# Mentoring of Community Service Nurses: Nurse Managers' Perceptions

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## Abstract

Community service nurses (CSNs) are newly qualified nurses (NQNs) with the least experience and who need constant support and mentoring. They experience numerous challenges, which include the lack of confidence, and feelings of incompetence and inadequacy. These challenges contribute to a difficult transition from the role of a student nurse to that of a professional nurse. This article reports on the qualitative data of a study conducted by Khunou and Rakhudu. The purpose of the study was to explore and describe the perceptions of nurse managers (NMs) regarding the mentoring of CSNs in public health facilities in the North West province (NWP) of South Africa. A qualitative, exploratory, descriptive and contextual research design was used to explore and describe the NMs' perceptions regarding the mentoring of the CSNs. Three focus group discussions for 20 NMs and 7 individual semi-structured interviews were conducted. A tape recorder was used to capture the NMs' perceptions regarding the mentoring of CSNs in public health facilities of the NWP. Tesch's method of data analysis was used to analyse the collected qualitative data. The study revealed the following themes: CSNs lack skills; CSNs are mentored; and both CSNs and NMs have mentoring needs. These themes were supported by the following categories: CSNs lack practical skills; CSNs lack professional responsibility; CSNs lack confidence; CSNs are supported; CSNs need orientation; and CSNs need mentoring to bridge the practice-theory gap. NMs also need to be supported.

**Keywords**: community service nurses; nurse managers; mentoring

# Introduction and Background Information

Community service nurses (CSNs) refer to the newly qualified nurses (NQN) who have acquired a diploma or a degree in nursing (general, psychiatry, community) and midwifery according to Regulation R.765 of the Nursing Act (South Africa 2005). These nurses have less than one year's experience as professional nurses and therefore need support from their supervisors to teach them the ropes of the profession (Shezi 2014, 46). The CSNs lack skills in decision-making, confidence and applying the theory that they have learned at school, and therefore require mentoring from experienced NMs.

In the NWP, which is mostly rural with a challenge of resources, the CSNs are distributed at several public health facilities to perform their mandatory community service. An expectation is that CSNs should be able to render quality patient care as they have complied with the requirements of Regulation R.425 of the Nursing Act (Hansen-Salie and Martin 2014, 551; SANC 1985; South Africa 2005). Despite this expectation, several studies done in South Africa highlighted that CSNs need to be mentored by experienced professional nurses (Govender, Brysiewicz, and Bhengu 2015a, 7; Hlosana-Lunyawo and Yako 2013, 11). According to Nkoane (2015, 53), new nurses plead for the supervision and support from their seniors until they can stand on their own and become independent to take up their professional roles.

Mentoring can be challenging and rewarding to both the mentee and the mentor. According to Hnatiuk (2012, 45), the mentor can facilitate professional growth and advancement of the NQN. Wisdom (2011, 106) highlighted that mentors had to sharpen their skills, knowledge and standards to avoid being critiqued by their mentees. In that regard, mentoring enhanced learning by the mentees, improving their problem-solving and interpersonal skills. However, interpersonal relationship dynamics and the time factor can be detrimental to the mentoring relationship (Hnatiuk 2012, 46). Additionally, the study conducted by Liebenberg (2018, 86) revealed that factors such as the competence level, lack of orientation and attitudes of NQNs negatively influenced the role of the mentors.

Literature has identified the NMs as the most important role players in the mentoring of NQNs. According to Saidi et al. (2013, 152), NMs are responsible for ensuring mentoring, support, commitment and development of the staff in the organisation. Chabedi (2011, 43) emphasised that the responsibility of NMs is to mentor, based on their knowledge, experience, and clinical expertise. The assertion is that NMs should enhance employee well-being with regard to training, development, and competencies (Saidi et al. 2013, 152).

## Problem Statement

The community service policy for nurses was implemented in 2008 in South Africa including the NWP (National Department of Health 2011, 73). Several studies were conducted in other provinces, but little was known regarding the mentoring of CSNs in the NWP. The researcher as a nurse lecturer, observed that most of the time CSNs were left alone to mend the NWP public health facilities with little supervision and support from the NMs. Additionally, the NMs always remarked about the CSNs who did not want to be left alone in the unit. Furthermore, the quantitative study conducted by the researcher, revealed the conflicting perceptions of CSN mentoring between the CSNs and NMs (Khunou and Rakhudu 2017, 165). Limited mentoring would result in poor quality patient care and retention of these CSNs. It was therefore imperative to interview the NMs to get in-depth data on their perceptions regarding the mentoring of CSNs in the NWP public health facilities.

