to their socio economic status because they are getting paid. So they just get to the field but they don't match. Ja they don't match to the to the profession. And I think the other thing is...maybe as you said on the 4 year maybe a programme can be worked for them, specifically one-year programme just to get those things like ethics and professionalism all those things, a full year, or six months before they get into the field.

Researcher: Can you elaborate the statement about CSN thrown in the deep side?

Participant B: For an example administration of medication. Simple as that. They cannot give that. They give wrong medication and they chart on that, they give wrong things, the don't do the proper procedure as they have been taught. So that' s why we are saying, they are just thrown deep. They don't have..., they have the knowledge but, I think the other thing is that the knowledge is too much and they cannot take all that knowledge and put it into practice. It is too much

Participant C: And I think the alertness of the risks is not there. They will see something and they won't even know that it's a risk, you know, ja. Definitely.

Participant H: Ja for instance if you leave them in the ward as a qualified suster, then there is a suster in the ward but it's only a com serve suster, if they have something like a heart attack or something and they must resus, I can promise you they will not know how to resus. They will not know...exactly what to do. I don't know if there...at training there is still eh...shortage of trained eh eh eh professional nurses in...in eh first aid. They they do a short first aid course in the first year neh and then in to the diploma course of first aid. But then they are not really, I don't know how the risk of diploma I feel they are not up to date with resus or how to resus,...and how to...in the case of emergency, how to...to react...yes.

Participant B: But I think it is the curriculum itself, they do it as a university there,. In the university, when you do something for a semester, if you are done with it, you are done with it, you don't see again. But with nursing it's different, doing that thing. But i think the curriculum itself, is the problem with the curriculum. If they have ended the second year doing this course, if you are done with it you are done with it.

Researcher: Anything else that support the need for mentoring?

Participant C: I think nowadays...eh.. susters choose to work in a different certain area, you know, like surgical, orthopaedic or trauma, whatever. So maybe there can be a short course, specifically, you know.I mean they can start with basic things like medication, ehm ethics respect like that kind of thing only that basics neh. But with eh eh... with your speciality...go deep into surgical, you know. Deep into orthopaedics something like that like trauma nurses do and midwifery, you know but they don't go into specifics and you know and like a book or a guideline to help them to look out for this when eh eh patient is going for appendicectomy. You know I mean the the, when you study, the field is so broad and you take...you you touch once on one thing. And then it's over, you understand. And really I I think a guideline a book for...certain areas will definitely help them. That,s what I think...

Participant E: That is why they must be...mentored, uhm mentoring, because after... finish, then they must be mentored in this specific areas neh.

Researcher: You have identified that the CSN are a risk to patients and themselves. Can we discuss that?

Participant G: You can be a risk to a patient...by giving wrong medication, you can be a risk by not being able to identify the risk that are there in the area, or maybe you see that this is an electrical app...Whatever...wire that is open. Being lazy may be to... write a TW84 and say people I m having such a thing, come and repair. you know sometime that is why we're saying these… your job you must have passion to your job, as soon as you see, this is wrong

then immediately, take action to repair to to to prevent it, any harm to anybody, yourself and to the patient or to the visitor...even to the visitor. And you know some things can be dangerous too...

Participant C: And I think also a lack of confidence in them.

Participant B: The other thing is they are not vigilant, like for instance with us in our hospital, you cannot leave those people alone in the bathroom, you cannot leave those people alone in the dining room, one one would choke, but they were on the way to eat but is fine. They take things simple and when that it has happened one want to resign, going going going

Participant G: I am sorry to say this like the the students when they are the the 4th years you have to force them please participate in this patient! They would rather sit outside. You have to talk to them please...it's as if you are forcing them to do what they are supposed to do (emphasising). If they can have that thing, it would help us!

Participant A: The other risk that that we can identify with the com serve, time management neh. They forgot now they are now professional people. They take a lot of of time during that tea time, and then sometime, in nursing mh... tea time alone is a privilege neh. Tea time is a privilege, lunch yes you can, but you need to monitor them even going on lunch. They will take a lo.....ong, time two hours three three hours busy on lunch. So, ja the risk that they have is time management (laughing).

Participant C: But now I mean nowadays... previously I know and even if I was still a nursing assistant or a staff nurse I reported to the sister,sister I,m going on tea, and when I come back I,ll report I'm back! They don't that anymore! They really don't that, ja it is definitely part of the risk

Participant G: And would rather take other nurses...and cleaners, and leave with them. They don't check if there is, somebody who is supervising them or what is happening! Chomi skaap ! They want to be... friends with everybody, ke gore they don't have this thing of telling a person that...this is wrong.... they want to be loved in fact. Ke gore as soon as I say no sister so and so you are wrong, then oh... I am not loved. But you must know that, when you are right, you stand on your feet and say I am right and this is not supposed to happen!

Participant H: And you cannot copy them because it is wrong

Participant C: But they should have that initiative. Like us we have that. We know that we cannot leave the patients, why can't they also have that.Must we really tell them? Listen this is wrong. I mean...you must know that it is a profession you must know that!

Participant E: Ja and I can also feel one of a eh big risk is if you...if you if they eh eh eh do the triage and triage are...ag the observations normal this patient there is not is fine is fine is not necessary to call the doctor, but they do not have the insight you do for the discriminators. Even if their observations are normal and there is a discriminator, you eh, you must call the doctor. And then sometime they don't pick up the discriminator, patient collapse in the ward and eh then it is too late for the doctors...eh to call out the doctor. They must...if there is... ok. I knew the triage must be in red for to call the doctor but sometimes as I say the discriminator and they must know about discriminators, to know if it is now necessary to call the doctor or it is not necessary

Participant A: the other risk that can can be identified with them is the basic…,uhm… I don't know whether in their curriculum there is basic life support. I am not sure, but it must be emphasized,because that is the most important issue they should be taught on basic life support, so...they need really to be put in their curriculum, it need to be...yes added.

Researcher: Tell me more

Participant C: Problem solving

Researcher: Do you remember any incident which made to say this their gap?

Participant C: Uhm...newly appointed...they cannot talk to their subordinates,That cannot give direction to them...Not all, I don't say all of them but most of them. They cannot...come into the post and say, it's your job, please do it or...you understand they don't... I don't know why not. I don't know if it's also lack of confidence. What I know is they struggle... the newly appointed struggles, they also say that the nurses don't listen to them. And that's where the nurses come in, they don't have respect for the new ones. But then they continue, you understand and you must work on them and you must really see that you are the senior and if things need to be done, it must be done you must be just, you know...

Participant F: They are afraid to delegate

Participant B: For example, we get eh...we get an issue that we are we are busy we are working in the ward at this time, the patient has to be escorted. If the other nurse, there are two nurses are not going there, they will leave it, they will phone you in the meeting, please help, so and so doesn't want to escort. Yes, they will call you. even if you are at home they will call you for petty things, when you are on leave, they call you for petty things.

Participant A: And mam, they they need to...a kere I know that they are com serves but they must be exemplary to the subordinates. So they must...ke gore...wrong is wrong, right is right.

if you are doing the right the wrong things in the subordinates they will never support you,and they are going to repeat the very same things that that they are doing. Some of the com serve in the, they are still newly into the … but they will misuse the sick leave, they will misuse the leaves. And then they really need to be told that eh...be being a com serve doesn't guarantee you to be permanently employed. So some of them if you show them this thing they they say you don't like them.

