DUAL TRANSITIONS IN NURSING: A MILITARY PERSPECTIVE

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ABSTRACT

Military nursing is characterised by a dual transition whereby student nurses need to transition from student nurses to professional nurses and from candidate officers to officers. A military nurse has both nursing and military demands and novice professional nurses often feel inadequately prepared for the responsibilities and the role of a professional nurse. The purpose of this study was to explore and describe the experiences of final year nursing students with regard to these dual transitions in the military health system. A qualitative, explorative, descriptive and contextual research design was used in the study. The target population comprised representatives of the South African Military Health Service (SAMHS), which included final year nursing students, novice professional nurses, unit managers and nurse educators. Purposive sampling was used with 41 participants by means of four focus groups and 18 individual semi-structured interviews. The transcripts were analysed using Creswell's four step

process. The final year nursing students particularly reiterated the inadequacy in the preparation for both the roles of the professional nurse and that of a military officer. Specifically highlighted was the lack of clinical accompaniment due to shortage of staff, poor clinical exposure and limited clinical opportunities for experiential learning. The nurse educators alluded to the lack of support that they are not receiving from the unit managers in preparing the students. The unit managers cited the lack of competency of final year nursing students on completion and the military ranking system as impeding a successful transition.

INTRODUCTION AND BACKGROUND INFORMATION

The period of transition from student nurse to professional nurse can be quite an achievement, but also a daunting period (Broad, Walker, Boden & Barnes, 2011). Student nurses need to be fully prepared during the course of their training in order to assume the role of the professional nurse on completion of their training.

According to Kaphangwani and Useh (2013), in order for students to be adequately prepared for the role of being professional nurses, they need diverse placements, which could expose them to enriching clinical experiences and render them competent. In addition, they need a carefully planned clinical accompaniment programme and support from all stakeholders involved in nursing training. According to Mooney (2007), the clinical learning area should be a powerful catalyst that influences students' learning and should prepare them for the transition to becoming professional nurses. However, studies attest to nurses in general feeling inadequately prepared for the responsibilities and the role of a professional nurse and therefore not fit or competent for practice (Goodwin-Esola, Deely & Powell, 2009). The military nursing college, as all the other colleges, aspires that their students be adequately prepared for the role of being professional nurses. However, the South African Military Health Services (SAMHS) does not possess adequate clinical placements, particularly specialised areas, and consequently student nurses are placed in the public institutions as arranged in the memorandum of agreement in order to prepare them adequately to transition to the role of a professional nurse.

The burning issue inherent in the transition remains the challenge of the previously mentioned dual transition that exacerbates the burden. By dual transition it is inferred that the student nurses need to transition from student nurses to professional nurses and in the militarily services from candidate officers to officers. The novice professional nurses use the rank of a candidate officer in the military setting, which is actually not recognized as a military rank and which denotes that the member is awaiting the translation into the military rank of an officer. There is a need to transition from being a candidate officer to being an officer and obtaining

a rank of lieutenant in order to give orders. Novice professional nurses cannot be recognised militarily to command and control as they do not have a rank to do that.

In the military orders are given based on rank. This system of rank and authority makes it difficult for the newly qualified professional nurses as they are not recognised as having authority to treat patients competently or even give orders regarding their care. Novice professional nurses' competency is constantly being challenged, often resulting in an inability to practise within their scope of practice, provide the necessary care and ultimately leading to frustration (Kim, Lee, Eudey, Lounsbury & Wede, 2015). Only after completing formative military training, which could be realised only after four years or longer post-nursing qualification, will they receive the necessary rank required to give the necessary orders.