### Purpose

The qualitative study sought to explore and describe the perceptions of NMs with regard to the mentoring of CSNs in NWP public health facilities, South Africa.

### Research Objectives

The objectives of this study were

- to explore and describe the perceptions of NMs with regard to the mentoring of CSNs in the NWP public health facilities, South Africa; and
- to make recommendations for the NMs to enhance the mentoring of CSNs in the NWP public health facilities, South Africa.

### Definition of Key Concepts

**Community service nurses (CSNs):** According to Regulation R.765 of the Nursing Act (South Africa 2005), a CSN refers to a South African nurse trained under the South African Nursing Council Regulation R.425 (SANC 1985). In the proposed study, CSNs are these nurses allocated at public health facilities in the NWP.

**Mentoring** is a process in which an experienced person (mentor) guides another person (mentee) in the development of her/his own ideas, learning, and personal or professional competence (Klinge 2015, 163). In this study, mentoring is a process whereby the NMs support the CSNs to gain experience.

**Nurse manager (NM)** refers to the professional nurse who is knowledgeable, skilful and responsible for leadership and mentoring (Meyer et al. 2009, 160). In this study, an NM is a nurse qualified with a nursing diploma or degree, who has experience of five years or more, and who works at the public health facilities with CSNs.

## Methodology

This was a qualitative, exploratory, descriptive and contextual study to explore and describe the perceptions of the NMs regarding the mentoring of CSNs in the NWP public health facilities.

### Setting

The study was conducted in the NWP of South Africa in public health facilities such as hospitals and clinics where CSNs were allocated.

### Population and Sample

The study population consisted of all the NMs in the NWP. A total of 27 NMs were purposively selected to participate in the study. Adequate information was provided to the participants regarding the study objectives. The inclusion criteria were that the participants had to be working at the NWP public health facilities where CSNs were allocated, have worked or are currently working with CSNs, and who were willing to participate in the study.

### Ethical Considerations

The ethical clearance was obtained from the ethics committee of the North-West University, and permissions were obtained from the NWP Department of Health, and the public health facilities. The researcher explained the aim and objectives of the study to all the participants. The participants gave written informed consent to participate in the study. Confidentiality was ensured by using codes rather than the names and identity of the participants. The right to withdraw from the study at any time was reiterated to the participants.

### Data Collection Procedure

Data collection took place from April to July 2016 by means of 3 focus group discussions and 7 individual interviews in quiet private rooms at the public health facilities where the CSNs are allocated. The interviews, which lasted for 40 minutes to 1 hour 10 minutes, were recorded with the tape recorder. English was used to interview the NMs. During the interview process, a no-disturbance sign was put at the door to prevent interruptions and disturbances. Two broad questions were posed: "Please tell me about your perceptions regarding the mentoring of the CSNs in the NWP public health facilities", and "Tell me how best the mentoring of the CSN can be enhanced". Follow-up questions were used to probe further to get more in-depth data from the NMs. Data were collected until no new information emerged. Data saturation was reached after interviewing the 3 focus groups and the 7 individual NMs.

**Data Analysis**

The interviews were recorded with an audio tape and field notes. The audiotaped data were transcribed verbatim by the researcher. The data were analysed with the use of Tesch's eight steps (Creswell 2009, 155). The list of topics with the same meaning were classified together and grouped into codes and categories. Interrelationships between the categories were identified and themes were developed.

**Trustworthiness**

According to Polit and Beck (2012, 768), the trustworthiness of qualitative data is the confidence and degree of confidence qualitative researchers have in their data. In order to ensure trustworthiness of the data collected from the NMs, the researcher applied principles of trustworthiness, namely credibility, dependability, conformability and applicability. Prolonged engagement with NMs was ensured to enhance credibility. To ensure conformability, the data collected from the NMs were co-coded by an independent co-coder (Polit and Beck 2012, 740). The data were verified for authenticity and accuracy to confirm whether it was the actual data recorded during the interview. Applicability or transferability was ensured by the in-depth description of the research process.

## Results

The results represent the data collected from the participants who were willing to participate in the study. The total of 27 NMs was interviewed as follows: 3 NMs focus group discussions (n = 8; n = 6; n = 6), and individual interviews (n = 7). Out of the total 27 participants interviewed, 19 were females and 8 were males. Nine NMs had a university degree as compared to 18 who had a college nursing diploma. The age range of NMs was 35 to 62 years. Their experience as registered nurses ranged between 10 to 45 years.