Participant E: And I think the problem is not only about the com serves, I think the junior sisters also. There are juniors sisters who also need eh eh to be mentored.Because eh eh...eh...they uhm...but they give the in service training everyday whatever and then all the sisters and when they write that eh eh, paper what is said that questionnaire, then you can see what a lack of knowledge is, everyday things you ask her to do, then you realise that the sisters of today is really the junior nurses, is not the the, seniors. But the there is such eh lacking issues of knowledge as the sisters on on very simple things like eh...what can I say...HGT...glucose...testing. Ja, then really that that you feel that oh...what what are going to happen if there is a crises and it's the suster must take over, you know. Some of them don't even know how to use the dinamap because that is the, that is the the work of the juniors or the the assistant nurses, so they never use it. So when they must take the blood pressure or whatever they don't know how to use it. So I also think that it is not only the com serve susters, but I think there is eh...overall lack of knowledge.

Researcher: How do you think the CSN should be orientated?

Participant C: I have got a suggestion....like, if we apply to eh work, they say you've got three months,s probation. They must make it like that so that they can work towards something better. Because now they are new new suster and then oh no I' m going to a post, I' m in a post now. Its fine, but they must still have, have that thing that pushes them. If I don't reach the that target, I m not going to be appointed, you understand what i m trying to say

Participant E: Isn't it like this?

Participant C: Ja it's probation, but now the shortage is so, you look away from some of the things, you know they they think now I m eh I m a I have a post now. and then they still do what they want. Something must push them to be there. Because what they also do neh, they want to be... spoon feed. And it also in your... like me if I don't know a thing, I research, I go back to my books. You understand what I,m trying to say, they must also have that in them. They must just not live it, I don't know, you know so you can continue doing it. They must

also have that initiative to do something. But, as I said the books and the guidelines will definitely help them

Researcher: How can you orientate these CSN?

Participant D: We orientate them by doing things under your supervision. Say for example they must order stock, then they can order it then you just check whether everything is fine. And they must do uhm...repairs and all the things, she must give medication and you are... with them. Just...not that you feel they are not capable to do it. Just for silly mistakes, because every hospital differs from other. So maybe they were working in a hospital in Johannesburg and the charge sheets are different from. And for the private hospital and they come here neh. So we must be with them. And they must allow us...cause I don't mind to learn someone something, but I will, I will get hurt if I try to learn someone something and that person someone doesn't want me to learn him, because, you know the upset of the hospital, you know how things must be done and we must give them more chances to do things I feel, because if you work with her com serve you must let them you must do things. And that person must be free to ask, you can't say, but you are eh eh professional nurse why don't you know. We must assist them as far as, because they are the are start doing things now on their own. And... because sometimes the professional already eh eh qualified nurses, they are sometimes not supportive to the...students and really that students are afraid to ask. Because if someone I am a professional nurse and I'm going to work, say for an example in medical ward, I don't know the upset there, I don't know how to order the medication what and what and what, and if I ask don't tell me but you are a professional nurse, why don't you do know. You must be there for being there for the students

Participant H: And another buddy system also works. 1968its also nice. Buddy...they call it buddy neh. You work with this person for three days. not alone, the whole time. Where she goes you go, you understand. And that also helps a lot...

Researcher: Can you tell us more about the buddy system.

Participant H: Ja, an experienced, definitely an experienced nurse one or a senior one, uhm...that you buddy with for eh...a period of time and then she...teaches you everything. So you must be there 7 o clock with her till 7 o clock tonight. Like she's a stertjie. Ja

Participant G: And also you can have a programme not programme so that this person must know this is time for medication, its bathing, it's what what, then you do things together so that the person can know exactly what is expected

Researcher: What can you say about the characteristics of the good mentee?

Participant C: Loyalty. Loyalty...not late at work, not late for, after lunch times uhm...going extra mile with eh something is given to her to do, she must go the extra mile. I mean I can, you know see how how she learns and how she manage some certain thing. So I must, I must be able to trust her to do that. JA, at the end of day it must be a success

Participant A: Uhm...commitment, they need to be committed and then... they must not that like flexible hours as we ask him to change the off days she must be willing to agree. Flexibility...Ja. Willingness, ja.

Participant G: They must be able to give feedback. And if something has happened they must be able to say oh, this has happened so this is the feedback, ja.

Participant C: And reporting...repor...ting! they are really afraid to report negative incidents. Really.

Participant A: A kere they are afraid that they will end being held responsible...rather keep quiet and say ah ah... I don't know, the other person will come and give feedback.

All: Laughed

Participant B: The other thing is...with the males is truancy. They think that they are still a student but he is no more a student. they come back, dodging, doing favours hiding behind other people, truancy..., ja. He works weekends, he is not in the ward for three hours, something happens, he was not there.

Researcher: The characteristics of a good mentor?

Participant C: Patience, approachable...Patience...uhm, you mustn't have...no man I don't have time now !. you know this... the facial expression. You must be approachable. They mustn't be afraid of you.They the...must and and have the eh eh eh ability, the I want to know. This is you know, teaches me a lot. Some...they are afraid of the mentors you know. They mustn't be afraid.

Participant G: Truthfulness. If your mentee ask you something and you don't know,tell, I don't know I,ll get information or whatever...don't give wrong information and just to say ooh I,ve long been here,ooh... o tla ntsaya jang (how will she take me) (laughing). You must be truthful

Participant B: And the other thing you must have the knowledge. And update your with the new developments. Because sometimes we we don't, we don't read. We take it we know all the things but we forget things are forever changing. So you must keep up with the changes because they come with changes, you must adapt

Participant G: And you must also, be a...a very good listener. Because that person will want to tell you something that you want to know.who are you,you must be a very good listener, don't be selective

Participant B: role model.

Participant F: You must also be firm but not too strict. So that eh... your juniors must be able to approach you, he will be approachable to you, to have also inputs and you mustn't be biased...

Participant A: Fairness must be prevail.

Participant G: Where you need to punish, punish.yes you must not say, oh...but...if you need to punish a person. She must know gore...really. This is what, I went wrong here, so I need to be punished

Participant E: I was nog out for a while, I don't know whether you mention again respect. But you must not... in Afrikaans they say you must eh...you must you eh you need respect afdwaling.

Participant c: Don' t, don't push respect off on somebody. Ja.

Participant E: You must be...respectable. you must must stick then to our good manners. they must have respect for you, without eh...what do i say...force respect ja.

Researcher: OK do you think that mentors have needs.

All: The mentor! yes!...definitely!

Participant C: Shortage of staff.

Participant E: No one is perfect.

Researcher: Tell me more.

Participant E: Eh...ja...I think everyday, they...there are things that change so, the mentor must also, always be...up to date neh... they must also...because things change. I... I since

from the 1970s to 2016, there,s eh... change. Eh. Just like eh...uhm...the cell phones and the new...new, what technology. You must be updated with your knowledge about nursing also. Because you can't be a mentor, if you are not updated when there are like this eh...technology neh...technology, ja.