SAMHS offers two training programmes leading to registration as a professional nurse: the four year diploma nursing programme and the 2-year bridging course programme. On commencement of the two programmes, in the military service, all nursing students are ascribed the status of candidate officer. The status of candidate officer indicates that the members are in a professional programme that will eventually lead them to the military translation of being an officer. During the four-year nursing training period, student nurses are simultaneously trained for militarily service. They attend military parades, they are trained in military discipline and protocols, for example, how to salute in order to acknowledge higher ranking members, and they are also prepared for war situations and sensitised regarding their role during warfare. As is standard protocol within the military, it is during this basic military training that nursing students are inculcated with the ideology that they are soldiers before nurses. Throughout the entire training period students are fulfilling both nursing and military duties. They are placed in the clinical setting and undergo theoretical sessions in preparation for being professional nurses. They are also required to do military fitness tests in preparation for warfare. On completion of the nursing training, as per professional board requirements, they are expected by the clinical managers to be adequately prepared to take up the role of being competent professional nurses.

General reports from military staff and health care professionals state that these newly qualified nurses are neither competent professional nurses nor competent soldiers. These nurses lack adequate skills and clinical knowledge, and they lack adequate placement facilities. During their student nurse training, they would not have adequate placement opportunities due to being constantly removed from the allocated clinical areas in order to fulfil military duties. However, they do not become competent soldiers either as they still need to undergo a further six-month training that will equip them to being considered for officer status. General reports from newly qualified nurses indicate they experience ridicule and rejection because they do not possess the clinical qualities to be competent professional nurses while simultaneously they are unable to give orders due to their lack of the required military

qualification. The researcher thus decided that an exploration and a description of the experiences of the participants with regards to the dynamics posed by the dual transition in the military health system were warranted.

PROBLEM STATEMENT

Military nursing is characterised by diverse challenges, particularly in the clinical setting (Caka, 2013). One of these challenges is the transitioning from student nurse to professional nurse. The transition from student nurse to professional nurse is often experienced as a conflict-ridden period (Goodwin-Esola et al., 2009) and may lead to turnover of novice professional nurses, in that they leave the service after a short period post qualification. The tension between the knowledge and skills gained during training of the new role may complicate the transition (Thrysoe, Hounsgaard, Dohn & Wagner, 2011:15). Unit managers expect novice professional nurses to come well prepared, fully equipped with the necessary skills and knowledge, to embark on their new role.

Students experience what is termed 'transition shock' characterised by feelings of disillusionment, frustration, fear and anxiety (Clements, 2013). All the aforementioned occur due to the lack knowledge and competence that were supposed to be gained during the training period (Duscher, 2009:1104). While the students feel unprepared for the role of the professional nurse, unit managers expect knowledge with regard to clinical expertise, decision-making skills and problem solving skills in the ward from the final year nursing students on completion (Draper, 2013). In addition, within the context of the military setting, they are expected to carry out military disciplinary codes and procedures and be combat ready as platoon commanders.

Apart from the transition shock, other factors might influence the dual transition for these final year students. Procter et al. (2011:255) allude to the fact that student nurses have limited opportunities to gain adequate experiential knowledge in the clinical setting, which can significantly impact on their preparedness for the role as professional nurses. It is thus evident that support will be required for final year nursing students to aid them in the dual transition from student to professional nurse, and from her/his military role as candidate officer to officer. However, in order to develop these support structures, it will be helpful to explore and describe the experiences of final year nursing students with regard to the dual transitions in SAMHS.

AIM OF THE STUDY

The aim of the study was to explore and describe the experiences of final year nursing students with regard to dual transitions in the South African Military Health Service.

DEFINITION OF KEYWORDS

A **final year nursing student** is a student nurse in basic training in his or her final year of study of the diploma programme of nursing (South African Nursing Council 1992b:2.9(2)). In addition to the above, in this study a final year nursing student would include an additional year in the two-year bridging course programme.

Transition is defined as a period of learning and adjustment to the requirements of nursing in which the graduate acquires skills, knowledge and values to take up a role of becoming an efficient member of the nursing staff (Hayman-White, Hapell, Charleston & Ryan, 2007). The complexity of the dual transition experienced by the final year nursing students on completion of their course poses transition challenges with regard to the implementation of skills acquired for both nursing and military activities.

