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**Newly qualified nurses' lived experience of role transition from
student nurse to community service nurse: A phenomenological
study**

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DECLARATION

I, Reinette Roziers hereby declare that the work on which this dissertation/thesis is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other university.

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Key Definitions

Community Service Nurse (CSN): A nurse performing compulsory remunerated community service for a period of one year at a public health facility (Nursing Act, Act No. 33 of 2005) followed by registration with the SA Nursing Council as a Registered Nurse and Midwife. The Nursing Act (Act No.33 of 2005: 42) indicates that the title “Community Service Practitioner” may be used by a nurse registered in this capacity. For the purpose of the study, the title Community Service Nurse had been used.

Doctrine of essences: Edmund Husserl declared that all essences are experienceable as well as “that what things are... they are as things of experience” (Welch, 1939: 13). Essences have been defined by Husserl as the “whatness” of an object (Welch, 1939: 33). Doctrine refers to a set of beliefs or principles (Allen, 1984), so in relation to Husserl’s philosophy ‘doctrine of essences’ refers to his beliefs about what constitutes essences.

Lived experience: Refers to “experiences that reveal the immediate, pre-reflective consciousness one has regarding events in which one has participated” (Kleiman, 2004: 7). For the purpose of this study, the lived experience refers to the newly qualified nurse’s immediate and pre-reflective “consciousness of” (Welch, 1939: 33) role transition from student nurse to Community Service Nurse.

Novice qualified nurse: A nurse who successfully completed the Diploma in Nursing (General, Community and Psychiatric) and Midwifery.

Role transition/Role change: In the context of this study role transition and role change are used interchangeably to refer to the transition and changes in role expectation (Mosby, 2009) from final (fourth) year student nurse to the role of CSN after successful completion of a professional academic programme (Schoessler & Waldo, 2006).

Abbreviations

CSNs: Community Service Nurses

HEI: Higher Education Institution

SANC: South African Nursing Council

UCT: University of Cape Town

University of Cape Town

ABSTRACT

Purpose of the study: The phenomenological study explored the experience of role transition of newly qualified nurses undertaking compulsory community service in health service facilities in the Western Cape in 2011.

Study design: Husserlian descriptive phenomenology.

Data collection methods: Eight final year student nurses embarking on the compulsory one year community service were recruited for voluntary participation. Two semi-structured individual interviews were conducted with each voluntary participant in July and September 2011. Purposeful sampling was employed. The interviews were digitally recorded and transcribed. The study was conducted in compliance with the ethical principles of the Declaration of Helsinki.

Data analysis: The simplified five step version of Hycner's explication process guided the data analysis process. Bracketing and phenomenological reduction, fundamental to Husserlian phenomenology, were employed to arrive at describing the essence of the experience of role transition for the eight study participants. Criteria to demonstrate trustworthiness of the data included: credibility, transferability, dependability and confirmability.

Findings: Six themes emerged from analyzing the participants' interview data: 'uncertainty and fear in anticipation of the reality', 'a sense of achievement', 'a reality shock', 'disillusioned: perceived lack of support', 'ambivalence: a male's perspective' and 'surviving the first month.'

Conclusion: Newly qualified nurses undertaking compulsory community service experienced similar challenges to newly qualified nurses in developed countries. They seemed to have transitioned successfully after one month's practice despite a perceived lack of support. Future South African studies focusing on community service nurses' expectations of the educational institution and support structure(s) within the new working environment are recommended.

Key words: Lived experience; doctrine of essences; role transition; novice qualified nurse; community service nurse

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TABLE OF CONTENTS

DECLARATION.....	i
Key Definitions	ii
Abbreviations	iii
ABSTRACT.....	iv
ACKNOWLEDGEMENTS	v
TABLE OF CONTENTS.....	vi
LIST OF TABLES	xii
FIGURES.....	xii
CHAPTER 1 INTRODUCTION	1
1.1 Background.....	1
1.2 Research problem	2
1.3 Research question.....	2
1.4 Research aim and objectives.....	3
1.4.1 Research aim	3
1.4.2 Research objectives.....	3
1.5 Relevance of the study.....	3
1.6 Assumptions.....	3
CHAPTER 2 LITERATURE REVIEW	6
2.1 Key issues	8
2.1.1 Specific stressors during transition	8
2.1.2 Anxiety.....	9
2.1.3 Responsibility and accountability.....	10

2.1.4	Expectations of the new role	11
2.1.5	Knowledge and confidence	12
2.1.6	Communication skills	13
2.1.7	Clinical competence	14
2.1.8	Support and guidance	16
2.1.9	Satisfying aspects of the new role.....	18
2.2	Summary	19
CHAPTER 3	METHODOLOGY.....	20
3.1	Introduction	20
3.2	Research design.....	20
3.2.1	Husserl’s doctrine of essences	20
3.2.2	Focus: description	21
3.2.3	Intentionality.....	22
3.2.4	Phenomenological reduction	22
3.3	Setting	23
3.4	Study population	23
3.5	Sampling and sample size	23
3.5.1	Selection criteria.....	23
3.5.2	Sample size	24
3.6	Data collection method.....	24
3.6.1	Semi-structured interviews and interview protocol	24
3.6.1.1	Gaining access to participants.....	25
3.6.1.2	Establishing rapport	26
3.7	Data collection process	26

3.7.1	First interview.....	26
3.7.2	Second interview.....	27
3.8	Data Analysis	27
3.8.1	Bracketing and phenomenological reduction	28
3.8.2	Delineating units of meaning	29
3.8.3	Clustering of units of meaning to form themes	31
3.8.4	Summarizing each interview, validation and modification.....	33
3.8.5	Extracting general and unique themes from all the interviews and making a composite summary.....	33
3.9	Trustworthiness of data	35
3.9.1	Credibility	35
3.9.2	Transferability	36
3.9.3	Dependability	36
3.9.4	Confirmability.....	36
3.10	Ethical Considerations.....	37
3.10.1	Autonomy.....	37
3.10.2	Beneficence	37
3.10.3	Non-maleficence	37
3.10.4	Justice	38
3.11	Summary	38
CHAPTER 4	FINDINGS.....	40
4.1	Introduction	40
4.1.1	Biographical data.....	40
4.2	Emergence of themes	41

4.2.1	General themes	44
4.2.1.1	General theme 1: Uncertainty and fear in anticipation of the reality	44
4.2.1.1.A	The responsibility of managing a ward (n=6/8)	44
4.2.1.1.B	Inability to manage conflict (n=2)	44
4.2.1.1.C	Fear of expectations of the hospital staff about immediate competency (n=3) 45	
4.2.1.1.D	A perceived deficiency in the nursing curriculum	45
4.2.1.1.E	Uncertainty and fear of delegation	45
4.2.1.1.F	Observed unethical practice: fear of victimization	46
4.2.1.1.G	Not knowing what to expect in the new workplace	46
4.2.1.1.H	Doubting their competence	47
4.2.1.2	General theme 2: A sense of achievement	48
4.2.1.2A	A feeling of achievement, excitement and eager anticipation prior role change 48	
4.2.1.2B	Confidence and preparedness for the role change	48
4.2.1.2C	Rewarding aspects of the new role	49
4.2.1.2D	Positive acceptance by ward staff	51
4.2.1.2E	Feelings of achievement, excitement and confidence in the new role	51
4.2.1.2.F	A level of professional maturity	53
4.2.1.2.G	Embracing professional development	54
4.2.1.3	General theme 3: A reality shock	54
4.2.1.3A	Staff attitudes	55
4.2.1.3B	The health care environment	57
4.2.1.3C	The disease profile of patients	58
4.2.2	Unique themes	59

4.2.2.1	Unique theme 1: Disillusioned: perceived lack of support	59
4.2.2.1A	Lack of support from the educational institution.....	59
4.2.2.1B	Lack of support from ward staff.....	61
4.2.2.2	Unique theme 2: Ambivalence: a male’s perspective.....	61
4.2.2.2A	Fear in anticipation of being accepted as a male CSN.....	61
4.2.2.3	Unique theme 3: Surviving the first month.....	62
4.2.2.3A	Uncertainty about financial survival.....	62
4.2.2.3B	Uncertainty and anxiety about adjusting to the new residence.....	62
4.3	Summary of findings	63
CHAPTER 5	DISCUSSION, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS	65
5.1	Discussion.....	65
5.1.1	Uncertainty and fear in anticipation of the reality	66
5.1.2	A sense of achievement	67
5.1.3	A reality shock	69
5.1.4	Disillusioned: perceived lack of support	71
5.1.5	Ambivalence: a male’s perspective.....	71
5.1.6	Surviving the first month.....	72
5.2	Strengths of the study.....	72
5.3	Limitations of the study	72
5.3.1	The study population	72
5.3.2	Data collection and analysis.....	73
5.4	Conclusion	74
5.5	Recommendations	74
5.5.1	The educational institution	75

5.5.2	Policy-makers: Provincial Department of Health (Western Cape).....	77
5.5.3	The clinical areas	77
5.5.4	The study	79
	References.....	80
	APPENDIX 1: RECRUITMENT INFORMATION SESSION AND INTENTION TO PARTICIPATE IN RESEARCH.....	97
	APPENDIX 2: INTERVIEW PROTOCOL FOR FIRST INTERVIEW.....	100
	APPENDIX 3: INTERVIEW PROTOCOL FOR SECOND INTERVIEW.....	101
	APPENDIX 4: APPLICATION LETTER TO HEI TO CONDUCT RESEARCH.....	102
	APPENDIX 5: RESPONSE FROM HEI	103
	APPENDIX 6: RESPONSE FROM PROVINCIAL DEPARTMENT OF HEALTH.....	104
	APPENDIX 7: REQUEST TO PROVINCIAL DEPARTMENT OF HEALTH RESEARCH COMMITTEE	105
	APPENDIX 8: PARTICIPANTS' INFORMATION AND CONSENT FORM	106
	APPENDIX 9.1: AUDIT TRAIL FOR PARTICIPANT A.....	109
	APPENDIX 9.2: UNLABELLED CLUSTERS OF UNITS OF MEANING (PA).....	183
	APPENDIX 9.3: LABELLED CLUSTERS OF UNITS OF MEANING (PA)	184
	APPENDIX 9.4: FULL RANGE OF CLUSTERS OF THEMES AND CENTRAL THEMES (PA).....	185
	APPENDIX 9.5: SUMMARY OF PA's CENTRAL THEMES EMERGING FROM INTERVIEW DATA	186
	APPENDIX 9.6: GENERAL AND UNIQUE THEMES THAT EMERGED FROM ALL PARTICIPANTS' INTERVIEW DATA	199
	APPENDIX 10: ETHICAL APPROVAL FOR THE RESEARCH STUDY	200
	APPENDIX 11: COMPREHENSIVE TABLE ILLUSTRATING GENERAL AND UNIQUE THEMES EMERGENT FROM CENTRAL THEMES AND CLUSTERS OF THEMES OF ALL PARTICIPANTS' INTERVIEW DATA	201
	APPENDIX 12.1: UNCERTAINTY AND FEAR IN ANTICIPATION OF THE REALITY	208
	APPENDIX 12.2: A SENSE OF ACHIEVEMENT.....	214

APPENDIX 12.3: A REALITY SHOCK	221
APPENDIX 12.4: DISILLUSIONED: PERCEIVED LACK OF SUPPORT	225
APPENDIX 12.5: AMBIVALENCE: A MALE’S PERSPECTIVE	226
APPENDIX 12.6: SURVIVING THE FIRST MONTH	227

LIST OF TABLES

Table 1: Search strategy for keywords	6
Table 2: Examples of units of meaning extrapolated from interview one.....	30
Table 3: Colour- coded units of meaning that shares similar meaning	31
Table 4: Example of one cluster of units of meaning grouped under an unlabelled heading for Participant 1	32
Table 5: Example of labelled heading for colour-coded clusters of units of meaning for Participant 1.....	32
Table 6: Example of- and the emergence of a central theme for Participant 1.....	33
Table 7: An illustration of the central themes that resulted in identifying general and unique themes.....	34
Table 8: Biographical data of study participants.....	40
Table 9: A general theme emergent from two central themes and clusters of themes.....	42
Table 10: A summary of the general and unique themes.....	43
Table 11: Knowledge generated	66

FIGURES

Figure 1: Diagram to explain Hycner's simplified data explication process (1999, cited by Groenewald, 2004) in deriving general and unique themes.....	41
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CHAPTER 1 INTRODUCTION

Community service for new health professional graduates is compulsory in South Africa. Community service conjures up images of just that: service in community settings, but newly qualified nurses are also placed in hospitals in urban settings. The research inquiry explored the experience of role transition from diploma-prepared student nurse to novice qualified nurse in the role of community service nurse in the Western Cape, South Africa. Allen (1984: 801) defined transition as a “change from one set of circumstances to another.” Published literature on role transition in nursing is from the developed countries.

Whereas undergraduate nursing education in the developed countries is at university level, in South Africa, a developing country, the majority of professional nurse training programmes are offered at diploma level at nursing colleges. English is the medium of instruction in the Western Cape although the majority of student nurses have either Afrikaans or isiXhosa as first language. Experiences of role transition for newly qualified South African nurses might be influenced by these factors.

