EXPERIENCES OF NEWLY QUALIFIED NURSES OF UNIVERSITY OF LIMPOPO, TURFLOOP CAMPUS EXECUTING MANDATORY COMMUNITY SERVICE IN LIMPOPO PROVINCE, SOUTH AFRICA.

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Abstract

Background: Anxiety because of lack in organization and management skills, fear of legal disputes and the possibility of losing their professional registration is real concerns of nurses in the immediate period of post-qualification. Many of the countries in Sub-Saharan Africa, as South Africa, are facing severe shortages of skilled health staff. One of the most important factors is the exodus of health care staff, which is largely a symptom of other health system deficits.

Aim: To determine the experiences of newly qualified nurses of University of Limpopo, Turfloop Campus executing mandatory community services in Limpopo Province, South Africa.

Method: Seven participants were recruited for individual interviews in this study. The qualitative conducted individual interviews were analysed using a content analysis in four steps inspired by Burnard (1996).

Result: The most revealing results were the many factors leading to a lot of distress to the nurse staff, which is a strong influence to the abandonment of the profession. These factors are all in turn consequences of the lack of financial resources put in to the health care system in South Africa. These include low salary, lack of material resources, shortage of the staff and lack of organisation of management. The balance between education, work situation and compensation seems to be flawed.

Conclusion: The nursing education did not meet up to the requirements regarding the preparation for the nurses. Mandatory community service does not dissolve the main issues of abandonment. The salary seems to be the critical factor leading to abandonment of the nursing profession.

Keywords: Abandonment, Mandatory community service, Newly qualified nurse, South Africa, Transition.
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INTRODUCTION
Newly qualified nurses, entering the clinical areas for the first time, seem to experience a high level of stress associated with lack of confidence and exposure to unfamiliar circumstances (Watson et al, 2008). According to O’Shea and Kelly (2007) the experiences of being a newly qualified nurse are described as stressful, mostly because of the responsibility and accountability. The nurses did not possess the managerial, organizational and clinical skills demanded by their new role which led to psychological distress and anxieties regarding accountability. A severe shortage of skilled health care staff is a problem in many of the countries in Africa. If the outcomes in South Africa are to be improved, strengthening the nursing workforce must become a key priority, or else this shortage of nurses has the potential to undermine the health care delivery (Friedman, 2004). Focus in this study is to explore and describe the experiences of newly qualified nurses of University of Limpopo, Turfloop Campus executing mandatory community services in Limpopo Province, South Africa. This subject is an essential and current issue in South Africa where nurse shortage is found due to the exodus of health care staff (Friedman, 2004; Ehlers, Oosthuizen, Bezuidenhout, Monareng & Jooste, 2003).

BACKGROUND
When a nurse starts her employment there is a phase of transition with a steep learning curve which can cause higher psychological distress and may lead to work-related illness and attrition (Watson et al, 2008). A highly demanding work situation with frequently changing circumstances, poor support and shortage of both staff and resources are all factors leading to stress (Hughes & Fraser, 2011). The burden of individual accountability, feelings of extremely worriedness about the consequences, anxiety because of lack in organization and management skills, fear of legal disputes and the possibility of losing their professional registration is real concerns of nurses in the immediate period of post-qualification (Gerrish, 2000). Many of the countries in Sub-Saharan Africa, as South Africa, are facing severe shortages of skilled health care staff. There are multiple causes, but one of the most important factors is the exodus of health care staff, which is largely a symptom of other health system deficits. Many health professionals who have the opportunity to leave are rejecting these substandard, second-class health systems that their countries and the international community have been too slow to upgrade. The causes of the exodus of health care staff are complex and interrelated, involving social, political, and economic factors (Friedman, 2004).

Pillay (2010) states that the emigration of professional nurses and also the maldistribution of those that do remain are major challenges facing the South African health care system and other developing countries. These resulting nursing shortages are accentuated by an aging population and increasing disease burden. This shortage of nurses has the potential to undermine health care delivery in South Africa. Therefore, strengthening the nursing workforce must become a key priority if health outcomes in South Africa are to be improved. Nurses are as professionals indispensable to the health care in South Africa. According to South African Nursing Council (2005), the definition of a professional nurse is:
“... a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable assuming responsibility and accountability for such practise” (South African Nursing Council, 2005, p. 25).

The shortage of nurses becomes a threat to the future delivery of quality healthcare. There is a deficiency of research of the elements that lead to the retention in the nurse profession in South Africa. Factors which have been identified to cause most dissatisfaction are salary and workload. It is of most importance to address this issue and to find factors preventing the shortage of nurses. To enhance the ability to retain and recruit nurses in terms of high nurse satisfaction makes further investigations worthy (Horwitz & Pundit, 2008).

Nursing education in South Africa
The delivery of Nursing Education is mainly through higher education institutions financed by South African Nursing Council (SANC), which is a statutory body for health care staff, who set minimum standards for the education and training of nurses in South Africa. It accredits schools that meet the required standards and only grants professional registration to nurses who undergo nursing education and training at an accredited nursing school (Government Communication and Information System, 2010/11).