A **newly qualified professional nurse**, for the purpose of this study, would be a nurse certified as such by the South African Nursing Council, who successfully completed the prescribed course of studies in general nursing and midwifery within a period of one year and has acquired the requisite qualifications to be registered to practise nursing and midwifery.

South African Military Health Service is the branch of the South African Defence Force responsible for health care delivery, training and deployment of all medical personnel within the force.

RESEARCH METHODOLOGY

This section discusses the research design and methodology as applied in the study.

Research design

A qualitative, explorative, descriptive and contextual research design was used in this study. This design enabled the researcher to explore, understand and describe participants' lived experiences in response to the research question.

Research site

The research study was undertaken in the SAHMS. Two military nursing colleges and two military hospitals were used as research sites.

Study population

The study population comprised 79 final year nursing students recruited from the two military nursing colleges, together with 22 novice professional nurses, 25 unit managers, and 40 nurse educators working in the two military hospitals (see Table 2 for more information).

Sampling method

Purposive sampling was used to collect data from the participants. Of the 79 final year nursing students, only 28 voluntary participated in the study. While 40 nurse educators were employed in SAHMS, only nine availed themselves for the study. Of the 25 unit managers, only nine volunteered to partake in the study. Of the 22 novice professional nurses, only 13 were available and consented to participate in the study. The sample size thus comprised 59 participants from 4 different groups who were willing to participate in the study (see Table 2 for a more comprehensive breakdown of sample per site). The following inclusion criteria were used for the four groups: 1) only registered and active final year nursing students at the two military nursing colleges were selected, 2) only nurse educators who work with final year nursing students at the two military nursing colleges were selected, 3) only newly qualified professional nurses (one year or less experience in a military hospital) working at the two military hospitals were selected, and 4) all unit managers working at the two military hospitals were selected.

INSTRUMENT

An interview guide was developed following a critical literature review for the purposes of this study (Table 1) Table 1 outlines the questions used to guide the interviewer in obtaining responses with regard to the experiences of the participants in relation to the dual transitions in the SAMHS.

Table 1: Interview guide used for the focus group and individual interviews

Focus group schedule (Final year nursing students and novice professional nurses)
Final year nursing students Main question How prepared do you think you are to take up the role of being professional nurses? Sub-questions What measures can be taken to prepare you to take up the role of the professional nurse efficiently after qualification? What inputs can you give with regard to your needs of preparation for the role of a professional nurse?

Novice professional nurses
Main question
What are your experiences of transition into the role of a professional nurse? Sub-questions How prepared were you when you took up the role of being professional nurses? How has the transition period affected your performance as a novice professional nurse? What measures can be put in place to ease the transition? What are the lessons learnt from your transition experiences?
Semi-structured individual interviews (Nurse educators and unit managers)
Nurse Educators
Main question
How prepared do you think the final year nursing students are to take up the role of being professional nurses? Sub-questions What strategies can we use to better prepare them? What skills and competencies can be enhanced in their preparation?
Unit Managers
Main question
How well prepared do you think the newly qualified professional nurses are? Sub-questions What role can you as a manager play to facilitate a successful transition period? What skills and competencies are you expecting   from a novice professional nurse?

ETHICAL CONSIDERATIONS

Permission to conduct the study was granted by the Officer Commanding of military hospitals, the General Officer Commanding of the nursing college, the Military Ethics Committee and the Research Ethics Committee-Human of the University (H13-HEA-NUR-021). After an initial meeting whereby a thorough explanation was provided regarding the different aspects of the research study, an informed consent form was signed before conducting the interviews. Aspects highlighted included voluntary and willing participation, ensuring confidentiality and privacy of identity and information, safeguarding audio recordings of interviews, withdrawal from the study at any stage without penalty.