Surprisingly, no published literature on the topic was found considering that this is the seventh year of implementation of the policy and this ignited the researcher’s curiosity about newly qualified nurses’ experiences of role transition in a South African context.

1.1 Background

Mahlathi (2006) described the rollout process of compulsory community service for new South African health professional graduates as follows: 1998 - 26 doctors, followed by dentists in 2000, pharmacists in 2001, clinical psychologists, dieticians, environmental health practitioners and an array of allied health professionals in 2003, but no nurses. In 2004 the then Minister of Health, Dr Manto Tshabalala-Msimang announced that the first group of nurses would commence community service in 2005 (Ndaki, 2004) but this only unfolded in 2008 in the Western Cape (Du Preez, 2011).

Nurses who complete the 4-year pre-registration programme in nursing and midwifery (South African Nursing Council R425 of 22 February 1985) have a one year remunerated community service obligation at a public health facility *before* registering as a professional nurse (Nursing Act, Act No. 33 of 2005 Section 40).

The Department of Health has used this strategy to “recruit and retain health professionals” within the public sector (Mchunu, 2006: 47). Delegates from the Department of Health in the Western Cape visit nursing educational institutions to inform candidates in their final year of study of the process of community service and of the role of nursing educational institutions in processing the documentation (Du Preez, 2011). Candidates may choose five health care facilities from a list provided by the Department of Health for placement in the following year (Ndaki, 2004; Mahlathi, 2006). If their choice is not granted candidates may repeat the application until successful (Mahlathi, 2006). Approved applications are placed on notice-boards at educational institutions.

1.2 Research problem

A paucity of published South African literature is available on experiences of role transition of health care professionals undertaking compulsory community service. No specific information is available on how South African newly qualified nurses perceive or experience role transition from student to community service nurse. It seems that there is no formal feedback mechanism for how community service nurses (CSNs) experience adjustment to their new professional role. Furthermore, within the Department of Health it is unclear how the cited objective “an opportunity to develop skills, acquire knowledge and critical thinking that will help them in their professional development” (Mchunu, 2006: 50) is achieved and/or evaluated.

1.3 Research question

How do newly qualified nurses in the Western Cape experience role transition to a professional community service nurse (CSN)?

1.4 Research aim and objectives

1.4.1 Research aim

The aim of the study was to explore the lived experience of role transition of newly qualified nurses in the Western Cape to a professional community service nurse (CSN).

1.4.2 Research objectives

The study objectives were to:

1.4.2.1 Describe participants' feelings and thoughts about their preparedness for role transition from student nurse to community service nurse (CSN);

1.4.2.2 Describe participants' experience of the role change/role transition.

1.5 Relevance of the study

There is a critical shortage of nurses in South Africa. Even novice trained nurses are an integral part of the multidisciplinary team of health care professionals. Their adaptation to the new role or not, requires investigation to explain if and how compulsory community service contributes to newly qualified nurses' professional development.

According to Sibuyi (2000, cited by Strachan, 2000) the community service policy is subject to monitoring, evaluation and review. No published record of monitoring this policy was found. The findings of this inquiry may provide new information to policy makers in the Western Cape. Aspirant community service nurses may gain insight into unanticipated challenges that they might encounter in their role as community service nurses. Educational institutions in collaboration with the Nursing Directorate of the Provincial Department of Health may benefit from the research findings by providing more appropriate orientation programmes for final year nursing students.

1.6 Assumptions

Declaring assumptions guards a research inquiry from being "ambiguous in its purpose, structure and findings" (Lopez & Willis, 2004: 726) or clouded with prejudice.

Phenomenology as a research method requires the researcher to utilize phenomenological reduction and epoché (Pivcevic, 1970) in order to arrive at the essences (Gerrish & Lacey, 2006) of the experience of role transition. The researcher holds the following assumptions about the phenomenon of role transition.

- The researcher has not experienced the one year compulsory community service placement and was curious about newly qualified nurses' experience of the role transition from a student nurse to a community service nurse.
- The researcher's assumptions were further limited by having had no experience of teaching final year student nurses at the research site (a Nursing College) and only having being exposed to "corridor talk" in relation to the Community Service year.

Presuppositions held:

- Newly qualified nurses may experience excitement about their new independence and having a more esteemed status upon role transition;
- Role transition may lead to feelings of uncertainty regarding expectations in the community service facility;
- The experience of role transition might be experienced negatively;
- Participants will have different experiences of role transition, that is, "multiple realities" (Speziale & Carpenter, 2007: 21).

These assumptions informed the researcher's commitment to identify an approach to understanding (Speziale & Carpenter, 2007) that supports the experience of transition of the novice qualified nurses and a commitment to respect participants' viewpoints (Speziale & Carpenter, 2007) and, as Giorgi (1997: 7) stated, the researcher should "turn to others."

These assumptions also assisted the researcher to be open to participants' viewpoints of their lived experience of role transition as a basis for the knowledge produced by this study. Participants' descriptions of their experience of role transition might broaden current knowledge on role transition especially since not much is known about nurses'

experiences of role transition in relation to the compulsory community service in the Western Cape.

The section that follows gives an overview of the published literature reviewed for the study.

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CHAPTER 2 LITERATURE REVIEW

The reviewed literature related to experiences of newly qualified nurses. Gerrish and Lacey (2006) recommend that one should do a limited review of the literature about the research topic to prevent being influenced by preconceptions. Conversely, they do admit that a literature review is necessary to know what has already been done and what gaps there are with regard to the research question.

A search strategy for published literature was conducted using EBSCO, a MEDLINE database, to search the following Academic Full Text Databases: Academic Search Premier, Africa-Wide Information, CINAHL, MEDLINE and PsycINFO for relevant literature from 1989 up to 2010 and yielded the following results presented in Table 1:

Table 1: Search strategy for keywords

Database	Keywords	Results: 1989-2010	Keywords	Results: 1998- 2010	Number of relevant papers
Academic Search Premier	role transition AND new OR novice qualified nurse* OR graduate*	240347	(role transition) AND (new OR novice qualified nurse* OR graduate*)	1403	63
MEDLINE		182216		1154	
PsycINFO		59387		807	
CINAHL		10415		793	
Africa-Wide Information		7741		84	
Total		500106		4241	

The published literature for review was selected from CINAHL, MEDLINE, Academic Search Premier, PsycINFO and Africa-Wide databases. Searches in Table 1 included cited references that were relevant to the study. A total of 63 references were selected guided by the research question and study objectives. Classic cited references not included in Table 1 dated back to 1939, the 1960's and 1970's.

Published literature was found on nurses' experiences of transition but not related to the novice community service nurse in a South African context. South African studies by Reid (2000) and Paterson, Green and Maunder (2007) addressed the professional development of community service doctors and dieticians, respectively. Paterson and others (2007) recommended that research should be conducted on the experiences of

community service in other health disciplines as well to establish whether there are similarities in their experiences.

Published literature on nurses' first job experiences and their experiences of transition is from the developed countries. Transition from student to registered nurse is accompanied by stress and anxiety (Maben & Macleod Clark, 1998; Brown & Edelmann, 2000; Oermann & Garvin, 2002; Higgins, Spencer & Kane, 2010), conflict (Hamilton, 2005), "uncertainty and fear" (Holland, 1999: 235) and is traumatic (Duchscher, 2001; Duchscher, 2009).

The transitional journey of the new nurse might be perceived as exhilarating, but it is in actual fact "chaotic, unsupported, and painful" (Duchscher & Cowin 2004: 293). These experiences might result in novice nurses experiencing a sense of "groundlessness" as they become aware of the contrast between practicing nursing as a student and as a fully responsible, accountable professional (Duchscher & Cowin, 2004: 293). This transitional journey, although temporary in nature, fosters feelings of isolation, vulnerability and uncertainty for novice nurses (Duchscher & Cowin, 2004: 293).

New graduates' experiences of first year practice included feelings of confidence as well as fear (Dyess & Sherman, 2009). Although the newly qualified nurse's entry into the workforce is challenging, transitioning from student to professional practitioner is a "vital and critical development period" (Waite 2004: 173).

A limited number of published studies on newly qualified nurses reported positive experiences with role transition. Floyd, Kretschmann and Young (2005) reported that positive experiences for newly qualified nurses meant receiving positive feedback from clinical educators. Supportive staff (Mooney, 2007a; McKenna & Green, 2004), job satisfaction (Roberts, Jones & Lynn, 2004) and a sound level of confidence (O' Shea & Kelly, 2007) influenced role transition positively for newly qualified nurses.

Key issues addressed in the literature concerning nurses' experience of role transition are described in the next section.

2.1 Key issues

- Specific stressors during transition
- Anxiety
- Responsibility and accountability
- Expectations of the new role
- Knowledge and confidence
- Communication skills
- Clinical competence
- Support and guidance
- Satisfying aspects of the new role

2.1.1 Specific stressors during transition

Brown and Edelman's (2000) longitudinal investigation in the south of England into novice qualified nurses' expected and experienced stressors included three groups of nurses using open-ended questionnaires on two occasions, within a 6-month interval. Participants anticipated stress in demonstrating competence in theoretical knowledge, the ability to maintain a balance between work and studying, feeling clinically competent and meeting personal role expectations.

One explicit stressor that participants experienced was "making ends meet financially" (Brown & Edelman, 2000: 862). Similarly, a quantitative study (Casey, Fink, Krugman & Propst, 2004) of three cohorts of graduate nurses working in acute care hospitals in Denver reported that participants had financial concerns and that the stress of role transition was exacerbated by the unrealistic expectation that newly qualified nurses are expected to rapidly be functionally competent. A similar finding was reported by new graduate nurses from England who perceived that the hospital management had unrealistic expectations of the new graduate nurse (Kelly, 1996). This perception and their feelings of uncertainty and insecurity about their competence resulted in role stress (Kelly, 1996).

The most frequent stressors reported by 46 new graduates in three hospitals in the Midwest of the United States of America (USA) were “(1) not feeling confident and competent, (2) making mistakes because of increased workload and responsibilities and (3) encountering new situations, surroundings, and procedures” (Oermann & Garvin, 2002: 228). Thirty-seven newly qualified Registered Nurses participating in an orientation programme in a semi-rural healthcare setting in South Oregon reported that they felt enthusiastic and eager to learn, but there were challenges: i) lack of confidence; ii) knowledge and experience; iii) balancing family and work; iv) working nights and v) lack of sleep (Floyd & others, 2005).

Higgins and others’ (2010: 499) systematic review of experiences and perceptions of newly qualified nurses in the United Kingdom included concepts such as “transitions, an increase in personal and professional development, changes in pre-registration education and lack of support once qualified.”

2.1.2 Anxiety

A few studies unequivocally reported that newly qualified nurses experienced high levels of anxiety related to interactions with physicians (Duchscher, 2001), managing the care of patients (Gerrish, 2000; Oermann & Garvin, 2002), being faced with new tasks (Delaney, 2003; Oermann & Garvin, 2002) and to “what others would think of them and their ability to handle their assignments” (Andersson & Edberg, 2010: 188). Clark and Holmes (2007) and Gerrish (2000) explicitly reported that novice nurses experienced anxiety especially with administration of medication.

Chang, Mu and Tsay (2006) interviewed ten Taiwanese acute care nurse practitioners concerning their role transition experiences and reported that participants experienced anxiety due to the uncertainty of their expected duties in their new role, described as role ambiguity, being referred to as role stress (Kelly, 1996). Newly qualified nurses have reported feelings of anxiety induced by ward rotation (Fujino & Nojima, 2005; Newton & McKenna, 2007) and re-assignment to other units (Waite, 2004). The participants in Newton and McKenna’s study (2007) specifically identified difficulty in learning the organizational culture when re-assigned to a new ward.

2.1.3 Responsibility and accountability

Increased responsibility and accountability associated with the new professional role was identified by a number of researchers as pivotal in the transition experiences of newly qualified nurses (Maben & Macleod Clark, 1998; Delaney, 2003; Casey & others, 2004; Etheridge, 2007). In a number of studies the majority of newly qualified nurses found the increased responsibility and accountability overwhelming (Kapborg & Fischbein, 1998; Duchscher, 2001; Dyess & Sherman, 2009).

Waite (2004) employed a phenomenological approach to describe the transitional process and the lived experience of 15 advance beginner nurses in mental health facilities who identified time management skills, prioritizing workloads and recognizing when patients required urgent attention, as stressors. Participants reported that they found it difficult to manage multiple responsibilities because they had not been prepared for this during their studies and they lacked prioritization skills and delegation techniques (Waite, 2004). Registered nurses participating in a qualitative study in Sydney Australia also found it difficult to delegate (Eager, Cowin, Gregory & Firtko, 2010). Similarly, Andersson and Edberg (2010) reported that the newly qualified nurses in their study initially experienced difficulty with time management skills and prioritization skills. Duchscher (2001) conducted a phenomenological study exploring five nurses' perceptions of their first six months as professional nurses employed in acute-care hospitals in Canada. Findings from participants' semi-structured interviews revealed that they could not establish independence (Duchscher, 2001).