Universities offer a basic four-year, full-time undergraduate degree (BCur) that prepares students in four career fields, namely: general nursing (caring for people in hospitals, clinics and private practices); community nursing (primary healthcare and the prevention of disease in the community); psychiatric nursing (treating the mental health of individuals); midwifery nursing (caring for mothers and babies). Clinical (practical) nursing experience is obtained at hospitals and other health services during the four years of study. Universities also offer post basic qualifications at diploma, degree, master and doctorate levels. There are both public and private nursing colleges and the most common courses they offer are: a four-year diploma leading to registration as a nurse (general, psychiatry, community or midwifery); a two-year bridging course; one-year courses; post basic diplomas. After four years of study, students from colleges and universities graduate as professional nurses. The difference between the diploma and the degree is the academic level at which students complete their studies. A BCur graduate will have an advantage when it comes to specializing in a certain field of nursing. Bridging courses are available for college graduates to 'top-up' their qualifications to a degree level to assist future career development. A nursing college is the answer for the student who cannot afford university fees. An advantage is that students receive payment for their practical (clinical) work while they are studying. A university student is required to study as a full-time student (Personal communication with Senior lecturer Tebogo Mothiba at University of Limpopo, September 24, 2011). In this study the nurse students from university will be referred to as ‘university nurses’ and the nurse students from college as ‘college nurses’.

Mandatory community service in South Africa
After the four years nursing education, nurses are required to complete a mandatory 12-months period community service program and after completion they may be registered as professional nurses (general, psychiatric or community) and midwives (Government Communication and Information System 2010/11). The introduction of mandatory community service for nurses was provided by The Nursing Act of South Africa, 2005.
“A person who is a citizen of South Africa intending to register for the first time to practise a profession in a prescribed category must perform remunerated Community service for a period of one year at the public health facility” (South African Nursing Council, 2005, p. 29).

When it comes to ensuring equitable distribution of nurses to meet the health needs of communities, this contributes significantly as an effort. The Nursing Act seeks to ensure that nursing education programmes are registered with the ‘National Qualifications Framework’, so that nurses can gain recognition and credit, while retaining them for future studies. The main objectives of The Nursing Act are to:

- Serve and protect the public in matters involving health services provided by the nursing profession
- Ensure that the SANC serves the best interests of the public and does so in accordance with national health policy
- Promote the provision of acceptable nursing care
- Regulate the nursing profession and the way in which nurses conduct themselves
- Promote the operations and functions of the SANC and the registrar
- Promote liaison regarding health, nursing education and training standards
- Ensure that the SANC advises the Minister of Health on matters affecting the profession
- Provide for the registration of nurses and the keeping of registers

(Government Communication and Information System, 2010/11).

The main objective of the mandatory community service is to ensure that the provided health service is to be improved for all the citizens of South Africa. In this process the young professionals are provided with an opportunity to develop skills, acquire knowledge, behaviour patterns and critical thinking that will aid them in their professional development. There is a possible rotation of allocation in the health facility complex, which may include original and/or district hospitals, community health centres, clinics, emergency services and even other health facilities, depending on where the service is needed most. Quarterly reports are to be written by a supervisor during the practise and then signed by the superintendent/facility head. South African Nursing Council (SANC) receives a final report; on the performance of the mandatory community service is in accordance with The Nursing Act of South Africa, 2005 (South African Nursing Council, 2005).

South Africa’s location
The study was conducted in South Africa which has a population of approximately 50 million people. The Christian faith includes almost 80% of the population. Other major religious groups are the Hindus, Muslims, Jews and Buddhists. A minority of the people regard themselves as traditionalists of no particular affiliation to any religion. In the diversity of the unique cultures of South Africa there are 11 official languages, IsiZulu 23.8%, isiXhosa 17.6% and Afrikaans 13.3% among others. English is the mother tongue of only 8.2% of the population although it is the most understood widespread language, and the second language of the majority of South Africans. The country borders to Namibia, Botswana and Zimbabwe. To the West, South and East, South Africa has common borders with the Atlantic and Indian oceans, which meet at the South-Western corner of the continent. South Africa is divided into nine provinces which are the Western Cape, the Eastern Cape, KwaZulu-Natal, the Northern Cape, Free State, North West, Gauteng, Mpumalanga and Limpopo (Government Communication and Information System, 2010/11).
Limpopo Province has a population of 5.4 million inhabitants covering a geographical area of 124 000 km. The province is considered as the most rural province in South Africa comprising mainly of poor communities. The province is situated in the north east of South Africa and is made up of five district areas: Vhembe, Mopani, Capricorn, Sekhukune and Waterberg. Limpopo is the province with the fourth-highest number of children, 14% of South Africa’s total population of children. The majority of households in the Limpopo Province live below poverty line (Personal communication with Senior lecturer Tebogo Mothiba at University of Limpopo, September 24, 2011).

“Poverty can be most simply understood and measured as a condition in which people lack sufficient income to buy the goods and services they need to sustain themselves in a socially appropriate manner” (Vervey, Lefko-Everett, Mohamed & Zamisa, 2009, p. 8).

The province is predominantly rural with poor road and transport facilities, inadequate water and sanitation provisions. There is a high level of and unemployment and women are the most affected group as they stay at home and are expected to take care of their children, while men look for employment. Women are still treated unequally because of their gender based on cultural oppressive gender ideologies (Personal communication with Senior lecturer Tebogo Mothiba at University of Limpopo, September 24, 2011).