Participant D: You must also be willing to learn from the students. Because they are fresh from school and there is things that you, in your time...you wasn't taught about them. And now they are taught about it, so you must learn from them. Ja

Researcher: You must be willing to learn from the mentee, anything else?

Participant G: There must be something maybe like eh... eh...programme, where you know what you are supposed to teach the the the your ment...your mentees.

Participant C: Hm...And the mentor must also, have a passion. To mentor. If you don't have a passion you also going to be eh...eh...eh..., success i mentoring that person

Participant G: And you must also have eh expect challenges, in whatever you do, there will be, there will be...hiccups. So be...you must be willing to...accept and then you go on. things must not...your challenges must not stop you from what you want in mentoring.

Participant A: A mentor must have time to mentor this mentee because some will have time...I will take you from this and then the... phone comes and then there is a meeting, you leave like that. So she is going to lose uhm eh confidence **ja.** so we need having time in eh...ja.

Participant E: And as a mentor...eh...you mentee must look up to eh....you as a mentor...

Participant D: You be an example, ja.

Participant E: And you knowledge must also...always be up to date. So that is they...eh, as I say you also do have lack of knowledge, but as far as possible, have yourself updated with the with latest knowledge.

Participant G: And as soon as there comes changes maybe there is... you are supposed to to do something be with your mentee, there's a time for a meeting, you must be able to tell your mentee, uhm.. this has come up. So, can we postpone...for...a later time. Don't just leave her like that hanging. Oh bathong, I ve been waiting for this person. So you be able to come and make eh eh good relationship.

Participant A: The other thing is eh eh, if you are mentoring eh...person there are some of it goes with perfection gore if this person did good, upraise her that you did well in one to three,not always bringing eh...the negative things. You must upraise it is going to boost her morale and...

Participant G: Oh I...I thought you can also that maybe you can talk to the mentee to also give you feedback to show what what deficiencies or whatever...

Participant C: Something that you can improve on.

Researcher: How do think that mentoring can be enhanced your health facility?

Participant B: I think we must have something like eh, the students mos they have this thing called eh... the accompanist, the students. So those people are always with them. With us sometimes, we don't have time to... And then when they come in the ward situation they are concentrating on the operational manager. If she doesn't teach the operational manager does n't have time to teach,she doesn't want the others to teach, so they must share that mentors thing...we must share. Maybe I will specialise with admin, my second in charge will do medication and staff like that. The other one will concentrate on...so we must share; it must not be the same person every time.

Researcher: Sharing of the roles?

Participant B: I can do the admin management, that one can do operational duties like medication, injections all that things, Ja. The other one can do basic care...like bathing, teeth brushing...ja...all those things. I think we must share it, it must not be one person's job because we don't have time sometimes. Sometimes even if they come, i see them maybe after 3 days, maybe I can make time,I don't have time maybe for two days, they will become frustrated. They are just left there.

Participant E: I can just ask these days is there eh...there is still the eh clinical sisters.

Participant C: Ja... there is...in the private hospital, there is a lot of them

Participant E: Not private...in the...ja...in the... training hospitals, is there still the eh...eh...the training hospital, then you only the the eh...the procedures, not theory, only the procedures. So...in the eh eh eh that eh training hospital that suster (sister), is there to train them eh...to train the students 1st years 2nd and 3rd years. But then it stopped immediately after they qualified. So I don't know if at these day eh uhm...mentor suster (sister), like the clinical suster (sister),, that is their job, after finish, after qualify as eh eh clinical suster whose job is

to train the eh com serve susters, they are specific in the...in their practical posts neh. And let them write exams. Now when they finish that clinical suster (sister), train them in the in the practical, just to refresh and to test...to test if they are qualified what to, what their knowledge about nursing and practice.

Participant G: But I think maybe also, that practice...that tutor can also teach the the OMs or the...I mean just to yes...so that they can be. or maybe if they teach may the senior professional nurses, maybe they can then cascade the knowledge.

Participants C: yes because we don't have currently one, to check if things are...you know, procedures are done correctly you know all of the hospital.

Participant A: The other thing is eh eh they need it to be informed like in our institution neh. During their orientation some of them they they resign within their ntho because the the our hospital is having different units and then you find that when is coming to orientation, they will be orientated to another unit. She is becoming so frustrated because the things are not the same as where she was...working. So it's another setup. Ja

Researcher: Do you think there are obstacles to mentoring?

Participant G: If you have everything. Everything...if you know exactly you are...you have to...If you have information. And you are willing to do that. Then I don't think that you will have a problem. If you have got the support that no do the job ach...(laughing?).

Participant C: But...and I think that there should be a post for the mentor or the clinical suster. Because as soon as you are not in the post. I can misuse for anything else (laughing?).

Researcher: How can the department of health and the organization assist you as mentors?

Participant G: Like in this hospital, they know that we are dealing with this, they can make a programme for us for the mentors and what is expected from them. If if maybe there are courses that their mentors need to attend, let them make sure that the mentors attend those, so that they can be able to give...to teach the mentees. Eh...they must...ke gore...they must know that you are the...they must support you.

Participant A: I think there must be...there must be advertised. You remember mentoring comes from passion...Neh. And, ke gore it must be advertised so that each unit it...everybody must have an opportunity to to say I want to to to be a mentor. Not choosing this one, or the OM must be the passion of the mentors. Ja willingness and passion, deal with the uhm people, people who don't know anything, that you are going to develop.

Participant G: Like really sometimes it will be like because you are the in-charge, then you must be the mentor, meanwhile you don't have that thing. So if you are willing, things will justify

Researcher: So are you saying that mentoring should be voluntary.

All: Ja.

Participant G: But I want to mentor, don't forget me.

Participant B: But I think that other thing that that sit with us is our induction program...is on policies. Its only policies. They are not taught about the the where they are going. That's we have 7 -19, the other policies the person will come the person of labour, then the other one will come with quality. So our induction is only about policies is not in depth... is only one week.

Participant G: That is what I want to say that may be if the... the management can...extend the time of induction and get more deeper into some things...

Researcher: Do you think that mentors can benefit from mentoring?

Participant C: Yes, Because you gonna keep yourself updated and with refreshment courses all that.

Participant G: Also...and also new eh eh relationships, somebody new here today. So.

Participant E: It must not be the sister in charge only, somebody that you know, she must be in that post ja, she must be able to attend all the new development.

Participant D: And she must also attend courses throughout. Like in some institutions the the there is not much surgical procedures or whatever, so they must go to hospital where there is such an...eh...into that environment so that you can be updated because you know as the OMs we are also outdated. They will tell you no sister man there must be old tricks (laughing).

Participant E: For example, eh...in the hospital, when I started working in the rehabilitation ward where we admit a lot of,without the eh ICU.And all of us we were so scared because we were eh...out of practice. And then Dr so and so send us I think the three of us to Hospital P, to the ICU, to work there for one month only in the ICU. And...and when we...came back from there we are expects in the tracheostomy. So When the other people ran away, we said no no I would like suction the trachea...and would like to clean the trachea, I know how to maintain the trachea. So I I really think that eh ja...if we must go learn outside our

environment, it is necessary to update ourselves with the latest eh eh procedures and other things.