In a phenomenological study to explore and describe graduate nurse's transition from student to qualified nurse it is reported that they experienced great concern about their ability to manage their time and increased patient loads (Delaney & Piscopo, 2007). Similar findings were reported by Newton and McKenna (2007) using focus groups and anecdotes to collect data from 25 new graduate nurses from four different hospitals in Victoria, Australia: participants felt overwhelmed and lacked confidence specifically with time management and experienced a sense of unpreparedness "to face the responsibilities and challenges of being a registered nurse" (Newton & McKenna, 2007: 1236).

Similarly, a descriptive, longitudinal, phenomenological study in which semi-structured interviews were conducted with new nursing graduates working in adult medical-surgical units in acute care institutions in West Michigan to explore their perceptions of clinical judgements and the education involved in learning how to make clinical judgements reported that participants were surprised about the amount and level of responsibility expected of them (Etheridge, 2007).

Results from Etheridge's study (2007) showed that as new graduates' confidence grew, their trust in themselves escalated, enhancing their acceptance of responsibility. Findings were supported in a study (Ulrich, Krozek, Early, Ashlock, Africa & Carman, 2010) using a ten-year longitudinal database on a Registered Nurse Residency Programme offered at various health organizations in the USA concerning improving retention, confidence and competence of new graduate nurses. Andersson, Cederfjäll and Klang (2005: 196) reported that their participants conveyed a well-grounded awareness "of the general responsibilities and demands in the nursing role."

2.1.4 Expectations of the new role

Novice qualified nurses anticipated their new role with discouragement, disillusionment (Ducscher, 2001; Thomka, 2001; Casey & others, 2004) and fear (Dyess & Sherman, 2009; Waite, 2004). Perceptions of a lack of clarity concerning the new role are also described in the literature (Chang & Hancock, 2003; Waite, 2004; Chang & others, 2006). Newly qualified nurses lacked certainty about whether, and which tasks they could delegate to assistant nurses (Kapborg & Fischbein, 1998).

A qualitative study undertaken in southeastern Wisconsin on the experiences of 16 graduate nurses' interactions during their transition to a professional role revealed that although participants experienced the orientation period and interactions with professional staff both positively and negatively a few experienced "thoughts of leaving nursing" (Thomka, 2001: 19). These participants described situations in their new workplace as not meeting their expectations.

In a review exploring new nursing graduates' lived experience of role transition, Canadian-specific data revealed that experienced nurses displayed "unsupportive and bullying behaviours" towards novice qualified nurses (Morrow, 2009: 282). New graduates in Southern Florida also reported that they experienced unsupportive and unkind nurses in practical settings and were frequently faced with horizontal violence (Dyess & Sherman, 2009). This finding reaffirms that from a study conducted in Australia on horizontal violence experienced by newly qualified nurses from seasoned registered nurses and nurse unit managers (Kelly & Ahern, 2008).

Dyess and Sherman (2009) conducted a longitudinal qualitative study with 81 new graduate nurses in a community-based novice nurse transition programme who had less than 12 months' practical experience to explore their transition to practice and learning needs. Participants found that organizational policies and procedures were inaccessible, and reported that they received contradictory information when they asked questions. They felt that they did not receive clear guidance which they needed for the transition into practice, similar to findings in Chang and Hancock's study (2003).

Role stress and role ambiguity in new nursing graduates in Australia were examined using survey questionnaires to collect data (Chang & Hancock, 2003), showing that they experienced a lack of clear and consistent information about their role and expectations. Similarly, in Thomka's qualitative study (2001: 17) newly qualified nurses described expectations as "unclear." Brown and Edelman (2000: 862) found that recently qualified nurses in their study anticipated difficulties with regard to role change inclusive of 'meeting personal expectations of the role' and 'feeling part of a peer group' until in their new role. Morrow (2009: 279) concluded that new graduates eagerly anticipated their first position in the 'real world'. Ducsher (2001) reported that newly qualified nurses began to accept their limitations, became more self-aware and developed trust from two to three months in their new role.

2.1.5 Knowledge and confidence

Novice graduate nurses in the south of England, called "Project 2000 diplomates", experienced a lack of confidence due to the unfamiliarity of the clinical area to which they

had been allocated, but at the same time possessed a high degree of confidence in asking for assistance when unsure (Maben & Macleod Clark, 1998). Participants in another study gained confidence towards the end of a ward rotation but this changed when they were moved to another unit (Johnstone, Kanitsaki & Currie, 2008).

New graduates experienced “a lack of confidence with skill and clinical knowledge” throughout their first year of practice and only felt confident after one year (Casey & others, 2004: 307). Newly qualified nurses attained improved levels of confidence after six months (Andersson & Edberg, 2010; Newton & McKenna, 2007) and nine months of clinical placement (Etheridge, 2007). Sound levels of confidence enhanced their communication skills (Andersson & Edberg, 2010) and their ability “to trust themselves and accept the responsibility of thinking like a nurse” (Etheridge, 2007: 26). In Dyess and Sherman’s study (2009) discussed earlier, pre-and post-programme focus groups provided data showing that newly qualified nurses felt confident in their own abilities. These findings are in contrast to evidence from Lauder, Watson, Topping, Holland, Johnson, Porter, Roxburgh and Behr (2008) study in which participants demonstrated a lack of confidence in taking on the role of a qualified nurse.

Wheeler, Cross and Anthony (2000) conducted a study of new graduate nurses from the University of Birmingham to assess their progress in the health facilities. A questionnaire comprising open and closed questions were distributed to 94 candidates of whom 43 responded. Respondents’ ‘greatest strengths’ were listed as confidence and sound academic knowledge that facilitated effective coping in their first job (Wheeler & others, 2000).

2.1.6 Communication skills

A recurring theme in the reviewed literature was deficient communication skills of newly qualified nurses (Ellerton & Gregor, 2003; Maben & Macleod Clark, 1998; Dyess & Sherman, 2009). Open-ended interviews were conducted with 11 newly qualified nurses in acute care settings in a Nova Scotia hospital to elicit descriptions of their current work roles and activities and their perceptions of their readiness to perform them (Ellerton & Gregor, 2003). Findings indicated that newly qualified nurses lacked the capacity to have

meaningful and helpful communication with patients and families (Ellerton & Gregor, 2003) unlike the findings from a study by Casey and others (2004) where participants felt confident in communicating with patients and their family members. Newly qualified nurses found communication in certain situations difficult, particularly when breaking bad news to patients and relatives (Maben & Macleod Clark, 1998) or when faced with hostile staff reactions (Dyess & Sherman, 2009; Waite, 2004). Conversely, newly qualified nurses in O'Shea and Kelly's study (2007) demonstrated sound assertiveness skills and they were not afraid to ask for help in situations for which they felt ill-prepared.

Communication with physicians is not easy for some new graduates (Casey & others, 2004) whereas for others communication with physicians and other nurses is easier (O'Shea & Kelly, 2007) when done courteously, although initially difficult.

Follow-up interviews were conducted with eight Swedish nurses one year after graduation, focussing on their experiences during the first year in their new professional role. Participants went through two stages, "being a rookie" and "becoming a genuine nurse" (Andersson & Edberg, 2010: 190). After the second stage their own confidence grew and they increasingly conveyed confidence to their patients once they had experienced an increase in their own level of confidence.

2.1.7 Clinical competence

Many newly qualified nurses perceived themselves as not being ready for practice upon completion of their training (O'Shea & Kelly, 2007; Ellerton & Gregor, 2003; Oermann & Garvin, 2002; Gerrish 2000; Wheeler & others, 2000; Haffer & Raingruber, 1998). In Ellerton and Gregor's (2003) study participants rated themselves an average of 7 out of 10 for readiness for practice after a 3 month period in practice and indicated that academic knowledge had not yet impacted on their practice.

The administration of medication (Gerrish, 2000; Clark & Holmes, 2007; O'Shea & Kelly, 2007) and use of electronic medical records (Candela & Bowles, 2008) were identified as skills in which newly qualified nurses lacked competence. One participant in a qualitative study of four newly qualified Danish nurses evaded the insertion of an intravenous line

for a patient and instead called an experienced nurse to perform the task in her absence (Danbjørg & Birkelund, 2010).

In a Hong Kong study, the majority (75%) of 77 qualified registered nurses documented critical incidents in their early nursing experience as: dealing with unexpected cases including sudden baby deliveries and patient violence as aspects that they did not manage well (Wong & Lee, 2000). Experienced nurses' perceptions of newly qualified nurses' clinical competence ranged from being inadequately prepared and lacking clinical skills (Greenwood, 2000) to being "low or very low" (Lofmark, Smide & Wikblad, 2006: 726).

Seven newly qualified nurses in Australia participating in a graduate programme to assist novice qualified nurses with developing clinical skills were interviewed after six months and again at the end of the programme. They reported feeling fearful to perform clinical skills for the first time in their new position as registered nurses (McKenna & Green, 2004). During the first six months participants concentrated on mastery of skills, which eventually elicited a sense of satisfaction (McKenna & Green, 2004).

Kapborg and Fischbein (1998) conducted a qualitative study with six newly qualified nurses in Sweden to investigate the transition from a three year nursing programme to a professional role as a newly qualified nurse. They reported that participants struggled with the amount of paper work in their administrative duties which interfered with them finding sufficient time to care for patients, which in turn lead to feelings of dissatisfaction (Kapborg & Fischbein, 1998).

On the positive side, Björkström, Athlin and Johansson (2008) reported that newly qualified nurses in their study felt well equipped for the demands in nursing and rated their practical skills "highly" (Björkström & others, 2008: 1384). Haffer and Raingruber (1998) explored student nurses' experiences of clinical reasoning and the development of critical thinking skills. Participants doubted their own clinical reasoning skills and were consequently apprehensive about entering practice, whereas newly graduated nurses from Norway reported "a positive disposition towards critical thinking" (Wangensteen, Johansson, Björkström & Nordström, 2010: 2170).

Wangensteen and others described critical thinkers as “inquisitive,” “open-minded” and “orderly in complex matters” (2010: 2179). The data collection method for their cross-sectional descriptive study of critical thinking skills among 614 newly graduated nurses included a study-specific questionnaire for background data and the California Critical Thinking Disposition Inventory, which measures seven aspects of critical thinking. Newly graduate nurses older than thirty years, with previous university education and/or who had worked in community health care, had statistically significant ($p < 0.001$) higher critical thinking scores than those of the other respondents (Wangensteen & others, 2010).

2.1.8 Support and guidance

Support and guidance are essential for ensuring a smooth transition from student nurse to newly qualified nurse (Pigott, 2001; Thomka, 2001; Ferguson & Day, 2007; Thomas, 2009). Pigott (2001) argued that support and guidance during this transition period is a requirement for assuring safe and efficient practice and continued development of novice qualified nurses. Similarly, Thomka (2001: 19) claimed that “positive and appropriate orientation and mentoring strategies for new nursing graduates is essential in achieving outcomes reflective of quality patient care.” According to Burns (2009) final year nursing students undertaking an employment induction programme before registration as new registered nurses are more confident in their new role.

In an early study Kramer (1974) reported that a supportive environment is crucial to ensure that novice qualified nurses overcome the stress that accompanies first job placement and this has been supported in later studies (Winter-Collins & McDaniel, 2000; Goh & Watt, 2003; Johnstone & others, 2008; Grochow, 2008). Ferguson and Day (2007) suggested that newly qualified nurses should be assisted in gaining confidence in clinical skills, communication skills and organizational skills and that this is not only cost-effective, but is also an attribute of client-centred patient care and for retaining new nurses in practice. Gavlak (2007) supports a central orientation programme for graduate nurses where experienced nurses should be matched with, and act as mentors for new graduate nurses to assist them in shaping their career path.

Newly qualified nurses valued specific guidelines they received to assist them in prioritizing their tasks during a formal six week orientation programme (Guhde, 2005). They were supported during their first placement in the hospital by having preceptors assigned to them, who acted as a “buddy”, being on the same shift and following the newly qualified nurse in the event that he/she required assistance (Guhde, 2005). Guhde (2005) is of the opinion that it takes at least one year for the newly qualified nurse to achieve a level of comfort in the new setting. Newly qualified nurses affirmed that having a mentor during the introduction period contributed to gaining confidence in the new role (Andersson & Edberg, 2010). Brown and Edelman (2000) reported that the newly qualified nurses in their study regarded their peers as their most helpful resource. This finding resonates with data from Etheridge’s study (2007), where new graduates reported that they found discussing experiences with peers helpful.

Casey and others’ (2004) study of graduate nurse’s experiences emphasised the importance of preceptors in novice qualified nurses’ personal adjustment to the practice role and that this had an impact on the future development of these nurses. The findings are congruent with Ross and Clifford’s (2002) study, where participants experienced an inconsistency in preceptorship resulting in them feeling disillusioned. Johnstone and others (2008) cautioned against assigning inexperienced and unqualified preceptors to novice nurses as it might have a devastating impact on newly qualified nurses’ confidence and perceived competence. Poor support for new graduate nurses leads to feelings of frustration (Wheeler & others, 2000).