The health care service structure consists of one tertiary institution, six districts hospitals (level 2) and 36 community hospitals (level 1). Specialties provided at the tertiary institution are among others obstetrics and gynaecological care. The tertiary hospital is therefore a referral hospital for levels 1 and 2 hospitals within the province. The nursing health professionals in the province in 2001 were 5043 professional nurses, including registered midwives (Personal communication with Senior lecturer Tebogo Mothiba at University of Limpopo, September 24, 2011).

**THEORETICAL FRAMEWORK**

This study has been discussed in light of the theoretical framework of transition (Schumacher & Meleis, 1994). Transition theory offers a framework in which the transition process can be studied. Transition is a central concept within the caring domain which has had a strong impact on nursing and caring research over the last decades. Meleis defines transitions as periods in which change takes place in an individual or an environment and which possess certain commonalities (Schumacher & Meleis, 1994).

The framework involves changes on a developmental, situational and organizational level, as well as change in health and illness. Change which have a multidimensional and comprehensive effect on roles, relationships, identities, abilities and patterns of behavior on both a family and individual level, as well as on structure, function and dynamics at the societal level. It can be disconnection from previous social connections and supports, the appearance of new needs, inability to meet old needs and lack of familiar reference points (Schumacher & Meleis, 1994).

**SIGNIFICANCE OF THE STUDY**

A severe shortage of skilled health care staff is a problem in many of the countries in Africa. If the outcomes in South Africa are to be improved, strengthening the nursing workforce must
become a key priority, or else this shortage of nurses has the potential to undermine the health care delivery (Friedman, 2004). Hence the importance of the study has been identified by the involved research group in South Africa as a need of developing guidelines for support of newly qualified nurses executing mandatory community service.

**AIM**
The aim of this study was to determine the experiences of newly qualified nurses of University of Limpopo, Turfloop Campus executing mandatory community service in Limpopo Province, South Africa.

**METHOD AND DESIGN**
The study was conducted with a qualitative, exploratory, descriptive and contextual design. Qualitative research has several general characteristics, including having a holistic approach, being flexible and capable of adjustment during data collection and the requirement for the researcher to become intensely involved and become the research instrument. Descriptive research has as its main objective to accurate portray the characteristics of persons, situations, or groups, and/or the frequency with which certain phenomena occur (Polit & Beck, 2004). Qualitative research is intended to approach the world out there and to understand, describe and sometimes explain social phenomena from the inside in a number of different ways: By analysing experiences of individuals or groups, by analysing interactions and communications in the making and by analysing documents or similar traces of experiences or interactions (Barbour, 2007).

An empirical study was preferred since the aim requires genuine information. To understand the contexts and views of the individuals the interviewers needs to locate and understand the individual’s actions and the purpose that they communicate (Holloway & Wheeler, 2002).

**Participants**
In this study seven participants were recruited and chosen depending on their availability through the co-supervisor at the University of Limpopo. Because of a loss of male participants the participants where all female and in the age span 21-23 years old.

**Inclusion criteria**
The selection of participants was focused on nurses in South Africa and exclusively newly qualified nurses of University of Limpopo, Turfloop campus, executing mandatory community service in Limpopo province, South Africa. The definition of “newly qualified” refers to nurses during their first two years as qualified.

**Study settings**
The interviews were conducted with nurses at a hospital in Capricorn district and at University of Limpopo with nurses from health establishments in Mopani districts. The interviews were individual and all the participants were educated at University of Limpopo. Four of the participants which were from Capricorn district, had completed their mandatory community service. The three participants from Mopani district were in the mandatory community service when the interviews were conducted. The interviews at the hospital in Capricorn district were performed in available staff rooms. The interviews that took place at University of Limpopo were performed in an office room.
**Data collection**
Individual interviews were the data collection method that has been conducted. According to Moule and Goodman (2009) the qualitative interview is used to explore views and questions about and around life connected to beliefs, actions, motivations and perceptions to improve the understanding of human experience. There was a dialogue between the interviewers and the participants, with focus on topics of the research. A quality criteria for an interview according to Kvale and Brinkmann (2009) is the possibility to follow up and clarify the meaning of relevant aspects of the answers. Nonverbal communication has not been analysed. During the interviews field notes were used as a complement to the collected data. The interviews were audio taped and transcribed. Nobody, except for the interviewers, has had access to the tapes. The tapes were archived at Blekinge Institute of Technology to enable ex post review. The interviews were based on a guideline (see appendix 1).

**Data analysis**
Qualitative content analysis was chosen for the study which is characterized by organization and interpretation of narrative data for the purpose of discovering important underlying themes, categories, and patterns of relationships (Polit & Beck, 2004). Studies focusing on nurse education are increasingly explored through qualitative research methods (Burnard, 1991).

The data analysis was inspired by Burnard (1996) content analysis in four steps. The method is a process in which the analyst identifies, encode and categorize the important implications, and overall themes in the material (Burnard, 1991). Content analysis is according to Burnard (1996) that the researcher analyses the text data by grouping together ideas and observations of similar nature. In this study the analysis was conducted in following four stages:

Step 1: The transcribed interviews were read through to gain a comprehensive understanding, get an overview of the material and its content. Then the text was read through more in depth and marked for more detailed and meaning units that met the purpose of the study.