Researcher: Can patients benefit from mentoring?

Participant D: Quality care. Yes, because the person working with patient exactly knowing what and how to do it. For example knowing how to cleaning of the wound, giving medication, chocking, when a patient chokes.

Participant E: Because if you are...up to date with eh eh with the knowledge you get eh eh work satisfaction.Then when they don't have the knowledge, everyday they work on stress, because they are afraid they will do the wrong things and then they know they are are responsible for, so uhm...they can get eh...eh...self gekenniging... job satisfaction.

Participant A: In our institution neh, some of these uhm...uhm...mentees, they don't eh eh... benefit a lot because they is lack of practice neh. And you will find that, some of them they will..., ke gore they will say I will not do this in in our institution. So some of them they will end up not going..., they will end up resigning because there is lack of practice. Here we are dealing with intellectuals, they are not discharged, so they become frustrated because, some of them they are fresh, they want to exercise their knowledge to put into practice...

Participant C: So then they must not come and work here.

Participant A: No, akere they know that is why if it is said in the advertisement that if you are going to apply for this institution, expect on two three. Because some of them, they are coming for because here its only the certain wards neh rehabs, psych and what and what they don't want to go to intellectuals, Hm...

Researcher: Do you think that the hospital can benefit from these CSN?

Participant B: Yes, we won't have much staff high turnover; we don't mentor them they will leave. As she said they must know what to expect from the advert. The advertisement they must know what to expect. I can make an example there was another sister, she went for...for psyche, luckily she was from a general hospital. So she did not go for the very first month. She had to stay for two months, she had to start in March. So they placed her for that period. She resigned immediately. She can't work with intellectuals, she was having nightmares, she left.ja.

Participant B: Thank you very much.

Focus Group Discussions Transcripts

CSN: N=8
Gender: Females= 6; Male=2
Experience: 2 to 3 years' experience as registered nurses
Qualifications: Diploma in Nursing=6; degree=2
Duration: 1 hour 10 minutes

Researcher: What are your experiences regarding mentoring as a CSN?

Participant H: Non-existent.

Researcher: Can you elaborate on that?

Participant H: Uhm...I was ever mentored by any one. I was put in a place in I was told to cope with whatever comes my way so that's why I am so that's why I am saying mentoring was non-existent to me, so, I can't really elaborate on the mentoring,this mentoring issue because i was never mentored by anyone as a com serve

Participant B: Eh, nna I was introduced into two programmes neh. The first one was hospital induction. I was inducted on like the leave on policy, policy on leave, eh like annual leave eh... Batho pele...I attended that programme, it was a i the classroom... nursing college down there and so I was also told about eh...general, the overall hospital works, the hospital mission, vision just the general stuff of the hospital. I also attended; the record programme was the ward orientation. I was orientated about the day to day working in the ward. As a professional nurse in the ward this is what is expected from you on a daily basis, on a monthly basis. Compiling of statistics where do you record what and the like general procedures like patient who have absconded, how do you handle that. And when also...like this thing of absenteeism, if you are absent what is the procedure. If you feel like you are sick in the morning and you have to come to work what are you supposed to do. So that you don't create problems in the work place. So nna personally I would say that I got a better deal. Because when i did com serve I was the only one in this side, general side. So I don't know about the others; who started maybe a month later or a year later than me. I was alone I was fortunate i got more attention.

Researcher: So you got orientation?

Participant H: Yes, in ward and the hospital.

Participant D: Eh... in my case... in most in most case... they they they only tell you what is what is their expectations. Then eh... on on eh... eh, daily routine or daily ward... ward... ward routine they only tells you what what is expected. Then there are no personnel who will take you, who will who will feel you in so that its basically that on my case, then I don't know. OK.

Participant E: On my case when I arrived here uhm...there was eh... like shift...different shifts. The shift that I arrived in, uhm... it was... they had they had the team work spirit They knew that I am new in their environment, so there was one member who was like... when I don't know anything I would go to her and ask and she will be there, very supportive. Then comes another shift, that one it was no... there was no team work. You had to see gore what you do, how to how to find it, how to do it. So to me it was... based on the people that are right at in the ward. Yes,

Participant F: When arrived here eh... one of my sisters says the... there is somebody who is supposed to orientate me through the hospital... but he is on on leave neh. So... up to now we didn't, i didn't even orientated, its only that at the ward they orientated me. But the... my challenges was that during day one day two there was a sister who allocated with me,she was booked off sick neh so I remained alone with the doctor but he he just orientated me, yes. But the were other sisters who, maybe they were taking advantages maybe I was working there before.

Participant C: I was never orientated in the hospital and i was never... eh... mentored in the ward. They just to me that, you are no longer a student now. You are our colleague. So you will take care of the ward. If there is something that you don't know you will ask.

Participant A: Mine is also the same I was never orientated.

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Researcher: Do you feel that you need mentoring?

Participant B: I personally feel that there should be a formal structural mentoring programme. Because the way it is done, It is done in an orderly systematic way. In such a way that at the end, the person can say I benefited from a being a come serve. So nna I still feel that, there is a lot that needs to be done. We can't cover it, serious. There is a lot that need to be done.

ALL (laughing)

Participant H: I agree with the colleague, there Ifeel like, in order for people to be mentors they need be mentored. So there is no need you will have someone you try to develop this programme but people are not aware actually what mentoring is about, and I think that is a problem we have...especially the outskirts in the rural areas because people don't know how to mentor,you know. They came in that situation, and you will come and get in that same situation, that is how it is. So we need a programme that will be able to train people to be mentors so that they can train other other people to be mentors, also mentors.

Participant C: I think mentoring is needed, in a very serious note. Because nowadays the the com severs... they came at a very young age. And during the the placement as a student, they are playing a lot. They are dodging. And then if they do that, when it comes to com serve there is a problem. So mentorship is needed.

Researcher: Do think that the CSN need mentoring. Elaborate.

All: Yes, strongly.

Participant B: If I can just add something, eh isn't it that every professional nurse has got four brood functions, an educator, administrator, eh… and then what's the fourth one? administration clinical care... education... I forgot this one... administration, clinical care, educator Ja... but the point that I am trying to make ke gore, eh... once you are a professional nurse coming the ward as a com serve you just go straight to handle the patient you forgot that there are things like, you need to check the stork, stock taking, you need to do ordering, those schedule drugs they are part of administration. Eh...the equipments that are used in the ward they need to be serviced, if it is not working, what is the procedure, who do you call. Where do you... if you find that the oxygen cylinder is empty who do you contact. Eh... this thing of blood how are you supposed to... who is supposed to sign a consent form. Where do you come in. If the parent goes for operation, who does what where do you as a nurse fit in. *Ke gore* (which means) those are some of the things that I feel that eh... especially, specifically to general nursing. General nursing is the one that is common for all of us. There should be stressed. That is I feel that mentoring is important.