DATA COLLECTION METHOD

The researcher contacted each participant telephonically, introducing and explaining the research study. Once informed consent was received, the researcher arranged an appropriate time and location whereby the interviews could be conducted. Two

methods of data collection were used, namely, focus group interviews (n=41) and semi-structured individual (n=18) interviews. Focus group interviews with final year nursing students and novice professional nurses were conducted by the primary investigator (EC). Semi-structured interviews were conducted with the unit managers and nurse educators by EC. Written informed consent was received before interviews and focus groups were conducted. A quiet seminar room in the first floor of the hospital was prepared for the focus group discussion, which lasted an hour per interview. Semi-structured individual interviews were conducted with the unit mangers and the nurse educators, where a single interview lasted about 45 minutes. Data collection with all the groups of participants took place from the 7th January to the 21st January 2014. The researcher's colleague, who is a nurse educator in one of the nursing colleges in the Free State, wrote field notes in order to capture the emotions, facial expressions, posture and feelings of participants during data collection.

DATA ANALYSIS

Firstly, the data captured on audio recorder was transcribed verbatim by the researcher. Creswell's (2009) method of data analysis was rigorously employed to analyse the transcribed data. Using this method of analysis, the researcher together with an experienced researcher and coder analysed and coded the data independently. After which the researcher and coder arranged a consultation from which a final consensus was achieved concerning themes and subthemes. A comprehensive literature review supported the arrangement and refining of identified themes.

RIGOUR

Trustworthiness was maintained throughout the study (Moule & Goodman, 2009; Lincoln & Guba, 2000) by using the following key principles:

Credibility

According to Moule and Goodman (2009), the readers of the research must be totally convinced that the information illustrated is a true reflection of the experiences, views or beliefs of the participants. To attain credibility the researcher utilised data triangulation, the researcher's authority and prolonged engagement. The researcher reviewed relevant literature, and grouped and interviewed different groups of participants.

Semi-structured interviews were used to collect data from nurse educators and unit managers whereas focus group discussions were employed for obtaining data from final year nursing students and from novice professional nurses. Field notes

were also written from all the participants. Final year nursing students were also allocated time (2 full days) with the researcher in order to build rapport.

Dependability

Qualitative data cannot be seen as credible unless its dependability is known, its ability to stand the test of time (Moule & Goodman, 2009). Establishing dependability can be seen as a parallel process to that of confirming reliability in quantitative research. Lincoln and Guba (2000) recommend an audit trail, thick description and stepwise replication to assist with the establishment of dependability. To ensure a dense description, the exact method of data collection and analysis in line with the parameters of qualitative research methodology was clearly defined. An independent co-coder was given unmarked copies of data collected and together with the researcher compared the data results for analysis and reached consensus on the common themes that emerged throughout the discussion (Lincoln & Guba, 2000). The rationale was to prove the stepwise replication to ensure rigour.

Confirmability

Confirmability refers to the measure of objectivity of the data. To confirm objectivity the researcher presented an audit trail of methods, analytical processes followed to analyse the data and presentation of data through the discussion of results obtained from the collected data. The recommendations that were made for the study were supported by the data collected from the participants (Moule & Goodman, 2009). To attain reflexivity the systematic collection and documentation of data assisted the researcher to draw conclusions about the data, its truth value and applicability (Lincoln & Guba, 1985).

Transferability

The researcher needed to demonstrate the extent to which the research findings could be transferred from one context to another by providing a thick description of the data as well as identifying sampling and design details (Barnes, Conrad, Demont-Heinrich, Graziano, Kowalski, Neufeld, Zamora & Palmquist, 2012). A thorough description of the research methodology was given, as well as that of the background of the participants and the research context. The process was done to enable interested researchers to make a transfer to other suitable studies (Krefting, 1991).

RESEARCH RESULTS

Interviews were conducted with 59 participants from the four different groups. The demographic data of the participants is reflected in Table 2.