Step 2: The next step in the analysis process was to extract meaningful entities from the meaning units. Meaning units are meaningful parts of the text, words, sentences or paragraphs that are related to each other by content and context. Meaning units should not hold multiple meanings (Burnard, 1996). Then the meaning units are condensed. Condensation refers to a process that makes the text shorter and more manageable, while the essence is preserved.

Step 3: Then codes were created based on the condensed meaning units. According to Burnard (1996) the codes were created with regard to the meaning units' context and enable new ways to think about and look at the contents. The validity of the codes was checked against the meaning units and the condensed text.

Step 4: Then finally the categories were created. One category consists of several codes that have a similar content. No data will fall between two categories or fit into two or more categories. No data should be omitted because of lack of appropriate category. By creating main categories reflected on the underlying content of more than one sub-category, the content in multiple sub-categories are interwoven (Burnard, 1991). Main categories were formed to provide explanations for the sub-categories that occurred (see Table 1).
Table 1: Analyze example

<table>
<thead>
<tr>
<th>Meaning unit</th>
<th>Condensation</th>
<th>Code</th>
<th>Sub-category</th>
<th>Main category</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;when the work load is too hard and you find out the number of staff is low and you’re expected to act so fast some way somehow&quot;</td>
<td>Work load is too hard and the number of staff is low</td>
<td>Stress due to shortage</td>
<td>Shortage of staff</td>
<td>Main factors influencing abandonment</td>
</tr>
<tr>
<td>&quot;Confidence is lowered by the ‘older nurses’ complaining, because it feels like they do not trust you just because you are new&quot;</td>
<td>Trust issues between inexperienced and experienced nurses result in lowered confidence</td>
<td>Confidence is lowered due to hierarchy</td>
<td>Social factors</td>
<td></td>
</tr>
</tbody>
</table>

ETHICAL CONSIDERATIONS
Ethical clearance were obtained from the University of Limpopo Ethics Committee and an application for ethical clearance were handed in to the Department of Health, Limpopo Province by email correspondence from Dr. Masamo Lekhuleni (personal communication, November 27, 2010), at University of Limpopo, South Africa. Matters related to informed consent and confidentiality were addressed and information of the study have been shared both verbally and written with the participants. Preparation of the field work was planned with incoming guest lecturers from the University of Limpopo Spring 2011. During the field work visits were paid to health care facilities in Limpopo province as well as literature search at the library of University of Limpopo.

DISSEMINATION PLAN
The approved final thesis will be distributed to School of Health Science, University of Limpopo and disseminated to involved settings in Limpopo province, South Africa. The approved final thesis will also be distributed to The School of Health Science at Blekinge Institute of Technology, Sweden.

RESULT
The results of this study aimed to determine the experiences of newly qualified nurses of University of Limpopo, Turfloop Campus executing mandatory community services in Limpopo Province, South Africa. Three main categories emerged in the analysis namely; The role of education with sub-categories Structure of curriculum and Financial supplies; The value of mandatory community Service with sub-categories The community service as mandatory, An opportunity to develop within the profession and Main factors influencing abandonment with sub-categories Lack of support; Social factors; Shortage of staff; The critical factor of salary and Impact of the dual health systems (see Table 2).
Table 2: Main categories and sub-categories

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Main categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Structure of curriculum</td>
<td>The role of education</td>
</tr>
<tr>
<td>• Financial supplies</td>
<td></td>
</tr>
<tr>
<td>• The community service as mandatory</td>
<td>The value of mandatory community service</td>
</tr>
<tr>
<td>• An opportunity to develop within the profession</td>
<td></td>
</tr>
<tr>
<td>• Lack of support</td>
<td>Main factors influencing abandonment</td>
</tr>
<tr>
<td>• Social factors</td>
<td></td>
</tr>
<tr>
<td>• Shortage of staff</td>
<td></td>
</tr>
<tr>
<td>• Impact of the dual health systems</td>
<td></td>
</tr>
<tr>
<td>• The critical factor of salary</td>
<td></td>
</tr>
</tbody>
</table>

**The role of education**
This category treats the education's influence and importance for a newly qualified nurse. It has been identified within this study that the education, in some cases, has not provided full preparation for the newly qualified nurses entering mandatory community service.

*Structure of curriculum*
During the study, it showed that there were missing parts in the education and therefore a feeling of lack of skills among the participants. The collected data showed a need for more knowledge about different kinds of diseases and a plea for more knowledge about management. Suggestions about workshops from nurses doing their mandatory community service, to prepare the students for the coming transition, were also expressed.

“We that have already done the community service should go to students that are still training and tell them what is happening when you do community service, so that they come with a little understanding as to what is expected from them.”(Interview 1)

The data showed a need for earlier and more practice for the nurses. Some participants wanted to start with the practice in the stage of the education where they now only are doing observations.

*Financial supplies*
The equality among the students according to the finances was questioned in the angle of why some do not get the nursing fee and still get the same salary during community service.

“Community service is good in a learning way. The only unfair thing about community service is that I have trained for four years in the university. I have paid for my trainings and somebody that have trained for four years, that somebody never paid even a penny. And today we earn the same amount of money. I’m obliged to community service just like the other person, with the same salary.”(Interview 7)
Some participants said that they had spent a lot of money by themselves and that it felt unfair to have to ’pay back’ to the community when they did not get the financial support that other students from other education establishments got, like the students attending the same education at college.