Participant H: Uhm with regard to... is mentoring needed yes I think that with the the pressure that nurses are having these days with all people wanting to only sue on you and an attitude because we are always seen as the only people who have got attitude. I feel like if we were mentored more that pressure could... and frustrations would be reduced as well. Because you will know how to deal with certain situations, you will know. But when you are not mentored, you don't know that if the comes and then does or say something to you offensive

that as a professional nurse you need to come yourself down and go down to the level which a patient himself will be comfortable enough to oh I am being rude now to the sister you know. So a mentor can make you realize that there are some situation do need the person to just breath in deeply and then speak to someone in proper manner. But because we don't have mentors we automatically become frustrated with the situation, you know. We can't cope with... with the frustrations of the ward or unit, then what happens is we crack and the people will like oh nurses are always upset, they are always angry they have attitude. But if we had a mentor that would you could run to and say sister this is the situation, I can't cope, not when you come with a situation it would be like, *ijoo*, you will see for yourself we all have to deal with it. So if you had a mentor you are able to take your frustrations to her and say this is what makes me frustrated. And then even the mentor can direct you to say no, this is how you should deal with it, and stuff like that.

Participant B: Nna personally for my experience my... eish. If I had to face a responsible person for community service the whole South Africa, everybody is having internship, the doctors, pharmacists, everybody plus community service. Why can't we have one extra year, where now we are being given, eh taken on babe steps why can't we have it.

Researcher: Can you tell me more

Participant B: Eh for... example neh... I can say like the... what we are being taught especially nna Ican tell you exactly. I don't want to talk about university and college. I don't want to specify tertiary institution. But what i have learned is that students cannot easily translate it what is it in the books directly into practical situation. Nna currently I am a working in the maternity, I have been there for the past three years. I did my rotations, but I ended up being allocated there. I've been there since. And every time I see new students coming the third years, normally the third years come there. And then they come there following the fourth year. But every time they do the same mistakes. They are unable to translate the theory part into practical part. And the other thing they are unable to interpret that when you are in a working environment you are not just looking at the condition. You are looking at the human being with that you need to... who,s got social issues, who,s got economic issues, so there are many things. So you have to be comprehensive, not just focus on one thing you are able to interpret. If i can just give you an example, i once had a situation where eh a patient is hypertensive... she is having hypertension eh... pregnancy induced hypertension the BP is very high, pregnancy is not yet term. But problem she is saying she has left two kids at home. She went to the clinic, the kids were at school. She went to the clinic, the clinic saw the high BP. They referred her into this hospital. In the hospital, they

said no you are sleeping, the BP is too high. Now it is 18h00 in the evening i have to knock off. The patient is saying my kids are outside, they are waiting outside. The key is with me, i am the only one. I am new in Mafikeng. So she is having a social problem at the same time she is having a medical problem, it's a, it's a dilemma. You let her go she gets a stroke on the way, you keep her, the kids are suffering, and somebody does something bad. These are some of the things we need to be introduced to especially the dilemmas, the working dilemmas, the grey areas in the field. Those grey areas. We need to be taken baby steps. This is how you handle this, for example a difficult patient. Some patients they come in the hospital, they are used to private hospital. When they come to this hospital they expect that treatment, is it it is possible because the nurses are few, patients, they are many in the ward. And even the resources we don't have adequate resources. So those kind of things situations that are unique to your face, you should be especially trained more how do you handle those things. Things that are unique to your face.

Researcher: Are you saying that instead of four years you need one extra year for the internship?

Participant B: Ja i am thinking... because eh... these they have reduced the number of years, its not three years, so can't you go back and say it is not three years, its four years, but this one is internship. Let's say it still four years but this one; now we are training seriously, we are converting you from a student to a professional nurse. Comserver you are just serving the community.

Researcher: What do you think can be done to enhance mentoring of CSN?

Participant H: Eh I am not being sceptical but I feel like, I don't think that anything can prepare you for that first step. Like a child, when you move from primary to high school, nothing can ever take away the stress. But I think what can maybe reduce the stress is that they must put you in an environment where, there is specific sufficient staff that can orientate you to and be there when they are needed. Not to... to take you and patch you so that when there is a shortage they put you in.They must put you in institutions that have like, because from school you like, you practice a certain way of doing things, when you come to an institutions there is maybe no medication, there is no ECG, there is no equipment or what. They must put you in an institution that has plus minus, maybe has certain number maybe 90% of the things that you are used to doing. So I feel like as a comserve you know. And another thing is that, they shouldn't put you far from home. I feel like... that that distance as well, because you've got no body to to talk to from no one because they put you maybe in (laughing) the furthest place ever and then your kids are in Mafikeng, your husband is in

Mafikeng so i feel like those who have got kids and families should be kept closer to their families. And those who are like single and stuff can be easier for them out there. I think that also to alleviate the stress because now you are living home, you are living with your kids, you are living with your husband and you are living home. So I feel like that can also alleviate that...that stress. But, otherwise as nothing really that can really, you will always have that that stress from moving from one step to another, you will always have that stress. Some of the things can be alleviated?

Researcher: Do you think that mentoring can benefit the CSN and how?

Participant H: I think it can, And I think it will. Uhm, why it can is because with career guidance, we are not set up to be...uhm advance midwives, we are not all setup to be trauma and emergency service nurses, or ICU sisters, so I think a mentor can even identify your strengths and weaknesses and and push you in the direction, and say you know what sister, I think you do great in orthopaedic ward or you do great in surgical ward. We are not all the same. Some people enjoy working in maternity and there are those who despise maternity. So I feel like a mentoring programme can help you identify those areas where you have strengths and your weaknesses and be able to push you in the right diction, for your career to progress.

Research: Tell me more.

Participant C: I think it will help them to feel confident. Because if you are mentored. The issue of confidence is something that you are not used to. It will be easy, but if you have someone, it will be easy.

Participant H: I think it will also help, like it will be like your support system in a way like, it will be like your support system in a way, like when you are experiencing problems and you...eh...turn to tha person for guidance and all that.

Participant F: I think again it will be growing and then gain independence and knowledgeable...hmmm.

Participant B: Nna... I think mentoring is not...I don't think it should be a stage...I t should be a process, an on-going process, because nursing is dynamic. It changes all the time...Eh...things are happening. Policies change. Programmes they are coming and going, like for example if I can just give an example now...eh... we are having PMTCT, now we are doing PCR, we are doing PCR on babies. It,s new programme that statured last time in the ward. It should be an on-going process. And...by saying that I am aligning myself with my colleague here...eh...It also help us with issue of confidence. What I have learned is that

students when they are here, they are 3rd years and 4th years. It,s not like they don't know what they are supposed to do. When they come to com serve, they are used to that mentality of being told...no don't do this...Somebody being next to them. All of a sudden, that person is no longer there. So...they need confidence. That's all they need. So normally in the ward, I would do three to four things with the students...From there I just took my glass and stand there, and I say now you do that thing you do everything. *Nna* I will just ensure that that they don't endanger the patient; we do it to build their confidence. Because I think confidence is the major thing. So it should be an on-going process, it should not just be done on community service.

Researcher: Who do you think can mentor the CSN?