## Findings and Discussions

The qualitative data obtained from the NMs revealed three themes with related categories as shown in Table 1.

**Table 1:** Results relating to the perceptions of NMs regarding the mentoring of CSNs in the NWP public health facilities

| Themes | Categories |
|---|---|
| 1. CSNs lack skills | 1.1 CSNs lack practical skills |
| | 1.2 CSNs lack professional responsibility |
| | 1.3 CSNs lack confidence |
| 2. CSNs are mentored | 2.1 CSNs are supported |
| 3. CSNs and NMs have mentoring needs | 3.1 CSNs need orientation |
| | 3.2 CSNs need mentoring to bridge the practice-theory gap |
| | 3.3 NMs need support |

Source: Khunou (2017, 123)

*Theme 1: CSNs lack skills*

The NMs were mostly concerned about the CSNs' lack of skills. This theme was supported by the following categories: (1) CSNs lack practical skills; (2) CSNs lack professional responsibility; and (3) CSNs lack confidence.

Category 1.1 CSNs lack practical skills

The NMs reportedly observed that CSNs did not know basic nursing care procedures such as administering medication. The NMs mostly highlighted that CSNs could not perform procedures which were prescribed by the doctor. As a result, they made profound mistakes, which included the incorrect recording of medications. These are some of the quotations from the NMs:

> The other thing again that lacks is like being unable to do procedures as required by doctors, for an example resuscitations and administering transfusions patients. (FG1, P6)

> They give wrong medication and they chart on that, they don't do the proper procedure as they have been taught. (FG2, P3)

Category 1.2 CSNs lack professional responsibility

The NMs unanimously stated that the CSNs did not behave like professionals. Several examples to support this category include the lack of time management skills. Some managers highlighted that the CSNs could not talk to their subordinates. They reiterated that the CSNs did not take charge of the ward, and this was perceived as a lack of professional skills.

> Basically ... even on managerial issues, reporting times and knocking off times they still lack behind whereby they happen to report late. (FG3, 5)

Time management. They still take along hours on lunch, hence I said responsibility like they don't really take a good responsibility of the ward. (P7)

They forgot now they are now professional people. They cannot talk to their subordinates. (FG 1, P4)

Category 1.3 CSNs lack confidence

The NMs narrated that CSNs did not have confidence, which also contributed to the high absenteeism rate. It became evident that the CSNs were not confident to remain alone in the ward, nor give reports to their senior colleagues. This lack of confidence is revealed in the following quotations:

These com serves because of lack of confidence they want to be behind the sister, they will also not come to duty. 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. (P4)

Lack of confidence. They don't want to give the report to managers, or assist doctors … (FG 1, P6)

*Theme 2: CSNs are mentored*

The NMs emphasised that despite the fact that they are busy, they usually make time to mentor the CSNs. Some of NMs were so passionate about the support and mentoring that they perceived it as a way of giving back. It also became evident that as they mentored the CSNs, they also allowed some form of independence. The following statements highlight the support provided to CSNs:

Mentoring them is by what we do here, we accompany them. They are not allocated alone. (FG3, P5)

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. (FG2, P7)

Even if I am busy, I make it a point that I take them along and show them, show them how things are done in the ward. (P5)

I support them most of the time. To me it is a way of giving back. (P7)

*Theme 3: CSNs and NMs have mentoring needs*

Most NMs stated that they identified skill gaps in the actions by the CSNs, which necessitate the need for mentoring and orientation. They expressed that CSNs need to be mentored on professionalism. This is supported by the categories and direct quotes from the NMs as given below.

Category 3.1.CSNs need orientation

The NMs acknowledged that the CSNs as new appointees need to be orientated with regard to policies, protocols and routine. The NMs said the following:

> They are from school, therefore they need to be orientated on how the general work in the hospital. (P3)

> The com serve should be orientated with regard to the routines, protocols and the policies that are in the unit. So that it can become easier for them to function properly. (FG2, P5)

Category 3.2.CSNs need mentoring to bridge the practice-theory gap

The NMs emphasised that CSNs were not able to apply the theory that they have learned from school in practical situations:

> 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. (FG1, P6)

> 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. (P2)

> They need to be mentored, so that they can apply what they have learned from school (FG1, P8)

Category 3.3.NMs need to be supported

The NMs narrated that they also need to be supported:

> If only the management of this institutions could also support and encourage the mentors. (FG1, P3)