The value of mandatory community service
This category processes the value of the mandatory community service that was installed as a strategy to limit the newly qualified nurses’ early abandonment of the nurse profession. Within this category, the mandatory part of the community service (‘The community service as mandatory’) and the community services’ side-aim to provide the newly qualified nurses with an opportunity to develop within the profession (‘An opportunity to develop within the profession’) has been brought to attention by the participants in this study.

The community service as mandatory
Mandatory community service does not only aim to limit the early abandonment but also its symptoms, like too much workload, stress and incidents.

“The overall experience it has been great. Working has given me a lot of opportunities to learn, based on the fact that we have shortage of staff it exposes you to a lot of things with a lot of work, sometimes independently, you know, but that can be hectic. But then, otherwise it is great. I do not have a problem doing my work, I know what to do. I actually think that community service is great...But I should be free to go and work in Sweden, not be forced to community service. They are running shortage, if they were trying to compensate it threw my training, during my training, it would be kind of fair to do community service in the end of the day.”(Interview 7)

Majority of the interviewed nurses thought that community service is an important and necessary part in their development as nurses, because they are still learning. But there is still an expression of dissatisfaction regarding that the community service is mandatory, and one reason for this is the already stated financial differences.

An opportunity to develop within the profession
It is pointed out that the community service provides a great opportunity for the newly qualified nurses to gain knowledge and skills, which is supposed to be under supervision and with mentorship. It is clear that this strategy has worked in that way. The participants expressed that they have been provided with improved guidance through their transition by doing the mandatory community service.

“That we actually do community service because there are certain things that you have never learned practically in class and you get to learn them in the workplace. The community service allows you, you know, what if I do not know this it makes it easy for you to consult with other nurses and doctors. It is like that place where you get to learn new things that you really haven’t learned of your three or four years of practice. Some things you have learned them but you have forgotten them, but you have to learn to do them practically.“(Interview 6)
But the shortage is still experienced as strong and the issue of abandonment is still critical. Data analysis reveals that the mandatory community service has made things better for the newly qualified nurses and has therefore been successful in its role as an additive to the process to enhance the quality of health care. But it appears not to be successful in the dissolving of the main issues of the abandonment.

**Main factors influencing abandonment**
This category processes the many factors that influence the abandonment of the nurse profession. These include ‘Lack of support’, ‘Social factors’, ‘Shortage of staff’, ‘Impact of the dual health care system’ and ‘The critical factor of salary’. All these are negative factors that make work difficult and dissatisfying for the nurses, thus motivating the abandonment of the nurse profession.

*Lack of support*
Most of the participants felt that the introduction of their mandatory community service needed to be strengthened. For some, lack of transport and accommodation appeared as a reason to consider another field of the health establishment.

"*Accommodation is under construction so I have no real and permanent accommodation. In the long run it may affect me psychologically.*" (Interview 5)

The orientation of the new workplace, the ward and the equipment showed a need of development when the majority of the participants found it insufficient. A feeling of being lost and disorientated affected their capability of effectiveness and their sense of security. The nurses wanted better and more supervision. The absence of back up and feedback often made them to feel omitted and frightened of consequences that may occur if they did something wrong.

"*We have got some support but need better supervision. We had people assigned to supervise us, but they did not do their job.*" (Interview 3)

The working environment did not meet up with the acquirements. Equipment for some treatments was missing, which led to expressions of being incapacitated. They saw themselves as helpless if a patient would develop a condition that requires that equipment to be able to save lives.

"*We do not have the basic equipment, some are there, but they are broken. This makes you feel small and you cannot do the work that the doctor asks for.*" (Interview 6)

Hygienic resources were also lacking, such as long glows at the maternity which was very worrying because of the risks of transmitting infections, both for mother, child and staff.

"*Clothes are missing, so we have to use our own. Long glows is also missing. We have not enough protection and we will have to write to the district about it.*" (Interview 5)

Some participants even said that there were too few mattresses and that the numbers of patients often were more than number of beds.
Social factors
A discovery was made of some social factors that seem to make work much less satisfying for the newly qualified nurses. These involve feelings and experiences of lowered confidence and self-esteem due to the heavy workload, interacting with a seemingly established hierarchy, both between nurses and other staff members. This in turn leads to lack of teamwork, which then adds on to the stress, distress and incidents. Some express fear of asking for help, which ends up in them doing work that requires teamwork, on their own, which prioritizes the safety of both the care giver and the patient. The fear and negativity grows from the constant judging, blaming and complaining.

"Confidence is lowered by the ‘older nurses’ complaining, because it feels like they do not trust you just because you are new.”(Interview 3)

This conflict seems to be, in some extent, accordingly to reoccurring statements from the nurses that have been interviewed for this study, on the ‘older nurses’ behalf. The newly qualified nurses felt that their knowledge and ability to plan and prioritize where contested in an unjustified manner. The ‘older nurses’ or the ‘more experienced nurses’ seem to have a problem with trust and respect issues, when it comes to the new, young professionals. There is also expression of other levels of this hierarchy, reaching up to the management.