Participant A: I think it is the sisters in the ward, Because I think they know all...alll the things about the ward that we are working in. Ja...I think they can orientate you better than someone from another ward or better than someone who is in HR department

Participant B: Nna...eh...I think personally. I think eh...eh...a mentor should be somebody who is there all the time. And somebody who...I don't know in this case we are talking about...overall mentorship of the whole hospital or for that particular ward where you will be allocated. But I think thst the person in this role is the operational manager, nna personally. Not the assistant director, not my colleague who I am working with. Because...the operational manager is there Monday to Friday. Is there every day of the week. And she is a manager, she knows all the protocols, all the...he has also worked in that ward. And he is aware of what is happening in the ward. He or she attends meetings with other managers, she is aware of what is happening. Unlike the professional nurses I am working with. He or she might not be aware of the things that are happening in the hospital But I think the operational manager, is the best one for me.

Participant G: Uhm...I feel like...the best mentors are each and every nursing category. Why...because they are, things that professional nurse does not know, then the ENA, can help you with. There are stuff the staff nurses knows better than the professional nurse. There are things that the professional nurse knows better than than the...I feel like each and every category specializes in their categories. And I feel like, there should be a a mentor like in in each of the nursing category. So that you are not lying side-lined by I am a professional nurse only. If something happens and and you know the lower category does that, you should be aware, and you should know how to do it. So I feel like every nursing category should mentor you.

Researcher: Anybody else, what about doctors?

Participant A: Some, but they are not always there in the ward.

Participant B: Can I add something. It's not that doctors, have got anything bad with them. Doctors mostly they are technical. There are some things you need mentoring about, most suttle things, like for example eh... what can I say...A patient who is bedridden, like you need to move a patient from this bed, like another bed, like there is something that that is nursing in nature. It is not too...it's not technical it is not supposed to be very difficult. So...like my colleague has said, maybe a simple nursing assistant can say... no if you want to move this patient from this bed to the toilet, this is how you handle her. Sometimes you don't need somebody who is very difficult

Participant H: Uhm....I feel like....it is not a matter of eh... the doctors, we have the problem with the doctors, we have the problem with the doctors as com serves, like my colleague have said. It is just that nurses are more a mentor than doctors themselves you see. Because the doctors depends so much on the nurses, than all the nurses category in the ward. So I feel like we mentor them more than they really even see themselves because, the doctor would not even know what to, how much this medication to prescribe and the nurse must tell him, you know, you must prescribe this amount, so I think for...you need a mentor, somebody who knows his stuff...so I feel doctors they depend a lot on the sisters. So you cannot get someone who depends on too much on you to mentor you, you see. So I guess this is my opinion and what I have seen. Ja...

Researcher: Do you think that the hospital can benefit from mentoring?

Participant E: Yes...I...I do think so because the...the nurses will be more empowered like they will have more confidence even the job job will be...they will be more satisfaction. Yes in that way the. So, performance will be better.

Participant D: Yes...I think the hospital will benefit from mentoring because like like my colleague has just said. It will build the morale, and it will also eh...boost eh...confidence. So then..., the...eh...the nursing personnel will be able to deliver what is expected of them

Researcher: In other words, patients will benefit too?

Participant E: Quality care. For the hospital there will be less complaints.

Participant B: I think mentoring programme. It will help us especially nurses because, sometimes I think our role in the ward, in the clinics, sometimes it is like... covered by this

other role players in the health care team. Because I think it will enhance our role as nurses, You know gore as a nurse, if you are in the ward or if you are in the clinic what is your role. If there is a pharmacist or social worker, dietician and a doctor, occupational therapist, what is your role. How do you interact with all these people. By boosting my confidence as my colleague has said, it now makes it, it enhances your role because now you know this is my role. I have got advocacy role. Example. And then if I know what is happening in the hospital, what is happening in the ward...*wa bona* (you see), it's easy for me to know gore if I,ve been...eh...I,ve been told that this how you are supposed to handle the patient. So I encounter a difficult patient, I know where to refer that patient. I can just give an example. With me I know if I face a difficult patient for example say, patient comes and gives me an attitude. I am also human, I've got feelings and I am a professional, the best thing is not to engage that patient, but rather ask your colleague who is calmer...calmer than you to talk to the patient. Because if you can engage in with the patient it's going to be a commotion, that can end up being in a public. So this is some of the things I did during com serve, so I think it can enhance our role as nurses.

Researcher: Do you think that mentors can benefit from mentoring.

Participant C: They will benefit because obviously if you mentor someone, they will come...you will...maybe she will bring some cases that you were not aware of. Some of them you will have to research to find out how to help them or...

Participant H: I feel...yes...some mentor will benefit from mentoring process, why because the mentors the mentors themselves will one day be a CEO of the hospital or eh...a clinical Uhm...eh...what we call something but maybe be in higher post. So she herself is developing, she is learning to develop skills from whoever she is mentoring and learning through that, she will start learning this is how to cope with this Ok. And I think what is mentoring is if we get people like you who are doing research, you know it broadens your spectrum and you say ok I can go beyond mentoring, I can go specialise whatever. So I think it motivates the mentor themselves to do something with his or her life. So I feel like it will...it will. It's good for mentors, this mentoring.

Researcher: What do you think should be included in the mentoring program.

Participant B: I think the first step like we are taught at in nursing schools, I think the first step is who am I. I need to know who am I, what do I like, what is it that I do not like, what do I prefer, what is it that I don't prefer, what are my interests, what do I believe in, the self-concepts, that's what I,m referring to. Because I have seen a lot of things happening, we have

all taken the nurses pledge, but I have seen eh... sisters in my ward, even the neighbouring ward, ward X, they will say no nna I will never work in that Ward. Or maybe a woman comes in eh...there is IUFD, like the baby is no more inside and then... the sister will say like no, nna I don't touch the woman. So in a way we need to know who are we and what does nursing request from us as individuals. That where it should start. Know yourself. Because by knowing me, it will be easy to say ok, these are my feelings, let me put them aside and let me help these poor patients, it is not about me. Even if eh...eh...I am I have got a disagreement with the doctor about that particular patient, I must not be personal we agree, disagree to agree, but at the end we are trying to help this patient. So I think we need to know ourselves. Because a lot of people, they come here, there is a lot of frustrations. Like some of our colleagues they come to work and they are quite the whole day they think that...hey this one is moody. But he is moody, perhaps it is her personality. Perhaps that person is got some issues at home. But that day is...he is not well. Even if you could just come to that person and say, are you fine today, instead of judging that person...So I think we need to know ourselves. It should start there. As one of those activities, who am I.

Researcher: As role players in the mentoring program"?

Participant B: Yes...yes.

Researcher: Ok.

Participant H: I think cultural diversity. I think as a mentor. If I am eh... eh...mzulu and I come and work with the Batswana people I should get to know the culture. So as a mentor, you need to take me through because our cultures are different, we react to different things, language is different as well. I think as a mentor you need to take me through all those steps, like eh...the Tswana people we,ve got how many...we've got Barolong, we,ve got Mafikeng and what what,and this is what, you never know everything once. But it is sometimes we don't clash. I have seen a lot of nurses clashing because they don't know the culture of or different of other people. So I think that should be one of the co -roles that the mentor should do. If I work in a place that I am not aware of I should be able to identify the cultural diversity, I should be culturally diverse. I should know that this is how it works in this place. And I should be comfortable with that.

Researcher: Do you think that mentors have some needs also. Example support.