> We must also attend courses, so that you can be updated because you know as operational managers we are also outdated. (FG2, P5)

> Mentors need to be rewarded or to be reassured. That will encourage them to work harder. (P2)

## Discussions

The expectation is that CSNs who have undergone training and education achieve the outcomes for the provision of comprehensive nursing care (SANC 1985). Therefore, at the end of a four-year period, CSNs should have developed the capacity to exercise independent judgement in the psychomotor, affective and cognitive domains (SANC 1985). However, the NMs were concerned that the CSNs did not have the capacity to

execute basic nursing skills. This could be owing to the lack of proper orientation and overwhelming expectations from the CSNs as novice nurses. In contrast, it emerged from the study done by Fero et al. (2009, 148) that most novice nurses could make proper clinical assessments and decisions. It was unclear whether incompetence was contributed to the lack of knowledge, however, the authors advocated for continued mentoring and coaching to improve the skills (Fero et al. 2009, 148). Similarly, Lekhuleni, Khosa, and Amusa (2014, 384) found that CSNs had low confidence levels to show specific cognitive, psychomotor and affective skills.

Another study done by Hezaveh, Rafii, and Seyedfatemi (2013, 218) revealed that NQNs were incompetent with regard to skills and primary procedures such as venepuncture, post-operative care and tracheostomy care. This could be owing to the fact that the CSNs find it difficult to show the skills they were taught at school in a different practice environment (Zaayman 2016, 43). In that regard, Beyers (2013, 43) recommended that NQNs need guidance from experienced nurses to develop their clinical skills.

Hezaveh, Rafii, and Seyedfatemi (2013, 219) found that NQNs experienced challenges in managerial responsibilities such as decision-making, coordination, planning and prioritisation, accountability, time management, and delegating tasks. Also in this study, NMs narrated the lack of professionalism among CSNs. The concern was that these novice nurses lack managerial skills and that they still behaved like student nurses. The lack of professionalism could be due to the lack of experience as professional nurses and also being belittled by other nurses (Beyers 2013, 49). It would be helpful if NMs would provide assistance with decision-making duties and meeting the institutional requirements (Beyers 2013, 49). Furthermore, Hezaveh, Rafii, and Seyedfatemi (2013, 219), indicated that the lack of managerial skills among NQNs can be owing to inadequate practical exposure to managerial responsibilities during training.

According to Hezaveh, Rafii, and Seyedfatemi (2013, 219), most of the time, students are used as workforces rather than being familiarised with managerial duties. In support, Govender, Brysiewicz, and Bhengu (2015b, 6) revealed that CSNs were not acknowledged nor recognised as professional nurses. Similarly, Beyers (2013, 50) found that it was difficult for CSNs to assume professional roles such as delegation of tasks because they were new in the profession. According to Zaayman (2016, 43), a lot of responsibility and accountability was expected from CSNs. Role modelling, patience and guidance would direct CSNs in assuming professional responsibility.

It was noted that CSNs did not have confidence to such an extent that they did not want to take charge of the unit. The NMs also pointed out that CSN could not give unit reports nor assist the doctors. As a result, they resorted to absenteeism when their senior colleagues were unavailable. Lekhuleni, Khosa, and Amusa (2013, 386) highlighted that CSNs had low confidence levels when carrying out clinical duties including patient health education. Ebrahimi et al. (2016, 14) highlighted that NQNs experience fear,

uncertainty, stress and anxiety. According to Ebrahimi et al. (2016, 14), most of the time, NQNs have the knowledge but lack confidence as they are not sure whether they have performed their duties properly. In that regard, Ebrahimi et al. (2016, 14) advocated for non-verbal approval and acknowledging a job well done in front of colleagues to improve the self-confidence of NQNs.

The present study revealed that NMs supported CSNs in NWP health facilities, which was consistent with the findings in the quantitative study done by Khunou and Rakhudu (2017, 450). It also became evident that they were passionate about mentoring CSNs. Perceived mentoring benefits can motivate and encourage mentors to continue with mentoring despite all the challenges. Govender, Brysiewicz, and Bhengu (2015a, 68) revealed that NMs perceived the mentoring benefits because they were able to role model behaviours, and as a result got a sense of intrinsic motivation. Similarly, Setati and Nkosi (2017, 135) found that participants described mentoring as a process which helps to reduce the theory-practice gap. Additionally, mentors gained both theoretical and practical revival because they had to sharpen their skills and be abreast with new developments (Setati and Nkosi 2017, 134).

