

# Community Service Nurses' Experiences Regarding Mentoring in South Africa

Sisinyana H. Khunou

<https://orcid.org/0000-0002-5143-3442>

University of South Africa

khunosh@unisa.ac.za

## Abstract

Newly qualified nurses are mandated to do compulsory community service after completion of their education. Anecdotal evidence indicates that these newly qualified nurses are not properly mentored. The purpose of the study was to explore and describe the experiences of community service nurses (CSNs) regarding their mentoring in the public health facilities in the North West province (NWP), South Africa. A qualitative exploratory descriptive contextual design was applied to get a better understanding of mentoring as experienced by CSNs in the NWP. A tape recorder was used to capture the interviews conducted with 28 newly qualified nurses who completed their community service two to three years ago and who were working at public health facilities in the NWP. ATLAS.ti 7 was used to analyse the data obtained from the participants. Three themes, namely (1) a lack of mentoring, (2) challenges of performing community service nursing, and (3) positive experiences emerged from the data collected from the CSNs. These themes were supported by the following sub-themes: Lack of supervision and support; no proper orientation in general; negative attitudes of other nurses to CSNs; unrealistic expectations from CSNs; getting blamed and bullied; CSNs' lack of practical experience; inadequacy regarding their professional role; use of their education; and gained independence. The study recommended that the facility managers and different stakeholders work together in supporting the CSNs. This will minimise stress and a lack of confidence among CSNs and improve quality patient care.

**Keywords:** community service nurses; mentoring; public health facilities



## **Introduction and Background**

The term mentoring has been defined as a relationship between an older experienced person and a young inexperienced person in the working environment (Kram and Isabella 1985). The mentoring relationship lasts for an extended period and is marked by substantial emotional commitment by both parties (Ragins and Kram 2007). The South African Department of Public Service and Administration (2006, 14), stipulates that mentoring involves the development of a relationship between a seasoned and a wise person, the mentor, and a less experienced individual, the mentee, who, with the support of the mentor, achieves personal growth and greater efficiency, productivity and effectiveness in the organisation. Community service nurses (CSNs) have less experience and as a result require the guidance and mentoring of an experienced seasoned professional nurse. It was imperative to understand the experiences of CSNs regarding mentoring in the North West province (NWP).

In the NWP, the South African National Department of Health (NDoH) implemented the policy on compulsory community service for nurses who have just obtained a nursing diploma or a degree and who met the requirements of the South African Nursing Council (SANC 1985). The NDoH (2011, 74) highlighted that the community service professionals should be nurtured to strengthen the management of human resources and to stop attrition.

The transition from nursing student to CSN can be stressful and challenging most of the time. These frustrations are compounded by feelings of incompetence, overwhelming responsibilities and role changing (Chandler 2012, 103). In addition, a lack of support, empowerment and high demands from the experienced nurses exacerbate the stress of the CSN (Hlosana-Lunyawo and Yako 2013, 4). Research has also revealed that CSNs experience feelings of inadequacy, incompetence and lack of confidence (Andren and Hammami 2011, 13; Hansen-Salie, and Martin 2014, 547). In that regard, supporting the newly qualified nurses would markedly decrease the transition stress for new nurses to professional nurses (Bjerknes and Bjørk 2012, 1). The exploration of CSNs' experiences is imperative to reveal their mentoring during the difficult period of transition.

According to Botma, Hurter and Kotze (2013, 813), effective mentoring can contribute toward a positive learning environment and valuable learning experiences. Also in this regard, Eby and Lockwood (2005, 449) found that mentoring enhanced job performance, and pride in solving problems. According to Chiles (2007, 738), mentees learn new skills which prepare them for promotions, career development, personal and professional growth and a clear socialisation in nursing. A study conducted by Hadidi, Lindquist and Buckwalter (2013, 159) indicated that the important role of the mentor is to identify the mentee's weaknesses, and to provide suggestions for improvement and guidance. Hadidi, Lindquist and Buckwalter (2013, 159) also indicated that a benefit of the mentoring process was the encouragement and support to prepare the mentee to accomplish the organisational goals.