Novice qualified nurses require ongoing support and guidance throughout their first year of practice (Ulrich & others, 2010; Floyd & others, 2005; Khoza & Ehlers, 2000). Support is especially important during the first four weeks of practice, regarded as the early transition and integration phase when these nurses feel most insecure (Johnstone & others, 2008). The assigning of consistent preceptors to newly qualified nurses and the positive effect thereof is well documented (Dyess & Sherman, 2009; Newton & McKenna, 2007; Grochow, 2008).

2.1.9 Satisfying aspects of the new role

There was a paucity of literature on this aspect of role transition. O'Shea and Kelly (2007) interviewed ten newly qualified nurses in the Republic of Ireland to explore their lived experience of the first six months of a clinical placement. The majority of the participants acknowledged the stress that accompanied the experience but reported that they felt more confident within a week and experienced feelings of delight and enjoyment in their new posts. Factors such as "getting respect, feeling appreciated, making a difference, feeling like a member of the team and earning money" contributed to their overall satisfaction in their new role (O'Shea & Kelly, 2007: 1539).

Newly qualified Swedish nurses (Andersson & Edberg, 2010) ascribed their sense of feeling respected to their perception of being accepted as valid members of the multidisciplinary team by their colleagues, particularly by physicians. This sense of feeling respected was equated with being seen as competent by other people, even those outside the health care profession (Andersson & Edberg, 2010).

Assisting patients contributed to newly qualified nurses' overall satisfaction (Maben & Macleod Clark, 1998; Jackson, 2005) as did support from preceptors (Andersson & Edberg, 2010). Roberts and others (2004) examined job satisfaction of newly qualified nurses from a baccalaureate nursing programme in a university in the southeastern United States. Participants comprised 123 new graduates who worked in inpatient and outpatient settings. Praise and recognition contributed more to job satisfaction for newly qualified nurses employed for less than six months than for nurses employed for longer than twelve months ($p=.05$) (Roberts & others, 2004).

Other factors that enhanced job satisfaction for newly qualified nurses included satisfaction with work schedules, co-workers, interaction, professional opportunities, control and responsibility (Roberts & others, 2004). The findings from 95 completed surveys of new graduate registered nurses from Indianapolis reveal that a sense of belonging and job satisfaction influenced their intention to remain in the nursing profession (Winter-Collins & McDaniel, 2000).

Halfer and Graf (2006) conducted a mixed methods study to investigate a cohort of 84 new graduate nurses' perceptions of work experience in the first 18 months of employment in Magnet hospitals. Nurses experienced satisfaction in their new role when they could organize their work and perform clinical tasks (Halfer & Graf, 2006), which supports findings from McKenna and Green's study (2004).

2.2 Summary

Published literature on newly qualified nurses' experiences of role transition is from the developed countries. Clinical settings did not include primary health care. Transition is accompanied by stress and negative experiences with few positive aspects.

Factors that contributed to a more satisfactory transition for novice qualified nurses centred around having support structures: consistency in preceptors and structured orientation programmes as they felt clinically incompetent, they had knowledge deficits and lacked confidence for the new professional role.

Research designs employed to investigate the phenomenon of role transition experiences of newly qualified nurses included both quantitative and qualitative methods. More phenomenological studies are described in the literature than other qualitative research approaches.

It appears that the lived experience of the novice community service nurse in the South African context has not yet been published. The researcher therefore undertook a study to explore the question: *"How do newly qualified nurses in the Western Cape experience role transition to a professional community service nurse?"*

The research methodology employed is described in the next chapter.

CHAPTER 3 METHODOLOGY

3.1 Introduction

This chapter deals with the research design employed in the study, the research setting, study population and sampling, procedures for data collection and analysis demonstrating scientific rigour and, ethical considerations pertinent to this study. As befits phenomenology, in this chapter the researcher changed her 'voice' to the first person ("I") (Moustakas, 1994).

3.2 Research design

Descriptive phenomenology founded on Husserl's school of phenomenology (Gerrish & Lacey, 2006; Holloway & Wheeler, 1996) was employed. "Phenomenological research is the study of lived experiences" (Van Manen, 1990: 9). To be true to Husserlian phenomenology, novice CSNs described their lived experience of role transition in their own words. So too, fundamental to arriving at the essences of experienced phenomena is the employment of bracketing and phenomenological reduction (Welch, 1939). Data analysis is inseparable from a description of the research design in this study and is described here.

The qualitative research paradigm is congruent with my epistemological and ontological assumptions that multiple realities exist and have unique meanings for the individuals being studied (Speziale & Carpenter, 2007). This approach presupposes that the researcher has to acknowledge her participation in the research process (I was the data collector in the research inquiry); and that data will be reported in a "literary style rich with participant commentaries" (Speziale & Carpenter, 2007: 21).

3.2.1 Husserl's doctrine of essences

Husserlian phenomenology is primarily concerned with meaning (Welch, 1939; Pivcevic, 1970) and the "study of phenomena as they appear through consciousness" (Koch, 1995: 828). Husserl regarded phenomena as essences that "become part of the consciousness

to which they are presenting themselves” (Welch, 1939: 13). Husserl believed that a phenomenon is “that which displays itself” (Welch, 1939: 9). Phenomena become part of the consciousness to which they are presenting themselves (Welch, 1939). Lifeworld experience (Kleiman, 2004) refers to lived experience, which phenomenology focuses on. This philosophical underpinning of phenomenology is congruent with the perspective of other well established researchers, that is, “the study of lived experiences of persons, the view that these experiences are conscious ones” (Moustakas, 1990, cited by Creswell, 2007: 55; Patton, 2002).

Husserl referred to the concept ‘essence’ as the “whatness’ of an object” (Welch, 1939: 36). He regarded his phenomenology as “a doctrine of essences” (Husserl, 1964: 1), meaning that his phenomenology is “concerned with what things are, not with whether they exist” (Lauer, 1965: 66). From the Husserlian perspective, essences are therefore “experientable”, as well as “that what things are... they are as things of experience” (Welch, 1939: 13).

The research inquiry was directed at describing the meaning of the “whatness” (Welch, 1939: 36) of role transition; the essences as described by participants. During analysis, I searched for “scientific essences” (Giorgi, 1997: 8). In Husserlian phenomenology, this step, called imaginative variation (Giorgi, 2000), required that I discover the unique meaning (with respect to nursing) that the experience of role transition held for participants (Giorgi, 1997) and then to arrive at its essence(s) (Sadala & Adorno, 2002). I employed the simplified version of Hycner’s (1999) explicitation process (Groenewald, 2004) (section 3.8) for the data analysis process.

3.2.2 Focus: description

One explicit principle of Husserlian phenomenology is that it is concerned with description rather than explanation (Welch, 1939; Lauer, 1965; Nakhnikian, 1964; Giorgi, 1997; McConnell-Henry, Chapman & Francis, 2009; Sadala & Adorno, 2002; Kleiman, 2004), that is, a doctrine of essences (Husserl, 1964). To facilitate phenomenological description, not only did participants share their experiences from the perspective of the natural attitude, but it involved me also turning to the descriptions given by each

participant employing epoché (Giorgi, 1997), thereby concentrating on what was given in each participant's "stream of experiences" (Pivcevic, 1970: 65).

I refrained from making reality claims for participants' descriptions, instead, proceeded to make an epistemological claim to affirm the participants' reported experiences (Giorgi, 2000). Husserlian phenomenology is congruent with the purpose of this study: to "offer plausible insights" (Van Manen, 1990: 9) into interventions that both educational institutions and community facilities might wish to implement to contribute in some measure towards an uncomplicated process of transition for future novice CSNs.

3.2.3 Intentionality

Husserl adopted the concept of intentionality from his former teacher, Brentano (Welch, 1939). For Husserl intentionality meant that the person experiencing a phenomenon has "to be conscious of something" (Welch, 1939: 39; Racher & Robinson, 2002). This required that an investigation be directed "toward a scientific essential knowledge of consciousness, toward that which consciousness itself 'is' according to its essence in all its distinguishable forms" (Lauer, 1965: 89). Husserl believed that the investigation must also be directed toward the meaning of consciousness (Lauer, 1965).

3.2.4 Phenomenological reduction

Methodological techniques proposed by Sadala and Adorno (2002) and Giorgi (1997), underpinned by Husserl's phenomenology were employed: phenomenological reduction, description and analysis. Phenomenological reduction requires the researcher to remain free and open to the descriptions being shared by participants about their experience of transition from their natural standpoint. All prior knowledge about the phenomenon under study had been bracketed (Kleiman, 2004; Flood, 2010; Lopez & Willis, 2004). Husserl explicitly stated that the employment of phenomenological reduction is necessary for ensuring a phenomenological attitude when describing experiences from a phenomenological stance (Welch, 1939).

Pivcevic (1970: 71) affirmed this belief stating that phenomenological reduction is necessary to describe "pure facts". Baker, Wuest and Stern (1992: 1356) and Caelli (2001)

affirm the importance of reduction in a phenomenological inquiry because this technique leads to “uncovering of the essential structure”, the essence of role transition experienced by participants.

3.3 Setting

Participants were studied in their natural settings (Denzin & Lincoln, 1998) a Higher Education Institution (College of Nursing) and clinical placements.

3.4 Study population

Ninety (N=90) student nurses in their final year of study in a four year programme¹ who were due to embark on community service were eligible to participate in the study. The commencement date for placement was 1 August 2011.

3.5 Sampling and sample size

Purposeful sampling (Creswell, 2007; Patton, 1990) using criteria (Creswell, 2007) was employed to select participants as all individuals to be studied represent people who will experience the phenomenon. Purposeful sampling is commonly used in phenomenology (Speziale & Carpenter, 2007).

During the recruitment sessions 70 of the 90 students were available to participate in the study.

3.5.1 Selection criteria

- Successful Final year nursing students at the Nursing College who had passed the final examinations and were due to commence community service in August 2011.
- Prospective participants had to have applied to be placed in community health facilities within the Western Cape.

¹ leading to registration with the South African Nursing Council as a Nurse (general, psychiatric and community) and Midwife (Regulation 425 of 22 February 1985)

- Specific biographical characteristics to add richness to descriptions of experiences of role transition by gender and age:
 - Males and females to be selected.
 - Age range from 22 – 45.

3.5.2 Sample size

A total of 20 “Intention to participate” forms (Appendix 1) were received. Within two weeks of receiving the forms the first eight participants (four female; four male) who met the selection criteria were selected with the intention of further selection if data saturation was not reached (Ploeg, 1999).

In descriptive phenomenology the researcher relies upon the quality of both the essence of the phenomenon and variations thereof, to give depth and richness to descriptions of the experience (Holloway, 2005). Phenomenology focuses on quality rather than size (Husserl, 1964; Todres, 2005; Connelly, 2010) therefore the study population was informed that I would initially only make contact with eight potential participants who met the selection criteria.

3.6 Data collection method

Two semi-structured interviews, approximately six weeks apart, were conducted with each participant. The first was conducted during July 2011, one to two weeks before the participants commenced community service. The second interview was conducted during September 2011, one month after the community service placement.

3.6.1 Semi-structured interviews and interview protocol

Since the purpose of this study was to understand the lived experience of role transition from the participants’ perspective (Holloway, 2005; DiCicco-Bloom & Crabtree, 2006) a semi-structured interview was considered appropriate. Husserlian phenomenology relies on participants returning to the experience of role transition, in Husserlian terms “back to the things.” The semi-structured interview provides greater latitude for flexibility in the

dialogue between the interviewer and interviewee (Welman, Kruger & Mitchell, 2005); additional questions emerging during dialogue (DiCicco-Bloom & Crabtree, 2006) and less formality between the interviewer and the interviewee, enhancing the 'natural flow' of conversation (Gibson & Brown, 2009). Holloway (2005) is of the opinion that the phenomenological interview is often described as in-depth in structure and the semi-structured interview is identified by many researchers as useful in phenomenology (Wimpenny & Gass, 2000).

An interview protocol (adapted from Creswell, 2007) ensured a consistent approach to interviewing. Questions for the two interviews were different, broad and open-ended to allow participants to describe their experience in their own words and style (Holloway, 2005) and not to be influenced by me (Baker & others, 1992).

First individual interview question:

"How do you feel about your preparedness for the role of Community Service Nurse?"

"What are your thoughts about your preparedness of the role of Community Service Nurse?"

Second individual interview question:

"Please describe your experience during the past month in adjusting to the new role of Community Service nurse?"

3.6.1.1 Gaining access to participants

Although I am a lecturer at the nursing college I had no prior contact with prospective participants thereby limiting the risk of being an 'inside' investigator when studying one's own organization or workplace (Creswell, 2007: 122). Approval to gain access to the study population was obtained from the management of the Higher Education Institution (Appendix 2 and 3). No approval was needed from the Provincial Department of Health (Appendix 4) although requested (Appendix 5). I obtained verbal permission from the lecturers of the fourth year students to recruit participants. I then met with the final year students and provided information about the study (Appendix 6). Four recruitment sessions were needed as the study population (N=70) was divided into four classes.