Unsurprisingly, NMs in this study acknowledged that CSNs need adequate proper orientation in order to familiarise them with the new practice environment. The NMs acknowledged that CSNs, as new appointees, need to be orientated with regard to policies, protocols and routine. A study conducted about CSNs in Limpopo also found that the CSNs were scared to be left alone because they were only shown the physical layout of the ward (Thopola, Kgole, and Mamogobo 2013, 173). A quantitative study conducted by Govender, Brysiewicz, and Bhengu (2015b, 5) emphasised that orientation enhances transition from the student to the professional nurse role. In support, Larson (2012, 25) emphasised that orientation programmes that encourage NQNs to feel welcome and supported will help to ease the transition and improve overall job satisfaction. Du Toit (2016, 70) recommended that NMs delegate experienced nurses to orientate NQNs with regard to the routine and procedures. According to Du Toit (2016, 71), orientation with regard to protocol and equipment familiarises CSNs with them and help to reduce frustrations. NMs should have a formal structured orientation programme in order to meet the needs pertaining to CSNs' increased responsibility (Govender, Brysiewicz, and Bhengu 2016, 20).

Thopola, Kgole, and Mamogobo (2013, 177) found that CSNs narrated that their training added value to their competence. However, the NMs in this study lamented that CSNs were not able to apply the theory that they have learned from school in practical situations. Therefore, the NMs advocated for mentoring to bridge the theory-practice gap. Mqokozo (2014, 84) also revealed that CSNs have more theoretical knowledge than practical skills. The participants also expressed discrepancies between what they were taught at school and the way of doing procedures in the unit (Mqokozo 2014, 51). Of great concern was that when CSNs adhered to details, they were told that they were

wasting time (Mqokozo 2014, 51). Seemingly, this increased the theory-practice gap, because CSNs were not given a chance to apply the theory they learned from school.

According to Price (2014, 39), the gap is attributed to the fact that during training, students act as observers in decision-making and responsibilities rather than to actively participate in them. As a result, it becomes difficult for NQNs to precisely make quick decisions in problem-solving (Price 2014, 40). In order to deal with this gap, NQNs can shadow their mentors to develop reasoning skills, and decision-making and problem-solving abilities (Price 2014, 41). Lekhuleni, Khosa, and Amusa (2013, 202) recommended that mentors provide guidance and support to bridge the theory-practice gap.

The NMs expressed the need for support in terms of acknowledgement, rewards and workshops. Chabedi (2011, 88) revealed that NMs were not trained to be mentors, and therefore applied their clinical experience when training the CSNs. Liebenberg (2018, 94) recommended that mentors be provided with incentives at the end of a successful mentoring programme. Chabedi (2011, 88) also emphasised the sharing of information between NMs and nurse educators, so that they can learn from each other. This will also help in bridging the theory-practice gap because both groups will be talking the same language. Furthermore, support from administrators can be demonstrated by senior managers that establish, encourage and sustain mentorships (Rohatinsky 2012, 64). Commitment to mentoring initiatives can be shown by providing funding and resources needed for the mentoring.

## Conclusions

The overall perception of NMs is that the mentoring of CSNs can enhance the transition from the student nurse role to that of a professional nurse. It also became evident that the CSNs have several challenges, which could be dealt with by mentoring. The NMs in this study lamented that CSNs were not able to apply the theory that they have learned from school in practical situations. Therefore, the NMs advocated for mentoring to bridge the theory-practice gap. In addition, the NMs narrated the lack of professionalism among CSNs. The concerns were that the novice nurses lack managerial skills and that they still behaved like student nurses. The NMs expressed that they also need support in terms of acknowledgement, rewards and workshops in order to adequately mentor the CSNs. The study concluded that CSNs need to be mentored and supported.

## Recommendations

In order to bridge the gap between theory and practice, the experienced nurses in the practice should work hand in hand with the nurse educators to ensure that there is a correlation between what is taught at nursing education institutions and public health facilities. The NMs should ensure that CSNs are adequately orientated with regard to

the unit routine, policies and protocols to ease the transitional shock. Psychological support, encouragement and empathy should be provided to the CSNs by acknowledgement of jobs well done. Administrators and senior managers should give support to the NMs by providing opportunities for development, resources, and funding for mentoring.

## Limitations of the Study

The study was conducted at the four districts in the NWP. The researcher had to use both focus group discussions and individual interviews because it was difficult to gather a group of NMs in one district.

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