Participant B: Yes. I agree with that they can be supported in two ways: One...eh...eh... they should also receive some form of training just like we said mentoring is a process. If you mentor me, next time I mentor somebody else. It is an an on-going process. Secondly

eh...eh... with regard to mentors they should be given support by eh...personnel of clinics, hospitals for example now, you see, we are two in the ward. I left the ward I am here. So there is only one sister in the ward. She has to go to theatre and then, they only called me directly. I am not sure. It is something, this is example of some things I am referring to. So, for example if if the the mentor says I am going to need the mentees on this date, so the matrons and the hospital, they should release those people on that day and find the replacement, so the patient doesn't suffer at that moment.

Participant C: I think the mentor should be provided with the equipments they gonna use, they gonna use in order to mentor someone.

Researcher: For example?

Participant C: Stationery, for example.

Researcher: Anything else?

Participant H: I think that the mentor should be supported through an educational structure or they should be send to improve their skills. They should be sent to further their education. Meaning that they cannot expect someone that does not even know anything about maternity to come and mentor me. I expect someone who knows her story, you know. I think that's how the relationship goes and respect goes because... So I feel the mentor should be supported, he can go and improve his educational levels through higher tertiary o, maybe going through specialize or something. The mentor should be given a chance to have that chance

Participant E: I think the mentor needs support from the mentee as well. Because it's gonna boost herself, if she knows that I have mentored someone and she is giving me feedback, she is giving me what I have asked for.

Researcher: Tell me more

Participant H: Acknowledgement neh...I think that the mentor should get that acknowledgement, that smile, that someone I mentor. You don't have to in a banner but at least that acknowledgment. It's like when you take your child to school, they go to tertiary and they become the doctor or something or a lawyer, and you have that feeling. I think that the mentor should have that acknowledgment to say, this person was mentored by this person and look where she is today. I think they should get some form of acknowledgment. It can be a trophy, it can be a certificate...(laughing).

ALL LAUGHED

Participant B: Just to add what she said. Like I said in the beginning of....mentoring programme should be a formal, formalised. So that at the end of that programme. You should be like for example.,not write tests because we are not at school. But the things that we are being eh...suggesting them...raising them. There should be some kind of...eh piece of paper,like a certificate or something, just to say. This person has completed the the mentoring programme. We expect this person to be...to know one two three four. So this person is qualified to mentor somebody else, so this person has been mentoring. He has gone through all these steps. Like during that programme, perhaps the mentor can say you give assignments like she is saying, for example you nurse people transculturally. If if there is a sangoma in my ward, just because nna I am born again Christian, I must not be afraid to touch this woman, she is not here for sangomic activities, she is here because she needs some health care. So she should be able to give some assignments. Go and find this this this, come back, lets discuss, which should be formal.

Researcher: In other words, there should be some form of evaluation.

Participant B: Yes some form of evaluation.

Researcher. Ok, What would you like to be specifically mentored on as a CSN?

Participant H: Heish, for me being a com serve now, used of everything. Uhm....I feel like supervision, overall supervision. It's one of the of the toughest and challenging parts because to to work with different personalities, you,ve got to work with people and it it can become very overwhelming and become hectic and and I wish I want a mentor that can be able to learn...help me to become the best supervisor that can be. I don't want to be aggressive, I want to be assertive. But I also want to be that of supervisor that can motivate people and and have a ward is running smoothly. But it is very difficult to supervise, because of different personalities. So I want someone that can mentor me that I can become the best supervisor.

Researcher: Anything else?

Participant B: Eh...with me...nna...maybe I would, go straight. I am concerned about the number of litigations that are appearing in the news with regard to the department of health. I wish there was somebody who compile a list the do's and don'ts and say look, this is what you are not supposed to do. You do this, you will be in trouble. No matter you are full or hungry, don't do these. Atleast it gives me the idea that ok, I must stay away from these things even if you can put them in the ward, in a big notice board and say, don't do these. You can do everything else except these *wa bona (you see)*. For me it would be helpful because I am concerned about the number of people who are...some of them are very ridiculous. Like

you see people complain that...I remember in one hospital in Jo'burg the patient wrote in a newspaper and said the nurses refused to do *caeser* on her. So I was like, but nurses don't do any caesarean sections you see. So I wish that somebody can really teach us about these grey areas in nursing. The doctor comes in the ward, writes eh...eh...eh.... *Akere* (isn't it) when a patient gets this blood transfusion, doctors are supposed to fill in the consent form. But the doctor just fill out the consent form and orders blood and this is the complication. *Nna* (I) as a nurse I am supposed to go there and then... these are some of the things about the do's and don'ts. They are critical. Many nurses are losing their jobs. *Ja*...

Researcher: Anything else?

Participant F: The guidelines, the protocols. I was thinking of professionalism if we can be mentored on how to be professional. Like I said earlier nowadays they eh...professional nurses are too young. And then when they reach there they forget that now we are the...they are behaving like same things as first years. So professionalism is like...Ja...

Participant B: I am not sure if each and every one of us here, especially those who are new com serves and those who are just about to it. I don't know they are going to stay here or not, but that is mitral. But I wish that every com serve when they start like in the institution, they should be given something like eh...eh...a package, the policies, the protocols of that...not only the ward, but the hospital. The whole package. So that you...you as you go around through this programme, you continually refer to these. I t takes me back to my point of do's and don'ts. You go through all these things. Like for example some, most of us are not aware that eh...I just recently learned that if you are a matriculant and you went to the university or college and the government paid for you, not only are you supposed to work com serve. You are supposed to work same number of years. If they paid for you for 4 years, it is 4 plus 1=5 years, you don't leave that institution, you don't get out of the province you stay there. You can leave the institution but you can't go out of the province whether graduated 2009 or maybe 13 or 2014 you are going to stay here. So these are some of the things. Some people they do com serve they want to resign, the next thing they they can't finish their contract. Some of these issues. So if they are in the package form, and they are continually being referred to, at least they will be able to learn something.

Participant E: I think good etiquette as well. As you can see me and my colleagues are not wearing any name tags. And we are not supposed to handle any patient without a name tag.

Participant E: And again I think they failed to orientate us. Because there at the orientation, they didn't write the...our names and do the name tags. See what I put, student nurse.

Participant B: It is a problem with orientation. It should be part of mentoring. A serious one. For example if I have got a problem, let's say eh...these new ones who are starting monthly. I have just started, I have a problem, maybe accommodation, I don't know who to talk to. Should I go to the DDN, Should I go to my matron. So...part of the learning, you learn you learn channels of communication. Like the MEC was speaking on the radio yesterday. I cannot just out of the blue and call the MEC and talk about those things. Even if it is in the radio, it is official because it is within my department, he is the head of department, there are channels. Before I can get to the MEC. So...these are some of the things that we need to know.

Researcher: You think that channels of communication should be included in the mentoring program?

Participant B: Yes, it should be included.

Researcher: Thank you very much for participating.