“Having that self-confidence makes a person do her job well.”(Interview 1)

“Community service is quite an experience, it is like, I have to say...You go there for the first time, you are not a student for this time, you face the responsibility and say – I have to do everything right. I have to impress those people that I can actually do this.”(Interview 7)

Another identified conflict is the one between the ‘university nurses’ and the ‘college nurses’. There is a different, often negative attitude against the ‘university nurses’. This seems to be due to a prejudice about the ‘university nurses’ are having ‘lower competence’ because of less practice during their education. The negative attitude together with a feeling of unfairness regarding the difference in financial resources provided by the different education systems leaves the ‘university nurses’ cornered in a rather distressed situation. All this conclude in lack of teamwork, lowered safety and ability to provide proper health care for the patients.

Shortage of staff
There is an unquestionable shortage of nurses due to the abandonment. The nurses that were interviewed for this study expressed that the shortage left them with a severely increased workload. Situations were described where they were left by themselves, with too many patients. This seems to sometimes make it almost impossible, for the nurses to perform their daily work properly.

"When the work load is too hard and you find out the number of staff is low and you are expected to act so fast.”(Interview 1)

This due to the lack of time, energy and resources, required for the work that has to be done. All the nurses still working, including the ones executing mandatory community service, seems to have a pressure of almost unrealistically responsibilities and independency, which makes the nurses feel a lot of stress.

"It is difficult with the shortage. It leads to a lot of incidents.”(Interview 4)
Other symptoms include lowered safety and quality of health care, which leaves both patients and care givers with unnecessary risks and feelings of dissatisfaction.

Impact of the dual health system
Many patients seem to be ambivalent when it comes to choosing which health care system to trust and attend. This seems to have led to some complications for the participants as nurses serving the western medical, health care system. These complications include patients wanting to use and mix both western- and traditional medicine at the same time, while some relatives want to abort the patients’ treatment in the hospital, to take the patient back to a traditional healer.

“Information to the patient is important, so that they do not go home for traditional medicine and then come back wasted.”(Interview 7)

“It can be a problem sometimes because the relatives brings the patient home because of that and then the patient gets worse and then they bring the patient back to us. I think it is about information and education so that they can understand.”(Interview 2)

The complication with the dual medicine usage is said, accordingly to some of the participants in this study, to be able to make the western medicine loose effect or even work counterproductive, when it comes to the healing process of the patient. The abortion of hospital treatment, to take the patient back to a traditional healer, is a complication in the way that it hinders the hospitalized healing process of the patient, and might sometimes as well make them more ill.

The critical factor of salary
Salary seems to be the last and maybe the heaviest factor that makes the structure of the nursing profession rumble in South Africa. The first ‘brick’ in this structure that seems to fall is the staff. The nurses feel that the salary is unworthy of their profession.

“I think it is because of salary. Most people are also complaining that they work too much. We spend 75% of our life in the hospital. But you cannot even do other things with the salary. So most people, they just refuse to go to the nursery even if they like. There is no money. Most professional nurses, they prefer to leave the country go to earn a better salary.”(Interview 7)

They feel that it is degrading, the way they are obliged to ‘give so much’ and ‘receive so little’ in return. Some even express that even feelings of exploitation are felt with a feeling of being manipulated.
DISCUSSION

Method discussion
The aim of this study was to determine the experiences of newly qualified nurses of University of Limpopo, Turfloop Campus executing mandatory community services in Limpopo Province, South Africa. The study was conducted with a qualitative, descriptive and contextual design to get a deeper and more personal insight in the nurse’s experiences. According to Kvale and Brinkmann (2009) the qualitative interviewer encourages the participants to describe as precisely as possible what they experience and feel, which is a primary task to evaluate. The situational and interactional factors influences need to be taken into account as human life and understanding is contextual.

Four criteria are used for developing the trustworthiness of a qualitative study: credibility, dependability, conformability and transferability (Polit & Beck, 2008). The research interview is a specific professional conversation with a clear power asymmetry between the researcher and the participant. The researcher initiates and defines the interview situation, determines the interview topic, poses questions and decides which answers to follow up (Kvale & Brinkmann, 2009).

In this study credibility was enhanced by engaging sufficiently with participants to receive meaningful data and further increased by the researcher’s experiences as nurse students. One of the difficulties with doing an empirical study was to find participants that matched with the selection. Some were unluckily not working when the data collection was conducted in Capricorn district, but in the end the quote were filled through nurses from Mopani district who came to the University of Limpopo to be interviewed. Some of the participants were doing their community service and some had completed their community service when the interview where conducted, which gave issues from different views.

The study was done with seven interviews which enhanced the ability to see similarities, differences and strengthened the dependability. Four of the altogether seven interviews in this study were conducted at the participant’s workplaces, which could make the participants more comfortable, as it took place in their territory. At the same time it could make the participants more stressed, with difficulties to disconnect from work and focus on the interview. Three of the interviews were performed in an office room at the University of Limpopo, which could contribute to distance the participants from work and thereby put more focus in the interview. To be interviewed in an unfamiliar environment could though also lead to influence the power relation between the interviewers and the participants. Another issue was to find a non-disturbing and calm interview location. During the interviews there were repeatedly interrupting factors, such as phone calls; people entering the room and noise from the corridors.