Students willing to participate voluntarily in the study completed the information sheet attached to the Intention to participate form and posted it in a box clearly marked [‘Research: Mrs Roziers’] on the HEI premises (Appendix 7).

3.6.1.2 Establishing rapport

Telephonic contact was made with the eight potential participants and a date and time was scheduled for individual sessions. During the session I obtained written informed consent for voluntary participation in the study (Appendix 8) and I explained the ethical principles of autonomy, confidentiality, non-maleficence, beneficence and justice (Beauchamp & Childress, 1994) as applied in the Declaration of Helsinki (2008).

3.7 Data collection process

Both interviews were conducted in the same manner and I relied upon probing and reflecting back to the participants to allow for both a description and exploration of the meaning of role transition (Holloway, 2005; Welman & others, 2005) for them. Individual interviews were conducted at the educational institution and at a time most comfortable and convenient for participants (Speziale & Carpenter, 2007) as mutually agreed upon. An interview room was arranged in advance to facilitate the creation of an informal atmosphere. Interviews ranged from one hour to one and a half hours in duration, appropriate for phenomenological studies (Creswell, 2007).

Before starting the interviews I made every effort to employ bracketing, a methodological technique in descriptive phenomenology for setting aside presuppositions or biases about the research inquiry (Connelly, 2010; Creswell, 2007). Bracketing also prevents personal prejudices from influencing the research process (Dowling, 2007; Connelly, 2010) thereby ensuring scientific rigour (Lopez & Willis, 2004). I maintained bracketing throughout the process up to analysis (Speziale & Carpenter, 2007).

3.7.1 First interview

When the interviewee arrived I started an informal conversation and confirmed that consent to participate in the study was voluntary. Refreshments were offered to enhance

to the comfort of the interviewees. The more comfortable the participant is the more likely important information sharing will occur (Speziale & Carpenter, 2007).

Follow-up questions were constructed from interviewees' statements that required probing or more clarification (Holloway, 2005; Welman & others, 2005) and helped to keep the atmosphere conversational. Participants were informed that I would contact them telephonically to arrange the second interview at a venue, time and date convenient for them.

3.7.2 Second interview

At the second interview participants were asked to review and validate a transcript of the first interview by confirming whether their descriptions had been captured accurately, a process described as member checking (Bradbury-Jones, Irvine & Sambrook, 2010; Curtin & Fossey, 2007). Although participants were given the opportunity to ask questions and make changes if they were not in agreement with the transcription of their interview, none did. I retained the copy of the transcript.

Most interviews were conducted either near the workplace or at the staff residence. Upon completion of the second interview participants were informed that I would contact them telephonically to arrange for member checking as soon as the interviews had been transcribed and analysed. Individual member checking took place within four weeks of completion of data analysis of both interviews either at the participant's staff residence or near the workplace. Each participant was asked to validate the transcript of the second interview but no changes were suggested. These were returned to me. A summary of the themes emerging from the first and second interview data were presented to participants for validation and again no changes were recommended. Participants retained the summaries of the themes.

3.8 Data Analysis

Data collection and analysis are regarded as inseparable processes (Bryman & Burgess, 1994; Thorne, 2000). I aimed to uncover and produce a description (Holloway & Wheeler, 1996) of the lived experience of role transition from the participants' perspective. Data

analysis was performed upon completion of the second interviews. Each participant's digitally recorded interview was copied onto the hard drive of a computer Windows (version 7) media audio (WMA) and saved according to the participant's assigned code, date and number of the interview (first or second). These WMA recordings were then transcribed into a Word format within the first two weeks of the respective interview.

During the stage of data analysis I immersed myself in the data and engaged with it reflectively in order to generate a rich description about the deeper essential structures underlying the experience of role transition for the study participants (Thorne, 2000).

Hycner's (1999, cited by Groenewald, 2004) simplified explicitation process was employed for data analysis, which is congruent with the philosophical underpinnings of descriptive phenomenology because the process requires consistent bracketing and phenomenological reduction. This process consists of five steps:

- i) bracketing and phenomenological reduction
- ii) delineating units of meaning
- iii) clustering of units of meaning to form themes
- iv) summarising each interview, validating and modifying it if necessary, and
- v) extracting general and unique themes from all the interviews and making a composite summary.

The steps followed during analysis of both interviews are described in sections 3.8.1-3.8.5. To illustrate the decision-making process during data analysis, excerpts of both interviews with one participant are provided.

3.8.1 Bracketing and phenomenological reduction

A printed transcript of both interviews for one participant (PA) is presented in Appendix 9.1 which represents an audit trail of participant one's complete analysis of data. Transcripts of the remaining interviews are available upon request.

Excerpts of interview data for participant one (P1, referred to as PA) are presented as an example in Table 2 (left-hand column). Step one (section 3.8.1) to four (3.8.4) were completed with each of the eight participants' interview data. Transcripts for the two interviews were read as one by cutting and pasting to facilitate continuous reading of responses to the *three questions* sequentially with no consideration of a 'before and after' analysis. The final result was a printed document that varied in length for each participant.

First I listened to the recordings of the two interviews and then read the transcripts several times with "openness to whatever meanings emerged" (Hycner, 1985: 280). Hycner (1985) referred to this method as phenomenological reduction, an underlying assumption in Husserlian descriptive phenomenology, in which the researcher holds subjective, private perspectives or beliefs about the experience of role transition in abeyance and allows the essence of this phenomenon to emerge (Racher & Robinson, 2002). I made every attempt to suspend my own meanings and interpretations and entered into the world of the participant (Hycner, 1985) (bracketing) (Connelly, 2010; Speziale & Carpenter, 2007; Priest 2002).

To develop a holistic sense, "a gestalt" (Giorgi, 1975: 87, cited by Hycner, 1985: 281), during the process of phenomenological reduction, while listening to recordings and reading through transcriptions, I was attentive to non-verbal and para-linguistic levels of communication (Hycner, 1985). Holloway (2005) describes this as the researcher adopting an empathic attitude, which aligns with the epistemology of Husserlian phenomenology (Holloway, 2005).

3.8.2 Delineating units of meaning

I then began the rigorous process of explicating the data by extracting those statements that illuminated the research phenomenon (Hycner, 1985), the lived experience of role transition. One transcript at a time was analysed. Statements pertaining to the participants' feelings (Question 1, Interview 1) and thoughts (Question 2, Interview 1) about their preparedness for the role of CSN and the experience of adjusting to the new role during the first month as a CSN (Question 3, Interview 2) were underlined.

While underlining statements that appeared relevant to the interview questions the question, “*Is this an essential part of the lived experience of role transition as experienced by this participant?*” (Hycner, 1985) was silently posed to each underlined statement. To maintain bracketing of presuppositions to prevent subjective judgements (Hycner, 1999 cited by Groenewald, 2004) I surprisingly had to put aside a fair amount of prejudice in relation to my own experience of role transition from being a student to a novice registered nurse. I employed phenomenological reduction to facilitate transcendence (Priest, 2002) of the phenomenon, which resulted in a list of units of meaning for each participant’s interview data.

In the interviews with P1 (PA) 97 units of meaning were extracted. Data in Table 2 represent an example of units of meaning extrapolated from an excerpt of this participant’s transcript (Appendix 9.2 - complete list of units of meaning).

Table 2: Examples of units of meaning extrapolated from interview one

Transcribed interview with Participant 1 (PA); I refers to interviewer	Units of meaning
<p>I (Q1, interview 1): Okay, then uhm... we can start. I am basically very interested in finding out from you <u>how do you feel about your preparedness for the role of com serve nurse</u>. (Long silence). Yah, that’s the first [question].</p> <p>PA: At this... at this moment <u>I’m not quite well prepared yet</u>. Uhm...it has been a long time until now for starting to realize at this moment that you are actually going to step into this big position so so fast. I mean previously or while awaiting on this time to happen things weren’t like into place as it should have been, because we’ve been shut around and I mean we, <u>we weren’t even well prepared for this role to go out and to be like this professional nurse at the end of the day. They didn’t prepare us mentally. Physically well yes</u>, but I mean we have to take a big step and this big responsibility on us. <u>And I think most of us is not well prepared for it yet [sic]</u>.</p>	<ol style="list-style-type: none"> 1. She does not feel mentally prepared [Ascribes this to not being prepared mentally by the lecturers, HOD of 4th years and the principal- see page 5 *] 2. She thinks that most of the final year students are not well prepared for the role of CSN. [Slot in with not mentally prepared].

I described the units of meaning reflecting on the descriptions given by the participant in the interviews. Notes were made next to the units of meaning indicated in the square brackets (refer to Table 2 and Appendix 9.1) to draw my attention to attributes of the conversation that were unique or that overlap with descriptions given by the participant.

3.8.3 Clustering of units of meaning to form themes

An inductive approach (Thomas, 2003) was employed to identify units of meaning that appeared to have a common theme. I colour-coded units of meaning that shared a similar meaning (refer to Table 3 and Appendix 9.2).

Table 3: Colour- coded units of meaning that shares similar meaning

Transcribed interview with Participant 1 (PA); I refers to interviewer	Units of meaning
<p>I (Q1, interview 1): Okay, then uhm... we can start. I am basically very interested in finding out from you <u>how do you feel about your preparedness for the role of com serve nurse</u>. (Long silence). Yah, that's the first [question].</p> <p>PA: At this... at this moment I'm not quite well prepared yet. Uhm...it has been a long time until now for starting to realize at this moment that you are actually going to step into this big position so so fast. I mean previously or while awaiting on this time to happen things weren't like into place as it should have been, because we've been shut around and I mean we, <u>we weren't even well prepared for this role to go out and to be like this professional nurse at the end of the day. They didn't prepare us mentally. Physically well yes, but I mean we have to take a big step and this big responsibility on us. And I think most of us is not well prepared for it yet [sic]</u>.</p> <p>PA: Personally I feel a <u>bit confused</u> at this moment. I know that I can do the job well because from 1st year I had a lot of exposure and I really did my best at that time. And, and, and at sometimes I do feel like it's, it's going to be too much for us to be thrown into into a ward and to take responsibility because we as I said we haven't, we wasn't uhm... uhm prepared mentally for this.</p>	<p>1. She does not feel mentally prepared. Ascribes this to not being prepared mentally by the lecturers, HOD of 4th years and the principal- see page 5 *</p> <p>2. She thinks that most of the final year students are not well prepared for the role of CSN. [Slot in with not mentally prepared].</p> <p>3. At this stage she feels confused.</p> <p>At some stages she is certain of herself and her abilities and at other times she doubts her abilities [= uncertainty].</p>

These colour-coded units of meaning that corresponded with the similar colors were clustered together under an unlabelled heading (Table 4). Instead of rewriting the description of the units of meaning I clustered the assigned numbers (representing the units of meaning) that reflect a topic of similar interest together under an unlabelled heading (Groenewald, 2004) (Table 4). The full range of unlabelled clusters of units of meaning reflects in the attached audit trail (Appendix 9.3).

Table 4: Example of one cluster of units of meaning grouped under an unlabelled heading for Participant 1

A. Unlabelled heading
Units: 1, 2, 8, 9, 12, 13, 19, 24, 32, 35,36.37,38,39,40,41,42,43,44,45,46

I examined each unlabelled cluster of units of meaning rigorously “to elicit the essence of meaning of units within the holistic context” (Groenewald, 2004: 19), having to constantly go back and forth from the transcripts to the units of meaning to the clusters of units of meaning (Hycner, 1985). Following this activity I inductively extracted key words with relevant meaning (Hycner, 1985) from each of the unlabelled grouped clusters of units of meaning that best described each grouped cluster of units of meaning. The key words became labeled headings for each cluster of units of meaning. The number of labeled clustered units of meaning varied for each participant.

Table 5 illustrates an example of a labeled cluster of units of meaning for P1 (PA). The full range for P1 (PA) is presented in Appendix 9.4.

Table 5: Example of labelled heading for colour-coded clusters of units of meaning for Participant 1

A. Negative feelings towards educational institution
Units: 1, 2, 8, 9, 12, 13, 19, 24, 32, 35,36.37,38,39,40,41,42,43,44,45,46

Hycner (1985) named the clusters of units of meaning clusters of meaning, while Groenewald (2004) renamed it to “clusters of themes.” For this reason “clusters of themes” will be used from here on onwards. Central themes emerged from further examination of the clusters of themes. A central theme expresses the essence of the identified clusters of themes (Hycner, 1985). Data in Table 6 illustrate the grouping of clusters of themes from which central themes emerged. Appendix 9.5 represents the full range of clusters of themes and central themes for participant 1. The rest of the participants’ clusters of themes and central themes are available from me.

Table 6: Example of- and the emergence of a central theme for Participant 1

Clusters of themes	Central theme
B. Stressors prior to the new role	Uncertainty and fear in anticipation of the reality
C. Fear of the anticipated role change	
D. Uncertainty about the anticipated role change	

3.8.4 Summarizing each interview, validation and modification

After step 3.8.3 was completed each participant's interviews was summarized incorporating the themes elicited from data reduction (Groenewald, 2004). Member checking was done with each participant (Lincoln & Guba, 1985) to determine whether the essence had been correctly extracted by reduction (Hycner, 1985). No modifications were required (section 3.7.2).