Table 2:   Demographic data of participants

Number of participants	Number of focus group interviews conducted	Area	Mean Age	Years of experience	Ethnicity Black	White	Coloured
Final Year Nursing Students (Focus group interviews)							
19	3	Nursing College A	26		15	1	4
9	2	Nursing College B	47		7	-	2
Novice Professional Nurses (Focus group interviews)							
6	1	Hospital A	28.5		6	-	-
7	1	Hospital B	27		7	-	-
Unit Managers (Semi-structured interviews)							
4		Hospital A	36	10-18	4	-	-
5		Hospital B	45.8	12-23	3	1	1
Nurse educators (Semi-structured interviews)							
6		Nursing College A	42.5	6- 14	5	1	-
3		Nursing College B	39.5	4-11	3	-	-

Table 3:   Research themes derived from the data analysis

RESEARCH THEMES
Dual transition of the military system
Shortage of staff in SAMHS
Attitudes of health care professionals
Lack of support for nursing students from stakeholders involved in training
Lack of clinical competence to provide quality nursing care

Five major themes that had an impact on the transition of final year nursing students were identified, the results of which will be discussed below.

Theme 1: Dual transition in the military health system

There is a need to transition from being a candidate officer to being an officer and obtaining the rank of lieutenant. Novice professional nurses have the lowest rank in the military structure. In the military, the transition from a student to a professional nurse can be effected professionally or what is termed functionally, although militarily it is not recognised until the member has acquired the military qualifications. In simple terms novice professional nurses cannot be recognised militarily to command and control as they do not have a rank to do that even if they are qualified as professional nurses.

I encounter problems when I come to patients because since you qualify and you are having this lower rank, some patients they underestimate according to ranks. CO (candidate officer) no, no, no, I want the sister here who are you (novice p/n, #2).

This issue of ranks of being CO's has a negative impact on them. It becomes difficult for them to recognize themselves as professionals (unit man #5).

Theme 2: Shortage of staff in SAMHS

The findings in this study revealed that shortage of staff had a negative impact on the transition of final year nursing students to professional nurses, resulting in their clinical accompaniment not being realised. Student nurses reiterated that their accompaniment needs were neglected due to staff shortage because their lecturers could not assist them regularly during their clinical placement:

> But we don't have that thing that ok today the lecturer is coming for accompaniment, we are going to do this and this and this or the lecturer is going to go with us to a specific patient and we are going to do this for that patient they are not there … (focus group #1 students).

> … neh we are overworked and short staffed, we don't do a lot of accompaniment (nurse educator #2).

Theme 3: Attitudes of health care professionals

Students explained that a negative attitude from staff members dampened the atmosphere of learning as it denoted rejection. Students expressed the importance of being made to feel welcome in the clinical learning area. They further indicated that this will enhance their sense of belonging and identity among colleagues, which further develops their self-esteem and openness to learning. Students thus highlight the positive influence health care professionals' positive attitude can have on their ability to interact and learn, thus increasing their likelihood of a successful transition.

Honestly we are not prepared and the other thing that contributes is the attitude of professional nurses. Just think when you are doing 2nd year and you ask me something or there's a procedure going on in the ward I have not been exposed to that particular thing it is for sister for now to show me this is how it's done but someone says ahh you guys you just useless (focus group #2 students 4yr).

The attitudes of the professional nurses even the other categories they need to change their attitudes towards students, the students must feel welcomed (unit man #3).

Theme 4: Lack of support for nursing students from stakeholders involved in training

Students and novice professional nurses voiced their concern about the lack of support they had from the staff members. Students reiterated how lonely they felt without the accompaniment of their lecturers, whereas the novice professional nurses yearned for support and mentoring from their peers and seniors. It is widely recognized that support is critical to graduate from novice to advanced beginner-level practitioner and to the integration of novice professional nurses into safe and effective organisational processes, as the issue of support came out very strongly from the students and novice professional nurses.