In the interviews the nurses explained how they have experienced their daily work as a newly qualified nurse in mandatory community service. They described how they were supported and how they handled the work within their working-conditions as newly qualified nurses. The interviews were conducted through individual interviews which gave the participants an opportunity to express experiences without considering how others perceive them. Thereby the trustworthiness and the credibility were increased. According to Polit and Beck (2008) credibility refers to the confidence in the truth of the data and interpretations of them. Qualitative researchers must seek to establish confidence in the truth of the findings for the
particular participants and contexts in the research. Dependability refers to the stability of data over time and over conditions.

The interviews were audio taped and complementary field notes were used during the interviews to collect data. The field notes helped during the transcription when it was hard, because of disturbance during the interviews, to transcribe parts of the recorded tapes. The participants were before the interview informed about the audio taping and that the tapes were going to be destroyed immediately after completed analysis. Since it is an anonymous participation the information could strengthen the sense of security and trust among the participants.

The material was analysed through qualitative content analysis inspired by Burnard (1996) in four steps. The analysis facilitated the work by separating the data into categories and by getting a clearer view over the expressed experiences and factors that influenced the participants.

**Result discussion**

In the results a discovery was made of many factors leading to distress for the nursing staff, which is a strong influence to the abandonment of the profession. These factors are all in turn consequences of the lack of financial resources put in to the health care system in South Africa, which are economic and political issues (Friedman, 2004). The identified factors included low salary, lack of material resources, shortage of the staff and lack of organisation of management. The balance between education, work situation and compensation seems to be flawed.

The role of education

In the results it was revealed expressions of feelings concerning lack of skill, because the education did not meet up to the requirements needed to prepare them properly for the real work to come. The results showed that the newly qualified nurses needed both more and earlier practice.

Anderson and Kiger (2008) emphasis important components to be able to feel like a professional nurse including developing professionalism in relationships, building confidence, learning to manage care, developing knowledge, gaining insight, being included and supported. A clinical practice is also recommended in the final stages of the nurse education to prepare nurse students for the role of a registered practitioner, which is in line with the results of this study.

Transition is a central concept within the caring domain which has had a strong impact on nursing (Schumacher & Meleis, 1994). The findings in this study confirm that the personal expectations influenced adaptation to the new role as a professional nurse. Role transition can be bewildering for newly qualified nurses and expectations may have been too high as stated by Higgins, Spencer and Kane (2009). Personal expectations might influence the adaptation to the new role as a professional nurse. Newly qualified nurses equipped with realistic expectations could decrease the stress of transition so that they would be more prepared and to ease a conflict between ideals and the reality. A trait that all transitions can have is incongruence between former sets of expectations and those that prevails in the new situation and this conflict might ease due to an awareness of Meleis Transition theory (Schumacher & Meleis, 1994). According to Hughes and Fraser (2011) the transition is described as a fraught
time where perceived lack of knowledge and support during the transition phase was a major cause of anxiety.

According to Gerrish (2000) the transition from being a student to becoming a full qualified nurse, in itself, has long been known and recognized as a stressful experience. It is also pointed out that similar circumstances have been identified in other countries, like the United States of America, were the newly qualified nurses found themselves in situations that they were inadequate prepared for.

This ‘reality shock’ and the insufficient hospital settings, is said to have led some nurses to complete withdrawal from clinical practice. This aligns completely with the findings in this study, which shows that newly qualified nurses often are inadequate prepared for the circumstances during their role transition. The correlation between this study and Gerrish (2000) indicates that this is a global phenomenon, and not a local occurrence, but a consequence of insufficient hospital settings and inadequate preparation for the work to come among others consequences. These have been presented in the results and will be closely examined subsequently in the third main category, ‘Main factors influencing abandonment’. Consideration needs to be given in order to ease the transition process to provide more appropriate opportunities for nurse students to develop the clinical, managerial and organizational skills necessary to their future role as a professional nurse (Gerrish, 2000).

The results show a difference in both financial supplies and amount of practical training, between the ‘college nurses’ and ‘university nurses’. In both of the cases the ‘university nurses’ where left with disadvantages that seem to take them far down the pyramid of the established hierarchy. This together with the heavy workload had symptoms like lowered confidence and self-esteem.

One of the attempts to dissolve this flawed balance and cease a vicious circle is the installation of a mandatory community service. This is supposed to improve the health care service for the citizens of South Africa by limiting the early abandonment. It is pointed out that within this process there is also room to provide the young professionals with an opportunity to develop skills, acquire knowledge, behaviour patterns and critical thinking that might aid them in their professional development (Government Communication and Information System 2010/11).

The value of mandatory community service
In the results of this study strong indications were found of a very positive attitude towards this mandatory community service. The collected data shows that the mandatory community service truly has been successful as an additive to the process of enhancing the quality of health care in South Africa. This even, thus the fields, in need of development within the mandatory community service. The result showed that the community service was experienced as good, but that is should not be mandatory, due to the financial differences and feelings of lack of freedom.

In the results there were found coherent expressions regarding the need to strengthen the introduction of their mandatory community service. The expressions included worries regarding lack of support, including lack of aid with transportation and accommodation. This lead to feelings of being lost, disorientated and frightened, which in turn affected their effectiveness and their sense of security. A need for more and better supervision was clearly presented which also is stated by Higgins, Spencer and Kane (2009). If this need was
satisfied, the stressful transition for the newly qualified nurses. This is in conjunction with Gerrish (2000):

"Unsurprisingly, they found the transition process very stressful and this was exacerbated by there being no formal support systems in place" (Gerrish, 2000, p. 476).