Steps one (3.8.1) to four (3.8.4) were followed for analysis of each participant's interview data. An example of a summary of P1's interview data after central themes were identified is presented in Appendix 9.6. Thereafter, the final step (3.8.5) was performed.

3.8.5 Extracting general and unique themes from all the interviews and making a composite summary

After member checking, I searched for the central "themes common to most or all of the interviews as well as the individual variations" (Hycner, 1985: 292) in all the interviews. The central themes (Hycner, 1985) common to most of the interviews were called general themes (Hycner, 1985) and were marked with "X" in Table 7 to indicate frequency of occurrence.

Themes unique to a single interview or represented in a minority of the interviews were called unique themes (Hycner, 1985). Three unique themes also emerged from the central themes and the frequency is indicated with the symbol "Y" Table 7. Figure 1 reflects the complete table of general and unique themes that emerged from the participants' interview data.

Table 7: An illustration of the central themes that resulted in identifying general and unique themes

	Central theme: Uncertainty and fear in anticipation of the reality	Central theme: Ambivalence: being accepted as a male CSN	Central theme: Perceived lack of support	Central theme: Sense of achievement	Central theme: Surviving the first month	Central theme: Reality shock
Participant A	X		Y	X		X
Participant B	X	Y	Y	X		X
Participant H	X		Y	X	Y	

I employed phenomenological reduction throughout this process of explication of the interview data. The following themes emerged as most common to all of the interviews and were identified as **general themes** (Hycner, 1985):

- i) Uncertainty and fear in anticipation of the reality (8/8)
- ii) A sense of achievement (8/8)
- iii) A reality shock (6/8)

Themes unique to the minority of the participants' interviews are called **unique themes** (Hycner, 1985):

- i) Disillusioned: perceived lack of support (4/8)
- ii) Ambivalence: a male's perspective (1/8)
- iii) Surviving the first month (2/8)

The general and unique themes are described in the findings section of the research report followed by a composite summary, which reflected the context from which the themes emerged (Hycner, 1985). Saturation of themes was established after both interviews of each participant were analysed (Speziale & Carpenter, 2007; Munhall & Boyd, 1993). This was an indication that further interviews would have elicited no further central information to the lived experience of role transition. Both researcher and participants agreed that the two interviews were sufficient and at that point participation in the study was concluded.

The approach followed in data analysis is congruent with Husserlian phenomenology since this process allowed me to immerse in the data, engage with the data reflectively and generate a rich description (Thorne, 2000; Speziale & Carpenter, 2007). Employing the simplified version of Hycner's data explication process (1999, cited by Groenewald, 2004) illuminated the essence of the experience of role transition and the nature thereof, which is one of the fundamental assumptions underpinning descriptive phenomenology. The measures that I implemented to ensure trustworthiness of the research study and findings are outlined below.

3.9 Trustworthiness of data

Trustworthiness in qualitative research is evaluated in terms of accurate representation of the study participants' experience (Speziale & Carpenter, 2007). I employed measures to ensure credibility, transferability, dependability and confirmability which lend trustworthiness to a qualitative study (Lincoln & Guba, 1985; Streubert & Carpenter, 1999). Each of these measures is explained in accordance with the criterion they help to fulfil.

3.9.1 Credibility

Member checking was done prior to the commencement of the second interview and again after analyzing the interview data (Speziale & Carpenter, 2007; Lincoln & Guba, 1985). Interview transcriptions and descriptions of the participants' experience were returned to participants to verify the accuracy of the contents. This technique establishes credibility of the data (Lincoln & Guba, 1985), enhancing the trustworthiness of a study (Bradbury-Jones & others, 2010) and decreasing the chances of the data being misrepresented (Krefting, 1991).

Copies of the transcriptions were retained by me. A summary of the themes that emerged from each participant's interview data was retained by the participants for the purpose of building a relationship of trust (Lincoln & Guba, 1985) and also for participants to engage in the research process (Leininger, 1985). Peer debriefing during the process of

consultation with study supervisors ensured that I remained “honest” (Lincoln & Guba, 1985: 308).

3.9.2 Transferability

The research findings have been reported in narrative format to achieve “thick description” (Lincoln & Guba, 1985: 316) of participants’ lived experience of role transition “as free as possible from generalizations” (Kleiman, 2004: 11), appropriate for Husserlian phenomenology. An attempt was made to describe participants’ experience adequately (Sharts-Hopko, 2002) to allow others to assess the transferability of the research findings (Krefting, 1991) to their own situations.

3.9.3 Dependability

I attempted to provide a clear description of the research process from the commencement of the inquiry to the completion of the research report (Lincoln & Guba, 1985). Dependability was furthermore demonstrated with the use of digitally recorded interviews, the researcher being the transcriptionist as well as being the single analyser of the data (Streubert & Carpenter, 1999). A consistent approach during data collection and analysis of interview data was followed (Graneheim & Lundman, 2004). An audit trail is attached in Appendix 9.1 till 9.6 to track my line of thinking during data analysis.

3.9.4 Confirmability

All data are traceable to their source and a systematic format was employed to organize the analysed data into its structurally coherent and substantiating wholes (Streubert & Carpenter, 1999). The audit trail (Sharts-Hopko, 2002) (Appendix 9.1 until 9.6) helped to track extrapolated descriptions of meanings (Speziale & Carpenter, 2007) by phenomenological reduction.

3.10 Ethical Considerations

3.10.1 Autonomy

Ethical approval (REC REF 601/2010) for this study had been obtained in January 2011 (Appendix 10). An informed consent form was designed (Appendix 8), incorporating an information sheet with details of the study and informing potential participants of my obligation to adhere to ethical principles.

In the first contact session with the participants I explained the same information as was conveyed in the recruitment session. I obtained freely-given informed consent in writing from participants (Declaration of Helsinki, 2008) (Appendix 8). The informed consent applied to interviews being digitally recorded and transcribed in order to use excerpts of transcribed interviews in the final reporting of the findings.

Participants were informed that the purpose of the study was to obtain a Master of Science in Nursing degree under supervision and that I had an obligation to discuss the research process with supervisors to enhance trustworthiness of the inquiry. I explained that research supervisors are compelled to apply ethical standards in the supervision process out of respect for all human subjects.

3.10.2 Beneficence

The principle of beneficence (Speziale & Carpenter, 2007) was adhered to by maintaining confidentiality of data and anonymity of participants (Appendix 8). Participants were reassured that the audit trail, which is attached as an appendix, did not reveal the names of the participants or the health facilities. Each participant was assigned a random code and could choose a pseudonym which was used during recording and transcription of the interviews.

3.10.3 Non-maleficence

Digitally recorded interviews were copied onto a Windows (7) media audio (WMA) file on a compact disc with the participants' assigned codes. Access to data on the hard drive

was password protected. These recordings on the digital recorder were securely stored in a lockable drawer to which only I had access. Transcriptions of the recordings were managed the same way.

I maintained and will continue maintaining the confidentiality and anonymity policies of the health facilities where participants were placed (Watson, McKenna, Cowman & Keady, 2008) by not publishing the names of the health facilities where participants were placed in journal articles. This principle was maintained in the transcriptions as well. As this is a non-intervention study no physical harm to participants was anticipated and none occurred.

By anticipating varied emotions and feelings that may accompany participants' descriptions, I complied with the principle of protecting participants' dignity, mental integrity, right to self-determination, privacy and confidentiality of personal information (Declaration of Helsinki, 2008). They were informed that if it became apparent that they were at risk of any harm by participating in the study, or were experiencing significant challenges I would withdraw them from the study and arrange for therapeutic intervention (Robley, 1995) by referral to the public health sector's Employee Assistance programme (Appendix 8). None of the participants experienced any problems during the investigation.

3.10.4 Justice

I committed to comprehensive and accurate reporting of data gathering methods, data analysis and the findings in the research report (Connolly, 2003) thereby applying the justice principle "to the analysis of data" (Watson & others, 2008: 132).

3.11 Summary

Purposeful sampling of participants and semi-structured interviews for obtaining a rich description of the participants' experience of role transition in their own words (Holloway, 2005; DiCicco-Bloom & Crabtree, 2006), was guided by principles of the descriptive phenomenological approach.

The simplified version of Hycner's data explication process (1999, cited by Groenewald, 2004) was employed for data analysis. Bracketing and phenomenological reduction formed a core part of the data analysis process, which aligns with the practice of Husserlian phenomenology in research (Dowling, 2007, Giorgi, 2000).

This chapter provided a description of measures to ensure scientific rigour: credibility, transferability, dependability and confirmability in the manner in which I reported the trustworthiness of the data. Ethical principles of the Declaration of Helsinki (2008) were upheld during the research inquiry.

The study findings are described in Chapter four.

University of Cape Town

CHAPTER 4 FINDINGS

4.1 Introduction

The aim of the study was to explore newly qualified nurses' lived experience of role transition to a professional community service nurse in health care facilities in the Western Cape by employing Husserlian phenomenology. The researcher's 'voice' is heard in this chapter to illuminate the participants' experience.

Data for eight participants emerged during two individual interviews in response to the following questions:

- 1) How do you feel about your preparedness for the role of Community Service nurse? (First interview)
- 2) What are your thoughts about your preparedness for the role of Community Service nurse? (First interview)
- 3) Please describe your experience during the past month in adjusting to the new role of Community Service nurse? (Second interview)

4.1.1 Biographical data

Data in Table 8 reflect participants' biographical characteristics.

Table 8: Biographical data of study participants

Participant Code/Pseudonym	Age in years	Ethnicity	Gender	Marital state	Community Service Placement
A/Nancy	28	Coloured	Female	Single	Tertiary Hospital
B/DJ	27	Black African	Male	Single	District Hospital
C/Sweetness	45	Coloured	Female	Married	District Hospital
D/Leon	26	Black African	Male	Single	District Hospital
E/E	33	Black African	Female	Single	District Hospital
F/Tobie	28	Coloured	Male	Single	District Hospital
G/Daisy	35	Coloured	Female	Single	Tertiary Hospital
H/Mr T	26	Coloured	Female	Single	Tertiary Hospital
Total = 8	Mean age = 31	Coloured = 5 Black African = 3	Female = 5 Male = 3	Single = 7 Married = 1	District = 5 Tertiary = 3

The mean age of the eight participants was 31 years, the majority of whom categorized themselves as Coloured, female and single. The majority were allocated to District rather than Tertiary level hospitals. Participant H withdrew voluntarily from the study during the second round of data collection therefore the number of responses vary from eight in the first round to seven in the second round. Data analysis was performed after the second interview with each participant.

4.2 Emergence of themes

Six central themes emerged, separated inductively into three general themes (uncertainty and fear in anticipation of the reality, a sense of achievement, a reality shock) and three unique themes (disillusioned: perceived lack of support, ambivalence: a male's perspective, surviving the first month) and are presented in Figure 1. Data for P1 (PA) are presented in Appendices 9.1 to 9.6. Data for the other participants are available upon request.

	Central theme: Uncertainty and fear in anticipation of the reality	Central theme: Uncertainty in anticipation of the reality	Central theme: A sense of achievement	Central theme: A reality shock	Central theme: A perceived lack of support	Central theme: Ambivalence: being accepted as a male CSN	Central theme: Surviving the first month
Participant A	X		X	X	Y		
Participant B	X		X	X	Y	Y	
Participant C	X		X				
Participant D		X	X	X	Y		Y
Participant E	X		X	X			
Participant F	X		X	X			
Participant G	X		X	X			
Participant H		X	X		Y		Y

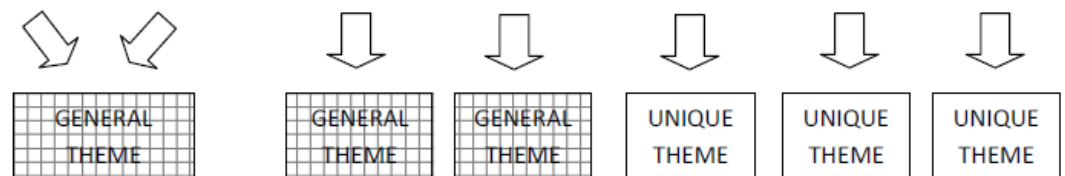


Figure 1: Diagram to explain Hycner's simplified data explication process (1999, cited by Groenewald, 2004) in deriving general and unique themes

Findings from the simplified data explicitation process (Hycner, 1999, cited by Groenewald, 2004) resulting in the three general themes and the three unique themes as described in Table 2 to Table 7 are shown in Table 9 for one of the general themes. Appendix 11 provides a comprehensive table of the data from which the findings were contextualized for the general and unique themes.