The NWP, which is mostly rural, is one of the nine provinces in South Africa and has a population of 3.6 million. In this province, there is one public nursing college with two campuses and one university with two campuses that are responsible for the education of four-year course nurses (SANC 1985). These newly qualified nurses are allocated at different sub-districts on a yearly basis to do the compulsory community service of one year. According to Zaayman (2016, 37), community service enables newly qualified nurses to gain confidence, to develop clinical skills and to deal with their challenges of working in under-resourced areas.

## **Problem Statement**

The newly qualified nurses are expected to perform a mandatory community service at designated public health facilities in the NWP. The NWP is mostly rural and the CSNs are allocated at public health facilities which have limited resources. However, anecdotal evidence indicates that these nurses are not adequately mentored when performing the community service in the NWP. As a nurse lecturer, the researcher observed that the CSNs are mostly left alone to manage wards and clinics. In support, literature revealed profound challenges experienced by CSNs in other settings (Chandler 2012, 103; Hlosana-Lunyawo and Yako 2013, 4). Understanding the experiences of the CSNs would help to inform policymakers in implementing effective mentoring programmes in such a setting. Therefore, the researcher found it imperative to explore and describe the experiences of CSNs regarding their mentoring in the NWP.

## **Purpose of the Study**

This qualitative study sought to explore and describe the experiences of CSNs regarding their mentoring in the NWP.

## **Research Objectives**

The objectives of the study were

- to explore and describe the experiences of CSNs regarding their mentoring in the NWP, and
- to make recommendations to enhance the mentoring of CSNs in the NWP.

## **Research Methodology**

A qualitative exploratory descriptive research design was used to collect in-depth meaning and understanding of the experiences of CSN regarding their mentoring at the health services in the NWP.

## **Setting**

The study was conducted in the NWP of the Republic of South Africa at the public health facilities where CSNs were allocated.

## **Population and Sampling Strategy**

The population consisted of all CSNs who have done their community service in the NWP. A total of 28 CSNs were purposefully selected because they were relevant for providing the researcher with the experiences regarding mentoring (Burns and Grove 2011, 313). Inclusion criteria were that they should have had two to three years' experience as professional nurses, done community service in the NWP and been willing to participate in the study.

## **Ethical Considerations**

The researcher adhered to the ethical standards of the Democratic Nursing Organisation of South Africa (DENOSA 1998). Ethical clearance was obtained from the ethics committee of the North-West University. Permissions were obtained from the DoH of the NWP and the managers of the different public health facilities. Information was provided to the participants and informed consent was obtained. Anonymity and confidentiality were ensured by informing the participants that they should not use their names during the interviews. The participants were reassured that they were not forced to participate in the study and that they could cease to continue with the study at any time.

## **Data Collection Methods**

Data were collected from November 2015 to June 2016. This formed part of the main doctoral study that was conducted by the researcher on the development of the mentoring programme for CSNs at public health facilities in the NWP (Khunou 2017, 1). Semi-structured interviews were used to collect data from the CSNs. Two broad questions about mentoring of CSNs were asked, namely "Please tell me about your experience regarding your mentoring when you were doing community service", and "What do you think can be done to enhance the mentoring of community service nurses in the NWP". A tape recorder was used to capture the interviews. Field notes were recorded to capture the non-verbal cues during the interviews.

## **Data Analysis**

The data analysis process started by organising and preparing data from the participants. This was done by listening to the tape recorder, transcribing the CSNs' interviews and field notes verbatim. The transcribed data were then analysed with the use of ATLAS.ti 7, a software program designed to organise, manage, and analyse data (Friese 2013, 4).

## Trustworthiness

The data quality was ensured by adhering to Guba's 1981 model of trustworthiness using these principles: credibility, dependability, confirmability and transferability (Krefting 1991, 217). Prolonged engagement and adequate probing ensured credibility. Transferability was ensured by writing the field notes during the interviews and verbatim transcriptions. Dependability was ensured by probing, and rephrasing unclear questions. Confirmability was ensured by using audio tapes and field notes.