All: Thank you

ANNEXURE M1

CSN MENTORING PROGRAMME

Date Time	Topic/Information	Person responsible	Signatures
	Welcome, introductions	HRD officer	
	Background of facility	HRD officer	
	Organogram	NM	
	Facility mission and objectives	NM	
	Labour relations issues	LRO	
	Employee assistance Programme	EAP officer	
	Grievance procedures	LRO/ NM	
	Leave policies and staffing	HR	
	Injury on duty	EAP officer	
	Performance appraisals	NM	
	Quality assurance	Quality assurance officer	
	Competencies of a professional nurse (SANC)	NM	
	Communication	NM	
	Risk management issues	NM	
	Patients and employee safety issues	NM	
	SANC Scope of practice	NM	
	SANC regulation on acts and omissions (R387)	NM	
	Job description of PN and key performance areas	NM	
	Code of ethics	NM	
	Disaster management	NM	
	Infection control	NM	
	Bathopele principles, patients' rights	NM	
	Hospital rounds	NM	
	CSN policy and contract	HRD officer	

ANNEXURE M2

UNIT ORIENTATION OF CSN

Date Time	Topic/Information	Person responsible	Signatures
	Welcome	Nurse in charge	
	Introductions	Nurse in charge	
	Physical layout of the ward	Nurse in charge	
	Organogram	Nurse in charge	
	Unit goals, philosophy, objectives	Nurse in charge	
	Unit policies and documents	Nurse in charge	
	Guidelines and protocols	Nurse in charge	
	Unit work allocation and delegations	Nurse in charge	
	Emergency equipments and operation	Nurse in charge	
	Resuscitation procedures	Nurse in charge	
	Preparation for doctor's rounds	Nurse in charge	
	Report giving and taking, Record keeping	Nurse in charge	
	Standard nursing care plans for different conditions	Nurse in charge	
	Ordering of stock and drugs and control	Nurse in charge	
	Management of common conditions in the ward	Nurse in charge	
	Routine maintenance orders	Nurse in charge	
	Duty rosters and rules for off duties requests	Nurse in charge	

ANNEXURE M3

MENTORING ORIENTATION OUTLINE

Session title: Making Mentoring Work

This orientation workshop will include materials to help the mentees and the mentors to assume the mentoring relationship. The objectives of this orientation are:

- Develop a deeper understanding of the mentor roles and expectations
- Develop a deeper understanding of the mentee role
- Learn strategies for effectively mentoring a newly hired nurse
- Understand the programme components

Session Orientation Agenda

1. Introductions
2. Purpose of the mentoring program
3. Overview of the program
4. Definitions of mentoring
5. Confidentiality
6. Role of the mentor
7. Role of the mentee
8. Trust and relationship building
10. Memorandum of agreement
11. Components of the program
12. Feedback
13. Questions

ANNEXURE M4

MENTORING AGREEMENT

Mentee Initials: ..... **Mentor Initials:** ..... **Date:** .....

Duration of Planning: .....

GOALS

What do you both want to achieve with this program?

.....

.....

What do you want your outcomes to be?

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EXPECTATIONS

What are your expectations

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.....

I want my mentor to:

.....

.....

I want my mentee to:

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.....

COMMUNICATION AGREEMENT

By what methods and how often will you communicate with each other?

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EVALUATION

Determine regular points during which you will assess the progress of the programme and the mentoring relationship

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ANNEXURE M5

MENTORING SCHEDULE

Goals	Week	Objectives
1. The mentor will guide the CSN in the development of critical thinking skills, prioritization, and delegation skills by doing the following: 1.1. Safe medication administration 1.2. Safe use of medical equipment 1.3. Documentation of care provided		1. Mentees observe basic skill communication with patient and family, update plan of care. 2. Observe admit/discharge of patients. 3. Assisting the doctor's rounds. 4. Discuss and document nursing assessments, interventions, and evaluations of nursing care delivery. 5. Provide collaborative care of patients in an organized manner providing for patients need with the mentor's guidance. 6. Follows through on new orders on assigned patients in a timely manner. 7. Perform patient care assignment with the guidance and assistance of mentor. 8. Demonstrate critical thinking, prioritizing, and organizational skills. 9. CSN gives Feedback about all this week's objectives.
2. The mentor will guide the CSN in the development of psychosocial skills towards meeting psychosocial needs of patients.		1. The mentee gives full attention and listen attentively to the patient. 2. Approaches patient in a kind, gentle and friendly manner. 3. Delegates responsibility to patients according to their capabilities. 4. CSN gives lecturer in the ward regarding the individualised care of patients. 5. Recognizes anxiety in patient and takes appropriate action. 6. CSN gives Feedback about all this week's objectives.
3. The mentor will guide the CSN to develop communication skills to be an advocate for patients.		1. Communicates ideas, facts, feelings and concepts clearly in speech. 2. Communicates effectively and establishes good relationships with other disciplines. 3. Establishes a well-developed nursing care plan. 4. Gives accurate reports, verbal and written,

		of patient's behaviour including behaviour that involved interaction with self. 5. Participates freely in ward patient-care conferences. 6. CSN gives Feedback about all this week's objectives.
4. The mentor will guide the CSN in the development of the professional and ethical and legal practice skills: 4.1. To develop accountability and responsibility		1. To accept accountability and responsibility towards own actions. 2. Engages in effective ethical decision making with respect to own professional practice areas. 3. Practice in accordance with relevant protocols and policies, guidelines. 4. CSN gives a lecturer on patients' rights and dignity. 5. Act in accordance with the nursing the laws that govern the profession.
5. The mentor will guide the CSN in the development professionalism in all situations.		1. Is self-directing, takes initiative and avails self of opportunities for learning. 2. Makes decisions willingly and appropriately. 3. The CSN gives lecturer in the ward pertaining to the ethical dilemmas. 4. Gives verbal evidence of good insight into deeper problems and needs of patients. 5. Contributes as nurse member of health team to planning and evaluating care.
6. The mentor guide the mentee to acquire the managerial and leadership skills.		1. CSN prepares for doctor's rounds and actively participate in taking the orders. 2. Makes decisions that reflect both knowledge of facts and good judgment. 3. The CSN gives lecturer in the ward pertaining to the drug control and ordering in the unit. 4. Demonstrate leadership and delegation skills appropriately. 5. CSN gives feedback about all this week's objectives.
Working independently under indirect supervision.		

ANNEXURE M6

MENTORING MEETING AGENDA

Mentee Initial: ..... Mentor Initials: ..... Date: ..... Duration: .....

GOALS FOR THIS MEETING

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TOPICS/ISSUES TO BE DISCUSSED

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ACCOMPLISHMENTS DURING MEETING

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INITIAL GOALS FOR NEXT MEETING

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OTHER CONCERNS

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FEEDBACK

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SCHEDULE OF NEXT MEETING (DATE AND TIME)

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ANNEXURE N

CONFIRMATION BY LANGUAGE EDITOR

UNIVERSITY of the
WESTERN CAPE

FACULTY OF NATURAL SCIENCES

DEPARTMENT OF MEDICAL BIOSCIENCES

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7 November 2016

To Whom it May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the PhD thesis by **Sisinyana Hannah Khunou**, titled: "**Development of a Mentoring Programme for Community Service Nurses in the North-West Provincial public health facilities.**" The manuscript was also professionally typeset by me.

Sincerely Yours



Dip. Freelance Journalism, Dip. Creative Writing, MSc (Medicine), PhD