Table 9: A general theme emergent from two central themes and clusters of themes

Clusters of themes	Central themes	General theme
Fear of the anticipated role change Uncertainty about the anticipated role change Uncertainty about competence Anxiety about the new work environment Stressors prior to role change	Uncertainty and fear in anticipation of the reality (n= 6/8); Uncertainty in anticipation of the reality (n= 2/8)	<p>General theme 1: <i>Uncertainty and fear in anticipation of the reality</i> <i>Data in context:</i> The responsibility of managing a ward [n= 6: PA;PB;PC;PE;PF;PG]; Inability to manage conflict [n=2: PF; PG] (uncertainty about ability to manage conflict between staff); Fear of expectations of the hospital staff about immediate competency [n=3: PB; PG; PE],fear being left alone in the ward to manage a ward [n=1: PB]; A perceived deficiency in the nursing curriculum [n=2]: fear communication with doctors; [n=1: PA]; fear managing a ward due to limited time of practice as "Acting Sister" [n=1: PB]; Uncertainty and fear of delegation (fear and/or uncertain about ability in delegating staff who are older (age factor) or more experienced [n=3: PA; PF; PH]; Observed unethical practice: fear victimization [n=2: PA; PE]; Not knowing what to expect in the new workplace [n=5: PA; PB; PC; PE, PG]-anxiety about not knowing the area of placement [which ward, n=2: PC; PG];- the working environment (staff attitude: will staff teach them?; uncertain about being welcomed in the ward) [n=2: PB; PG];- feeling anxious [n=3: PA; PE; PG] and fearful [n=2: PB; PE] about not knowing what to expect in new ward Doubting their competence [n=3], uncertainty about:- skills [n=2: PA; PE];- ability to recall practical skills [n=1: PD];- ability to deal with "stressors" [n=1:PA]</p>

Units of meaning were identified from each participant's interview data (Table 2). This step was followed by clustering the units of meaning that addressed a significant aspect/topic under an unlabelled heading (Table 4). Thereafter a labeled heading was extracted for each cluster of units of meaning (Table 5). Clustered units of meaning, referred to as clusters of themes (Table 6) were interrogated again and similar experiences of role transition were grouped to form a central theme (Table 6, Table 9; Appendix 11).

After plotting the frequency of occurrence of all the participants' central themes (Figure 1) three general and three unique themes were identified as presented in Table 10.

Table 10: A summary of the general and unique themes

General themes	Unique themes
<i>General theme 1: Uncertainty and fear in anticipation of the reality</i>	<i>Unique theme 1: Disillusioned: A perceived lack of support</i>
The responsibility of managing a ward	Lack of support from the educational institution
Inability to manage conflict	Lack of support from the ward staff
Fear of expectations from the hospital staff about immediate competency	<i>Unique theme 2: Ambivalence: a male's perspective</i> Fear in anticipation of being accepted as a male CSN
A perceived deficiency in the nursing curriculum	<i>Unique theme 3: Surviving the first month</i>
Uncertainty and fear of delegation	Uncertainty about financial survival
Observed unethical practice: fear of victimization	Uncertainty and anxiety about adjusting to the new residence
Not knowing what to expect in the new workplace	
Doubting their competence	
<i>General theme 2: A sense of achievement</i>	
A feeling of achievement, excitement and eager anticipation prior to role change	
A feeling of confidence and preparedness for the role change	
Rewarding aspects of the new role	
Positive acceptance by ward staff	
Feelings of excitement, achievement and confidence in the new role	
A level of professional maturity	
Embracing professional development	
<i>General theme 3: A reality shock</i>	
Staff attitudes	
The health care environment	
The disease profile of patients	

A discussion of each theme follows.

4.2.1 General themes

4.2.1.1 General theme 1: Uncertainty and fear in anticipation of the reality

An explicit feeling of fear of the unknown and uncertainty in assuming the new role was explicated from all the participants' interview data. Reasons varied and are summarised in Table 10 and described next as emerging from the data in context. Appendices 12.1 to 12.6 contain more verbatim examples of data from participants who shared a similar feeling, thought or experience of their role transition.

Data in context:

4.2.1.1.A The responsibility of managing a ward (n=6/8)

Participant E felt:

"Scared of the responsibility but also uhh excited about the responsibility."

Interviewer: "Tell me more about that feeling of being scared." *"Well, for instance not knowing. You know sometimes when you come to a ward you don't know whether you're doing the right thing, although you've been doing this [for] four year[s]."*

Further comments (Appendix 12.1) included:

- the changing scope of practice accompanying the role change commensurate with an increase in responsibility and accountability (Sweetness);
- ward dynamics, specific reference being made to staff requiring changes in their assigned duties and tea or lunch breaks (Daisy); and
- being left alone to manage the ward (DJ).

4.2.1.1.B Inability to manage conflict (n=2)

"I'm just scared of that, that thing when that [kind of] situation when it occurs the fact or when people doesn't don't do [sic] what you ask them to, that it can cause conflict. And conflict in a ward between the members, it doesn't matter whether it's the doctor or the Sister or the what, or the whatever. Conflict is not good because nothing is being done and then at the end of the day who's responsible for [managing that]. Exactly (pointing in his direction), I'm I'm going to be responsible for it. It's no, it's doing nothing in a place where people is uncooperative it's it's scared [sic]. You

don't know where you're going at the end. So to answer your question (moment of silence and then a deep inhalation, followed by long exhalation) that's how I feel." (PF)

Anticipated conflict between ward colleagues or between a doctor and a registered nurse aroused fear in him. The thought of conflict and uncooperative conduct of staff as a result of unresolved conflict caused him to sigh.

"Will I be assertive enough?" Daisy was uncertain about managing anticipated conflict between staff (Appendix 12.1).

4.2.1.1.C Fear of expectations of the hospital staff about immediate competency (n=3)

Two excerpts as illustrations:

"Sometimes they expect uhm for you to jump in.../ And what I'm afraid of is that they will look to me for answers because now I've done the four year course and I'm supposed to know everything. I'm not saying it's gonna be like that. It's just that is my fear. I'm just afraid of the expectations they have of me." (PG)

"Yoh, except that if you, like our superiors like might expect more from us cause now they know we've got uhh... we did four years. I'm just, cause to my side I'm not that prepared enough but I'm, I'm just scared them because of maybe they have misunderstanding because maybe we, they don't have that sympathy for us. I already saw them. The experience that they don't have sympathy for a com serve [sic]. They just think okay now we are on the same level. You must do things like we are on the same level. I'm just afraid for that because I am not on their level. I'm just afraid that they'll ... (silence). I'm not afraid, I'm not afraid about my work. I'm afraid of their criticism and ex [sic] [expectations]... they expect more." (Male PB)

He also felt fearful of being alone in the ward if a patient died should the person-in-charge of the ward or the relatives blame him for the death.

4.2.1.1.D A perceived deficiency in the nursing curriculum

Two participants (Appendix 12.1) expressed concern about curriculum deficiencies. Nancy felt more time had to be spent on how to communicate with *"difficult doctors"*, nurse's rights and legal aspects of nursing. DJ felt that the management module was limited and this contributed to his anticipated fear of managing a ward.

4.2.1.1.E Uncertainty and fear of delegation

Three participants (Appendix 12.1) respectively reported a feeling of uncertainty (Mr T) about, and/or fear (Nancy and Tobie) of delegating tasks to others. Mr T feared that older

staff members may have difficulty taking instructions from newly qualified registered nurses. Nancy reported feeling like an “immature little girl” when thinking about delegating to colleagues older than herself.

4.2.1.1.F Observed unethical practice: fear of victimization

Participant A recalled an incident where nurses estimated patients’ vital signs and recorded fictional values which evoked fear of victimization in the event that she would be faced with such practice and would want to report it:

“... they don’t do the thing as they should should do it..... like taking temperature for three minutes. They do it just in and out and they put in a number there... and even with the blood pressure if they must go manually they don’t even hear uhm...Or they just look at you then they estimate you you are 120/60 [sic] [mmHg]. Now I mean we have to advocate for that kind of patients now against that Sarah Gamp nurses. And we are scared [emphasis placed upon word] because they are going to victimize us at the end of the day.” (PA)

Participant E’s recollection of unethical practice by doctors is reflected in Appendix 12.1.

4.2.1.1.G Not knowing what to expect in the new workplace

Participants’ perception of role change evoked feelings and thoughts of fear (PG, PB), concern (PG, PC) and anxiety (PA, PG) concerning “not knowing what to expect” in the clinical areas and which wards they would be allocated to.

Two participants (PB and PG) expressed concern that staff would not teach them:

“The only things that always come to my mind how they going to look at me, are they gonna taught me.[sic]” (PB)

“I just want to learn as much as I can. That is also a worry [emphasised] for me, because will people teach me?” (PG)

Data illustrating the remaining participants’ feelings and thoughts about “not knowing what to expect” is in Appendix 12.1.

The majority of participants felt that experienced nurses usually display a negative attitude towards CSNs and student nurses and they anticipated receiving the same:

“...we didn’t see any respect ...to the... [com serve]. ...Oh, my goodness she is also a Sister. I mean why are they treating her like this?” (PE)

"The respect is out of the door. There's no more confidentiality between patient and nurse. And not even between nurse and nurse. They don't have respect for one another not even for the patients as well." (PA)

4.2.1.1.H Doubting their competence

Three participants expressed concern about aspects of their competence:

"... I do feel a bit a bit uncertain on certain stuff again because this four year course was a bit cramped [sic] you know." (PA)

"My questions are am I going to do the right thing... at the right time." (PE)

"And also I'm thinking that to my mind like to be able to remember the things of the practica." (PD)

Factors contributing to perceived lack of competence included those mentioned under d) a perceived deficiency in the nursing curriculum.

"...the course is very crumbed [sic - crammed] but I mean if they [referring to the lecturers] can like... [concentrate] on the the legal aspects of this stuff just to give more knowledge for the students on that... It's going to help us a lot especially when we [sic] after this study years of going in to Community nursing." (PA)

Anticipated "stressors" for participant A included accommodation and:

"... now you think of this you must still get new uniform and shoes and everything and at what time are you going to wake up. Are you going to be able to ... with all the stressors?"

Excerpts from three of six interviews reflect participants' feelings of uncertainty and fear of the reality of role change:

"I am still very vulnerable about thinking going there thrown into... thrown there by the deep fishes, by the... by the sharks as they say. I feel like a tuna fish now." (PA)

"It's like a mother that's giving birth, whose baby is coming out (laughing)... So I'm hoping now this baby is gonna [sic] come out and do what it's supposed to, what it is supposed to be doing in the world." (PE)

"It's just now. Because of [not knowing what is going to happen]... that's why I'm just scared because I don't know what is going to happen there [referring to the clinical area]." (PB)

Although all participants anticipated uncertainty about and fear of the experience, after their first month as a CSN the majority (n= 5/8) did not confirm this. Instead, they experienced "a sense of achievement", which emerged as a general theme. Two

participants (PB; PC) explicitly stated that their anticipated uncertainty and fear was groundless (Appendix 12.1) but one participant (PF) had difficulty managing conflict which is described under the theme 'A reality shock.'

4.2.1.2 General theme 2: A sense of achievement

All participants experienced a sense of achievement upon completion of their studies.

The prospect of the new qualification was accompanied by varied emotions: joy, fear, excitement, "looking forward" to the role change, an eager anticipation of independence, feeling confident and prepared towards the role change and a feeling of achievement. Once the participants commenced in their new role the feeling of achievement, level of confidence and excitement continued. Their experience of role transition after one month reflected aspects which they regarded as rewarding, an eagerness to develop professionally and a sound level of professional maturity in the new role.

Data in context:

4.2.1.2A A feeling of achievement, excitement and eager anticipation prior role change

"I'm feeling so proud of myself uhh that I've made it... / ... now you're going to be a Registered nurse. / I'm just feeling like happy for that time." (PD)

"To be honest with you I'm looking forward to it." (PC)

"I'm very excited, very... very excited to start working actually. At last... And uhm... secondly be on my own two feet that responsibility towards myself is very very [sic], that's what makes me excitement [excited]." (PH)

Five participants were excited about "not being a student anymore" and further:

"I won't walk for a signature for hours." (Mr T)

4.2.1.2B Confidence and preparedness for the role change

Although participants had expressed fear about role transition, all verbalized a high degree of confidence and preparedness for the change. It is not clear whether the expressed confidence can be attributed to the participants' age. Two participants' interview data capture their positive approach towards role change:

"... I've reached this maturity level in my mind now to think like whatever you've got with you now take it with you along [sic], as you go you will be fully prepared." (PA)

"I am [emphasis placed upon word "am"] ready for tomorrow. I am ready." (PH)

Three participants anticipated no fear in asking questions concerning tasks for which they might lack confidence or competence (Appendix 12.2 contains comments from PG and PE). For DJ the new job title of CSN implied having an opportunity to learn while in the new position and that hospital staff would acknowledge this:

"So we can use that opportunity to ask things. Then, so that's why I'm not that scared because it's not like in previous time there is no com serve [sic], you see./ So now I can use that opportunity now cause I'm com serve I can ask [about] everything [emphasis upon word] I'm not sure [of]." (PB)

4.2.1.2C Rewarding aspects of the new role

Six participants described certain situations as rewarding such as being well supported by staff (PB, PD), earning a salary (PA, PB, PD; PF; PG), receiving acknowledgement from staff (PB; PC; PE; PF) and positive feedback from their supervisors (PC; PF).