## Results

### Demographic Characteristics

A total of 28 CSNs were interviewed through three CSN focus groups (n = 8; n = 6; n = 6), and individual interviews (n = 8). The majority of the participants were females, n = 21 (75%), and only seven (25%) were males. A total of 20 participants had a college diploma (71.4 %), and eight (28.6%) had a university degree. The age range of the CSNs was 28 to 45 years. The majority (n = 24; 86%) were Tswana-speaking and n = 3 (14%) were Afrikaans-speaking, though they were all interviewed in English. They had experience of two to three years.

### Experiences of the CSNs

The interviews from both individual and focus group discussions revealed that the majority of the CSNs had negative experiences regarding mentoring. The themes are supported and verified by verbatim quotations from the CSNs.

**Table 1:** Themes

<i>Themes</i>	<i>Categories</i>
Lack of mentoring	Lack of supervision and support No proper orientation in general
Challenges of performing community service nursing	Negative attitudes of other nurses to the CSNs Unrealistic expectations from the CSNs Getting blamed for mistakes, thereby feeling bullied CSNs' lack of practical experience Inadequacy regarding their professional role
Positive experiences	Use of their education Learning to be independent

Source: Khunou (2017, 99).

## **Lack of Mentoring**

Some responses from the CSNs emphasised the lack of mentoring as one of the negative experiences. In support, the CSNs were not adequately mentored which was exacerbated by the lack of supervision and support from experienced nurses. The situation was worsened by having to work alone in the health units without proper orientation.

Regarding not being adequately mentored, two CSNs had this to say:

Uhm ... I was never mentored by any one. I was put in a place and I was told to cope with whatever situation that comes my way. So that's why, that's why I am saying mentoring was non-existent to me. (30-year-old male)

There is nothing much there is no mentoring as such it is only here and there not always. There is no specific person that you can say this one is my mentor, I am learning from him or her. (27-year-old female)

### *Lack of Supervision and Support*

The CSNs revealed that they were neither supported nor supervised as newly qualified nurses. The managers were neither available nor visible for these inexperienced CSNs. The lack of support is revealed better by the following quotations:

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 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.

### *No Proper Orientation in General*

The CSNs were not orientated, and 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. This is better explained by the following extracts:

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.

When I arrived here eh ... one of the managers said there is somebody who is supposed to orientate me but he is on leave. So ... up to now I have not been orientated.

The ward manager during that time orientated me with the ward layout, but it was not complete ... the orientation won't be for two days, you understand. Even if it is the layout only ... still it will be like where the toilet ... is so there was no orientation.

## **Challenges of Performing Community Service Nursing**

CSNs experienced several challenges when performing community service at public health facilities in the NWP. They highlighted that the experienced nurses had a negative attitude to them owing to the fact that they were inexperienced and needed more guidance. Furthermore, everybody expected a lot from the CSNs. Despite the fact that they were not mentored, the CSNs were constantly blamed for making mistakes. Furthermore, experienced nurses and managers bullied the CSNs.

### *Negative Attitude of Other Nurses to the CSNs*

The participants experienced negative attitudes from their juniors and other experienced professional nurses, even doctors. The CSNs experienced, among others, being called names and being undermined. Other seniors even went to the extent of bragging about their experiences just to belittle the new CSNs. The negative attitudes are explained in the following extracts:

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 suster [clean sister], still bar-less.

Another participant added:

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. Nna [me] I am not a moving guideline.' I don't know why ... that negative attitude towards us.

### *Unrealistic Expectations from CSNs*

These are the expectations placed on the CSNs, which are not proportional to their level of expertise and experience (Parker et al. 2014, 153). The participants also revealed that instead of being supported, they were expected to perform like nurses with many years of experience. This is evidenced in the following statements:

See, they expect us to know all the policies, procedures, forgetting that you are from school you have never worked with those people.

Yes, even the doctors they expect more ... more from us!

### *Getting Blamed for Mistakes and Feeling Bullied*

Workplace bullying has been described as a persistent, enduring form of abuse that involves negative actions and interactions at work (Vogelpohl et al. 2013, 414). The participants stated that they were blamed for mistakes, and at the same time felt bullied by their seniors. The following statements explain the blaming and bullying:

And again in the ward, even if you have made a mistake neh ... you know they will be on top of you. 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!

When you say something or try to express yourself they will say ... tell this person that I don't want to hear anything from her! You see. So you feel bullied. We even apartheid regime was better than these people. Really bullying us. Really!