What I have realized in this institution is that our seniors just come without knowing what our needs are, so we just have to sacrifice whatever we have. They don't give proper support (focus group #2 novice p/n).

They are not supportive so the unit managers do not correct that because they are also not supportive to us (focus group #1, students).

Theme 5: Lack of clinical competence to provide quality nursing care

Unit managers felt that students were still not trusted to practise safe care. This should have been a skill that is nurtured throughout their training, to enable them to be competent at the end of their nursing training. Unit managers in the military health services do not give the students adaquate opportunity to apply the knowledge and skills gained because they do not trust the students to provide safe care to the patients. They alluded to students lacking clinical knowledge, leading to the students not integrating theory and practice and impacting negatively on successful transition to becoming a competently practising professional nurses.

No they not are competent I don't even think they are ready umh, they are still struggling in something (unit manager #2).

We are somewhere not planning our things very well, so somewhere we lack we try to push, the work to cover the periods without understanding and then you find that competency is lacking (nurse educator #2).

You can't just take a drip and say, ok I'm going to insert this drip now, since nobody showed me. Like there was one specific captain I remember, I worked in ward 18, I'm like captain, I don't know how to do the drip and it was one of the things that we had to do, she was like, then there's nothing I can do, go learn (focus group #1, students).

DISCUSSION OF RESEARCH RESULTS

Dual transition in the military health system

For military nurses, the transition period is extra challenging, as there are military as well as nursing demands. However, the ability to adapt and adjust to changing circumstances is what essentially makes military nurses unique and distinctive. Provided that support is in place and appropriate clinical experience is obtained, professional military roles can be fulfilled (Moore, 2006). The findings were that the final year nursing students gave an indication of not being prepared for either role due to inadequate preparation received throughout their training. The novice professional nurses were demoralised as they completed their training to become newly qualified professional nurses while their professional status does not provide the necessary authority required to adequately care for patients. This sometimes involving the need to command military staff to perform certain functions necessary for the care process to be complete. The overall perception of the participants was that nursing in the military should be demilitarised. The novice professional nurses requested permission to use the public health distinguishing devices (epaulettes) in order for them to gain authority and be recognised at least as professional nurses.

Shortage of staff in SAMHS

Having inadequate staff can decrease the level of quality in the performance of one's tasks. For efficient and effective provision of service in all spheres, it is the obligation of the management concerned to provide satisfactory staff. The 9th annual report to the *Secretary of the U.S. Department* of Health and Human Services and the *U.S.* Congress ("The impact of nursing," 2010) deliberated on the negative consequences affecting nurse training and development due to staff scarcity in the nurse education faculty. Similarly, a report from the Department of Health South Africa (DoH) (National Human Resources for Health Planning Framework, 2006) clearly identifies a shortage of health personnel in both the public and private sectors as key challenges for the South African health sector and particularly affecting nursing student competency. Final year nursing students desperately needed their lecturers to accompany them during their clinical placements. Consequently, student accompaniment could not be realised due to staff shortage. This left students feeling disconcerted as, apart from their educational needs being neglected, there

were additional tensions between themselves and the clinical staff (Levett-Jones & Fitzgerald, 2005:41).

Attitudes of health care professionals

According to Awuah-Peasah,Sarfo and Asamoah (2013), attitude plays a major role in guiding human behaviour towards achieving goals, awareness of its consequences and effective processing of complex information about the living environment. Students are not clearly shown how the work is to be done and are left feeling confused, frustrated and worthless as they experience health care professionals showing little interest in their development. This negative attitude results in low morale of student nurses, often leading to low motivation and eventually dropping out of the programme (Koushali, Hajiamini & Ebadi, 2012:376). Because the provision of positive experiences for students in the practice setting is essential for learning to occur (Moscaritolo, 2009:17), the resolution of this challenge has become a matter of urgency.