Overall, the results showed strong indications of the mandatory community service to be a good additive to the health care system of South Africa. However it does not dissolve the main issues of abandonment, identified within this study.

**Main factors influencing abandonment**

The results also revealed factors which have a negative influence on the newly qualified nurses and therefore also the abandonment issue, were lack of support, social factors, shortage of staff, impact of the dual health care systems and most importantly, the main factor that led to abandonment; the unworthy salary.

Similar finding were also found in a longitudinal study that processes stress and psychological distress in nurses and nursing students. The findings in this longitudinal study included factors like the overall highly demanding job, dealing with death and illness, poor support, rapidly changing circumstances, shortage of resources and staff (Watson et al, 2008; Hughes & Fraser, 2011).

This correlates with the need for strengthening the introduction, which was a reoccurring statement, mostly regarding the lack of support the newly qualified nurses received, identified within the results. This affected the newly qualified nurses negatively in forms of disorientation and fear. And due to the complications between the ‘college nurses’ and the ‘university nurses’, and the overall trust issues between the experienced nurses and the newly qualified nurses, there is a lack of adequate teamwork, which leads to lowered confidence and self-esteem among the nurses, accompanied by lowered safety and efficiency of health care. All these negative factors, results in, as already stated experiences of distress and feelings of unfairness and exploitation, among the newly qualified nurses. These accompanied by the already manifested shortage of staff due to the abandonment, which in a vicious negative circle increases the workload and therefore also the stress, distress and other factors that lead back to the abandonment.

And along the side of all this, South Africa is considered to be a country under development and is undergoing a transition itself. Both the western culture and medicine has gained tremendous ground. But South Africa’s traditions still live on strong, especially the traditional medicine. Many still go to traditional healers and diviners, seeking medical assistance, traditional healers see about 70% of the overall African patients, with all kind of ailment (Chipfakacha, 1997).

The western medicine and the traditional medicine are two health care systems with a completely different view, and therefore also different approach regarding life, death, health and illness; a dual health care system. And many people seem to be ambivalent regarding which choice to take, when it comes to which health care system to trust and attend. Within this two main complications were discovered; one was loss of effect or even counterproductive effect, due to mixing medication. The other main complication was the hindrance of a patients healing process, due to abortion of hospitalized treatment. A hygienic
aspect which can expose both patients and traditional healers for infections and diseases is involved in this as well; most of the traditional healers use their bare hands as tools for diagnostics and also to apply topical medicine. Many even use their mouths to suck blood from patients as a part of disease management. These can alongside the western medical hospitalization complicate the healing process of the patient, and therefore complicate the work for nurses (Chipfakacha, 1997).

But in the end it all seems to sum up to one critical factor; the dissatisfaction concerning the salary. Adding up all the negative factors, all hard work for the nurses after a long and challenging education, it is no wonder that the nurses feel that the salary is unworthy their efforts. They feel exploited, manipulated and deceived. Like pointed out before, they feel that it is degrading, the way they are obliged to ‘give so much’, especially due to the heavy workload caused by the shortage of staff and ‘receive so little’ in return, when it comes to compensation. The heavy workload is one main factor influencing the abandonment, but the salary truly seems to be the critical factor that ‘makes the cup flow over’ for the newly qualified nurses, and therefore the critical factor influencing the abandonment, which correlates with the findings from Horwitz and Pundit (2008); Ehlers, Oosthuizen, Bezuidenhout, Monareng and Jooste (2003).

CONCLUSION

The nursing education did not meet up to the requirements regarding the preparation for the nurses, when they were still students, before entering the mandatory community service. This should be carefully observed and examined, with possible re-construction of the curriculum, so that the nurses feel that they have acquired enough adequate knowledge and skills before entering the mandatory community service. This should include more and earlier practical training and more clarity regarding the distributing of information about what is to be expected from them in their new professional role. The stress of transition might be able to decrease if the expectations are realistic. The change of role and differences that comes with the role transition could also be eased with better preparation.

The differences regarding both the financial supplies and amount of practical training provided by the educational systems, between the nurses graduating from college and the nurses graduating from university, should be equalized, to avoid injustice. This injustice supports the established social hierarchy and so the equalization is, in this way, also needed to strengthen the teamwork and wellbeing of the newly qualified nurses.

Even though the mandatory community service has proven its role as a positive additive to the health care system in South Africa, regarding enhancements of quality, there are fields within that are in great need of development. Especially the flawed introduction, including lack of support during their role transition as newly qualified nurses. The introduction is clearly in need of strengthening and more research should be applied to determine the effects of the community service as mandatory in the long run. The research should be conducted so that the effectiveness of the mandatory obligation for the newly qualified nurses to do community service is properly addressed and analysed. The mandatory community service does not dissolve the main issues of abandonment. Further studies could be to explore and develop guidelines for support of newly qualified nurses executing mandatory community service. The heavy workload is one main factor influencing the abandonment, but within this study the salary was identified as the critical factor leading to abandonment of the nursing profession.
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REFERENCES


APPENDIX 1

INTERVIEW GUIDELINE
The interviews started with a main overall question and then attendant questions.

How do you experience your work as a newly qualified nurse executing community services in Limpopo Province, South Africa?

- Mandatory
- Education
- Support/resources
- Responsibility