### *CSNs' Lack of Practical Experience*

The participants revealed that they have knowledge with regard to theory, but that they lack practical experience in the 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 the following quotations:

Like some of the things that we learned from school were not the ones that were practiced exactly the same as what is done currently in the ward.

So you will be having your own knowledge from school which is there but not in the same way. As a com serve, you don't have experience ... 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.

### *Inadequacy regarding the Professional Role*

The CSNs emphasised that they have gaps related to the roles of professional nurse. It could be deduced that they are 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 evident in the following extracts:

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 of the dos and don'ts and say look, this is what you are not supposed to do. You do this, you will be in trouble.

We need to be mentored regarding leadership and management skills. We will be more eh ... competent professional nurses at the end of the day. Then we will learn to stand up for ourselves.



As a com serve you just go straight to handle the patient you forget that there are things like, you need to check the stock, stocktaking, you need to do ordering, those schedule. Duties of a professional nurse.

## **Positive Experiences**

Despite challenges they experienced regarding mentoring, the CSNs acknowledged that there were some positive experiences. The CSNs reported that they were able to apply knowledge they acquired during training. The CSNs also gained some form of independence, which in a way boosted their confidence and self-esteem.

### *Use of Education*

The CSNs expressed the importance of the education and training they have undergone, as indicated in the following statements:

I used the skills that I was taught at the college, management skills, and my interpersonal skills.

From the college we were taught that when we get to the facility we don't just sit in the consulting room, you read the guidelines, you read the protocol, you read all these big files.

I did pharmacy at the college then I know what is needed in pharmacy and how to do stocking and packing of medication.

### *Learning to be Independent*

The CSNs learned to be independent practitioners, as attested by the following quotations:

My confidence has also gone up, my independence have also become better because I can manage some things on my own.

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.

## **Discussions**

The study has revealed that the CSNs have negative experiences with regard to their mentoring at public health facilities in the NWP. Consistently, several authors revealed that the majority of CSNs were neither mentored nor supported (Hlosana-Lunyawo and Yako 2013, 4; Mqokozo 2013, 7; Nkoane 2015, 73). According to Hlosana-Lunyawo and Yako (2013), inadequate mentoring was exacerbated by the shortage of staff. The shortcomings in the mentoring of the CSNs were also worsened by the fact that the CSNs did not get support and supervision from the experienced nurses and the nurse managers. As a result, the CSNs felt disillusioned and disorientated with regard to their

new role. According to Kram and Isabella (1985, 611), mentoring is imperative to meet the psychosocial and career needs of the mentee. It can be argued that failure to mentor the new CSNs resulted in the CSNs not properly empowered and welcomed into the nursing profession.

Inadequate orientation and mentoring have been identified as exacerbating the new nurses' transitional shock. In this regard, Duchscher (2009, 19) proposed that the orientation of the new nurse is an important strategy that can reduce the transitional shock. However, the study revealed that the CSNs were not orientated. It was also observed that the CSNs were left alone in the units with little or no orientation. Thopola, Kgole, and Mamogobo (2013, 173) also revealed that CSNs were not orientated with regard to the policies and procedures; hence, they were afraid to remain alone in their units. Furthermore, Park and Jones (2010, 142) conducted an integrative review and explored the effects of orientation programmes for CSNs and their confidence, competency, and retention. It is clear that that structured orientation is a key component of the CSNs' mentoring programme.

Support and supervision have been conceptualised as important components of compassion care (Horsburgh and Ross 2012, 1131). Furthermore, Horsburgh and Ross (2012, 1131) emphasised that supportive environments facilitate provision of compassionate care. However, this was not the case with the present study. It is evident that the participants blamed different stakeholders, including the SANC, because apparently it does not have the scope of practice and job description that specifically deal with the CSNs' level of responsibility. To that effect, Nkoane (2015, 93) also recommended that the SANC develop the CSNs' scope of practice. In addition, visibility of the managers has been perceived as important for the newly qualified nurses. Failure of management to provide support can be perceived as alienation. Horsburgh and Ross (2012, 1133) recommended that health service managers ensure that there is availability of a structured formalised supportive framework for registered nurses throughout their first year of practice.