Lack of support for nursing students from stakeholders involved in training

Students need to feel a sense of belonging and be supported in the clinical area as placement experiences characterised by supportive relationships in positive learning environments have been shown to improve learning outcomes significantly (Hartigan-Rogers, Cobbett, Amirault, Muise-Davis & Morris, 2007). Clinical experience is undisputed as a key to professional competence (Courtney-Pratt, Ford, Marsden & Marlow, 2011). Consequently students should be nurtured and given ample opportunities to practise clinically in order for them to reach competency levels on completion of their training (Rafiee , Moattari & Mousavinasab, 2014) and (O' Driscoll, 2010).The novice professional nurses were expected by the unit managers to come with some level of expertise in the clinical area, which was viewed by the novice professional nurses as being a rather high expectation given their inadequate preparation and support for the role. The student nurses missed out on the much needed clinical teaching, which could have been provided by their lecturers while in the clinical area.

Lack of clinical competence to provide quality nursing care

Clinical experience is undisputed as a key to professional competence (Courtney-Pratt, Ford, Marsden & Marlow, 2011). Consequently students should be nurtured and given ample opportunities to practise clinically in order for them to reach

competency levels on completion of their training (Thrysoe et al., 2011). Apart from the military health service's lack of adequate clinical placements, the intrusion of military activities takes up much needed time that could be utilised to enhance the competency of the nursing students. On completion of training, students did extremely well in their theoretical exams but struggled clinically as they did not possess the necessary clinical skills to provide competent nursing care. Basic functions such as insertion of a drip or drawing of blood was a challenge for them as they were not provided with adequate practice opportunities and accompaniment. Most of the basic functions could only be mastered during the community service period. The integration of theory and practice is thus essential to the development of a competent student nurse and thus it is crucial for clinical staff to accompany and mentor students in acquiring these necessary clinical skills (Carver, Ashmore & Cibbens, 2007:768).

RECOMMENDATIONS

Recommendations for nursing practice

It is imperative that adequate preparation of final year nursing students to professional nurses takes precedence in the military as this is going to be their core function. Improved collaboration among the unit managers concerning the novice professional nurses' level of expertise is crucial to their successful transition. In addition, nurse educators need to better collaborate with clinical staff and themselves offer additional and more supportive clinical opportunities if final year nursing students are going to be better prepared for the transition into the military nursing context. Liaising with the military head of departments by unit managers with regard to transitioning from a candidate officer to an officer could assist in preparing the candidate officers timeously in order to ease both the transition periods. Lastly, a guideline development outlining the steps to be taken to attend to both transitions could also prove beneficial.

Recommendations for nursing education

The introduction of peer mentoring can assist in alleviating the shortfall on accompaniment as the mentors will readily be available.

Recommendations for nursing research

Further research can be undertaken on the effects of transition in relation to competency of novice professional nurses.

Overall recommendations

Prior arrangements should be done so that the officers' formative course should follow directly after the completion of training so that novice professional nurses are already holding a rank of a lieutenant on placement. If the above-mentioned does not materialise, the newly qualified professional nurses should be allowed to use the public health distinguishing devices in order for them to have the command and control status. A guideline could prove useful in providing direction towards successful military and nursing profession transitions. Therefore implications of addressing the current nursing and military issues will contribute to a successful transition improving competency and increasing retention of newly qualified professional nurses.

LIMITATIONS

The study was only conducted in two out of the three military hospitals and nursing colleges. The third military hospital and the third military nursing college were excluded due to cost containment. Only final year nursing students that were on block could participate in the study as the other students were allocated in the clinical areas and it was difficult to include them particularly for focus group discussions.

CONCLUSION

The conclusions drawn from the study were that transitions on their own are stressful and challenging. The expectations from the staff members alluding to the fact that novice professional nurses should display competency and confidence in executing their new roles worsened their experience. For novice professional nurses having to display military and professional leadership simultaneously warrants support from both military and professional bodies. Incorporating an effective transition component into the nursing and military programmes and providing guidelines for the stakeholders could ease the transition burden.

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