According to Horsburgh and Ross (2012, 1132), transition from student nurse to professional nurse can be traumatic and nerve wrecking, therefore even a minor negative attitude can be discouraging. The CSNs in this study sadly revealed that they experienced negative attitudes from the experienced nurses and their subordinates. For example, the subordinates refused to take orders from them. This kind of resentment further contributed to the CSNs' lack of confidence and psychological abuse. The study conducted by Tsotetsi (2012, 87) revealed that all the participants endured bad staff attitudes and verbal abuse from categories of staff in health facilities. Some participants were addressed using nicknames (Tsotetsi 2012, 87). The study done by Beyers (2013, 49), and Kruse (2011, 70) revealed that nurses undermined and disrespected CSNs, just for the mere fact that they are young and inexperienced. Workplace bullying has been described as a persistent, enduring form of abuse that involves negative actions

and interactions at work (Vogelpohl et al. 2013, 414). This negative attitude was consequently reported by the CSNs in this study as a lack of support and mentoring.

Thopola, Kgole, and Mamogobo (2013, 173) emphasised that CSNs could speedily be familiarised with institutional policies by a well-structured orientation programme. However, this revealed that CSNs were expected to know the policies and protocols in order to be quicker and to make fewer mistakes. That was unreasonable because they have not been in practice and therefore were inexperienced with regard to each 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, and managerial skills (Freeling and Parker 2015, e47). Another reason for failure to meet these expectations could be owing to the fact that CSNs 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).

Mqokozo (2013, 55) also highlighted that the participants were treated like small children, and that they experienced insubordination, 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 be attributed to their attitude and poor morale. Additionally, Vogelpohl et al. (2013, 414) found that new nurses reported that the majority of the workplace bullies were their colleagues who caused the most psychologically damaging effects (Vogelpohl et al. 2013, 418). 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. 2013, 420). Belittling the CSNs' knowledge is not only disrespectful, but could also result in deleterious consequences for a patient (Thomas and 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.

It appears as if the CSNs 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 the lack of adequate orientation, because they could have been made aware of the dos and don'ts of the profession. Du Plessis and Seekoe (2013, 137) argued that the lack of an introduction of student nurses to the professional responsibilities result in a lack of preparedness to assume this role when qualified. Likewise, Tsotetsi (2012, 40) and Klerk (2010, 38) found that the majority of the 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. Furthermore, Davhana-Maselesele (2000, 90) revealed that the students are challenged when practicing what they have been taught in class. This could be because

of the CSNs' lack experience as they are just newly qualified. Therefore, it is crucial that they should be mentored in order to improve their skills.

Motsa (2013, 40) emphasised that graduate nurses should be able to demonstrate knowledge that they have acquired during their training. According to Motsa (2013, 41), this knowledge necessitates the provision of holistic patient care. The current study found that the CSNs managed to make critical decisions because of education, knowledge and skills they acquired during their training. The assertion is that CSNs were able to apply theory and practice that they have learned during their training. Similarly, Thopola et al. (2013, 178) revealed that participants were satisfied with training they received in preparation of becoming professional nurses. According to Kruse (2011, 68), learning opportunities provided to the CSNs during training could also enhance their skills and clinical competence.

It emerged from the study that the CSNs became independent despite the lack of mentoring. This could be because they were left alone to take charge of the units. It could also be owing to the knowledge and skills they have acquired during training. Zaayman (2016, 54) revealed that the CSNs were independent and confident. According to McKenna and Newton (2008, 12), newly qualified nurses demonstrated some independence through their level of confidence because of increased responsibility. Thopola et al. (2013, 178) also found that community service gave them time to grow and develop professionally.

## **Conclusion**

The study revealed that the CSNs have experiences regarding mentoring regardless of the education they received. The majority of the CSNs were not supported nor supervised. The experienced nurses also bullied them.

## **Recommendations**

Mentoring in nursing is very important in the socialisation of the CSNs in the workplace, therefore the following strategies were suggested: A mentoring programme should be developed to ensure that the CSNs are formally mentored and supported; and the mentoring of CSNs should be mandatory especially in the first six months. The experienced nurses should be workshopped and inducted regarding the mentoring of CSNs, so that they should know their expectations.

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