Participant B had a positive experience:

And I also, that's why I I [sic] didn't take long time to adapt [be]cause as I told you I'll ask questions [as] so much as I can, I'm not afraid of [that]. And the way [I saw it was that] they were also ready for that. Yes. They were also ready for that [be]cause I'm always ask[ing] them and then they, they are not getting tired. Yah. They don't get disgusted about [me asking questions]..."

A second participant felt well supported in his new role by experienced "Staff nurses" and doctors. Appendix 12.2 contains transcripts of participant D's experience of positive support from ward staff in their first month of placement. Having tasks assigned to participant B gave him the feeling that his superiors trusted him with more responsibilities (Appendix 12.2).

Having a fixed monthly income rather than a student bursary encouraged one participant. The thought of managing her own budget made her feel more mature:

"But now just to think that you will [emphasis] be earning a salary every month... 'Jy voel gerus' [sic] [translated- 'You feel at ease']." (PG)

Four participants (PA, PB, PD; PF) felt they had earned a salary. Remuneration contributed to a feeling of pride (PD; PF), disbelief (PA; PF) and independence (PF). Participant B commented that receiving a salary felt like a “bonus” Nancy’s experience of receiving remuneration is described here while the other participants’ descriptions are reported in Appendix 12.2.

“Even when I first got the uniform allowance and my phone went off that morning. I was like what is this. I don’t believe what is this. I went to my boyfriend and I ask him where does this money come from (laughing) and he now said this is your uniform allowance. It was R1700.00 before the monthly payment at the end of the month. Just a week before that. And that day on the Friday I was off and then the phone goes off again. And I saw another amount and I was like what is this (laughing). Oh my goodness!

I couldn’t believe it and then again I was like getting to reality. And I was like hallo girl you deserve this (laughing loud), I mean you worked so many hours for this.” (PA)

For two participants the role change rid them of certain onerous aspects of student life such as, respectively, not having to prepare for assignments after a day’s work (PF) and having “quality time” with family after completing a day’s work (PA- comment in Appendix 12.2). Participant F reported that:

“Just having not worrying [to not worry] about your next due date for the assignment. It feels relieving not having to go go to my go to wherever, jump in the bus and go to stand in line for food and all that uhh stuff.

... I can just basically just be... you know being free is it opens a lot of doors.

It gives you not just the the money itself but it gives you opportunities to do stuff which you felt like doing...” [sic]

For two participants, doctors, enrolled nurses, enrolled nursing assistants and general assistants recognised and acknowledged their new role. Appendix 12.2 contains participant C’s experience, while DJ recalled:

“(Nodding head) I’m [have worked] work alone with the staff nurse and also ENAs [enrolled nursing assistants]. (Smiling). And then they also give me that respect.” (PB)

Although challenging, participant C accepted that a shortage of staff required her to work in other wards when a professional nurse was required. Positive feedback from the Operational manager contributed to her evaluation of herself as being a competent albeit new CSN:

“She [referring to Operational Manager] said did you work alone (smiling, voice tone changes). I said yes Sister. She said oh that’s my girl, no that are you definitely that are you [sic]. So when I got home I said to myself yoh to think now it’s the second the second seven that I worked and I did, according to me I did well, great! Because I’m like competent now.”

When participant F overheard his Unit manager describing him as being competent, he felt “*stunned.*” In addition to Sweetness and Tobie regarding themselves as competent in their new role, so did DJ and Daisy:

“So I did (emphasis on “did”) get that opportunity and then I did (emphasis on “did”) perform, continuous not only one day.

For the whole month. So now I and I did achieve all the things they told me [sic].” (PB)

“I feel I’m on her [referring to an experienced registered nurse colleague] level now.” (PG)

4.2.1.2D Positive acceptance by ward staff

Being accepted by the ward team was a positive experience for three participants. Participant F “*bonded*” with his new colleagues and participant C experienced “*a sense of belonging.*” Participant B commented that he felt:

“... a good feeling to me to to be the part of that multidisciplinary team [sic].”

4.2.1.2E Feelings of achievement, excitement and confidence in the new role

One participant withdrew voluntarily from the study once the CSNs were allocated to clinical areas so responses reported hereafter are from seven participants. CSNs reported feelings of pride (n=3/7) and excitement (n=2/7) about their new role some of which are reflected below (Appendix 12.2 contains descriptions of the other participants):

“I even went mos [sic] on my first day with a white dress into the ward. A uniform white dress as a nurse (laughing) because I was so proud of going to work and all that.” (PA)

Participant D (male): *“(Laughing).Yah (Laughing). I don’t know what I can say that in English but uhh I was so proud. I was so proud...” Like when you’re in charge like in the ward you feel so proud of yourself.” (PD)*

Four participants (PB, PC, PD, PE- see Appendix 12.2)) felt that their professional knowledge had been acknowledged when they provided patient care. It was “*a very nice feeling*” (PB) to communicate with patients’ relatives and provide them with information

about the patient, thereby reassuring them. He could not do this during his student years because:

“when you were a student you didn’t have enough information about the patient.” (PB)

Three participants felt confident to ask for guidance.

“I was able to ask because sometimes we’re not used on Enkefrazone [not used to administering this medication], the Kefs Enkefrazone the IV Kef [sic]. Sometimes you’re not use[d] on that [do not administer] and then you’re not sure of the doses of the Kef and sometimes you are dealing with the children whereby you must give those children, maybe they came in with an infection you must yah you must admit Kef but and all that stuff you must be able to like you must be free to ask [sic].” (PD)

“So I went in there and stuff I didn’t know I ask[ed]” (PF).

“I’m also looking to them if anything I’m just not sure but I know something but I’m not sure then to ask them [sic].” (PB)

Three participants (PB, PC, PD) experienced increasing confidence, particularly after successfully managing a ward on their own. Being allowed to perform tasks on his own but being available to support him if he required assistance helped participant B gain more confidence. His colleagues reported that they were not given these opportunities:

“Because they’re challenging you. You can do things alone. And then sometimes [you’re] just left alone. It’s not like they’re just leaving you and then like they’re just ignoring you. It’s like they’re giving you a chance to perform. So now I also I’m surprised by myself. / Because some of the hospital I hear that all my fellow student[s] now, they are not treated like me now. They are still treated like babies but to my side, yoh I feel like I’m more than them (Laughing).” (PB)

Interviewer: How did you change? Tell me.

“It’s like now I’m taking all the responsibilities of the ward now to do everything. And also go even to the computer, the management computer. Like in our ward say you discharge a patient, if you start a procedure there you start from scratch until you’re finished. And then they just guide you somewhere if they see now maybe you’re dealing somewhere somehow and then [they] just are [sic] helping you, you see. And then I feel that now I’m a I’m a real Sister now (Laughing). (Both participant and interviewer laugh). I’m a real professional nurse now.” (PB)

For two participants wearing their nursing uniform on their first day in their new role contributed respectively to an intense level of confidence (PA) and pride (reported by PD):

“The fact that I had on my white dress... (laughing). It gave my confidence a boost (laughing).” (PA)

“... then I put on my uniform getting to the services I was so [emphasis on “so”] proud of myself. I can feel that (emphasis on “that”) (demonstrating with his hands a wave-like pattern) [sic].” (PD)

Six participants experienced fulfillment in their new role. Three participants experienced negative incidents with staff, shortages of staff and an environment not conducive to good patient care and their new role being ignored by ward staff. One participant expressed shock at having to nurse patients severely ill with HIV and TB. More is discussed under the theme “A reality shock”.

4.2.1.2.F A level of professional maturity

Six participants’ descriptions of how they managed these challenges reflected increasing professional maturity, assertiveness and confidence communicating with colleagues. Leon accepted the workplace situation (Appendix 12.2) reflected by acknowledging that he was “no longer a student”. More particularly, the shortage of staff in his ward demanded that novice nurses had to take charge while still on orientation as requested by the hospital manager.

Daisy’s recollection of how she handled a difficult situation concerning a colleague who went out of her way to “torment” new CSNs in the department showed that her perceived lack of assertiveness initially had been replaced by professional maturity:

“... she’s going on and on that I think she’s making it a mission everyday to just torment us and uhm I’m handling it.

You have no right firstly to go to the unit manager with problems that could have been sorted out here.

And I said to her you are very unprofessional uhm I don’t know how and where you did your management but that is not how you solve problems. You come to me and we try and sort that out or if we can’t we go to the next level.

So I said to her you never make eye contact with me, so I didn’t know you were speaking to me specifically. We had bad days with this woman...

I just feel she’s had her time. It’s my time and won’t get me out of ___ (ward) unless my four months is finished. And she can do whatever she wanted because I feel I’m on her level you know [sic].”

4.2.1.2G Embracing professional development

All the participants expressed a commitment to continuous professional development although participant E emphatically reported dissatisfaction about being placed in an unfamiliar ward on a regular basis:

“Okay I like the fact that they are trading me around [referring to being placed in a different ward] but I don’t want it every day [sic].”

Three excerpts illustrating eagerness to develop professionally (refer to Appendix 12.2 for more comments):

“Whatever’s going to happen. I want to learn.” (PA)

“I think to be, to be a com serve nurse is uhh is just another learning process yah, because you’re just coming from school and then and then you’re initiated to be a com serve nurse and you’re still learning lot of things.” (PD)

“I won’t say it’s going good or great but I feel comfortable at the rate that it is going. Because of uhm I still feel that I need to learn so much and uhm I don’t have the attitude of I know it all.” (PG)

Six participants felt fulfilled in the new role and experienced a sense of achievement in that they could face challenges (described under the theme “a reality shock”) and could adapt to their new position as a CSN:

“I’m, feeling so good about that because now... A month is enough yah it’s it’s enough especially. It’s it’s enough to be to just change from a student to a Sister (smiling).” (PB)

4.2.1.3 General theme 3: A reality shock

The theme “a reality shock” emerged from six participants facing challenges such as negative incidents with staff (n=3/7), staff shortages and an environment not conducive to quality patient care (n=3/7), perceptions that ward staff consciously ignored their role (n=3/7) and the shock of nursing patients severely ill with HIV and TB (1/7).

What follows is a description of the three aspects mentioned by these six participants:

4.2.1.3A Staff attitudes

Attitudes of ward staff towards the CSN became apparent during the orientation period.

For five participants the general hospital orientation was a good experience, but for two (PD; PE) of them it was a disappointment. Participant D expected a “*proper orientation*” of one or two weeks but instead:

“Oh, first of all another thing yah in terms of the the ___ [hospital’s name] this very small hospital whereby sometimes the the shortage of staff. So in terms of the orientation we didn’t get a proper orientation, because they just took us to the the wards and then they showed like they showed us where the Psych [Psychiatric] and where’s the General wards and medical wards, so... I[’m] used to see like the proper orientation at ___ [hospital’s name] where there’s enough staff but here I didn’t see that kind of of like orientation. Maybe I saw, maybe it’s due to the shortage of staff. That’s why we couldn’t get proper orientation.”

Furthermore, he felt that the hospital management was:

“...so desperate to have us so that they can fill the gaps of their permanent nurses.” (PD)

For participant E the orientation period:

“was just a waste of money because we were coming from home just to go into the ward and just eating our food and going home for the whole week.”

Two participants reported to the staff conducting the ward orientation that the pace was too fast but received a rebuff:

Participant A: *“This was ___ (name) ward. You have to think on your feet here, girl.”*

Three participants did not have a warm welcome to the wards during their ward orientation. Participant A and E’s comments concerning this experience are reflected in Appendix 12.3. Participant G had a “*pleasant*” one week general hospital orientation. However, upon her arrival in the ward to which she had been allocated for her community service she felt “*nervous*” and unwelcome when told by one Sister who received them that the Sister-in-charge would orientate them. She then continued with her duties.

“And we didn’t get the welcome that uhm we were hoping for. Uhm the friendliness we didn’t get. There was one sister and uhm she was busy setting trays. And we spoke to her and she said uhm she did not introduce herself but she said the Sister in charge will be there but she will orientate us

now as soon as she finished and we didn't know who she was. There was no like, there was no formal introductions [sic]. We said uhm who we were and she then said who she was. We didn't know what her rank was and but she said she will orientate us now. And then, say about five minutes after that the sister in charge arrived uhm and then she introduced us and then she said this is the sister in charge, the unit manager. And uhm we were so nervous and uhm ... [sic].” (PG)

Three participants (PB, PE, PG) felt that experienced nurses were reluctant to acknowledge their new status:

“... didn't want to say Sister to us.” (PE)

“... because we know they won't acknowledge who we are. Because they refused to call you Sister Daisy.” (* pseudonym) (PG)*

“Although some of them [staff nurses and enrolled nursing assistants], hey because not everybody can have 100% some of them they are not... they are they are not they are still not adapting that I'm a professional nurse to them. Because sometimes I'm working very hard because they don't take my delegation...” (PB)

Participant F felt frustrated when the ward's Operational Manager assigned unfamiliar tasks to him (Appendix 12.3) such as stock taking particularly when she did not explain how to accomplish the task. The Operational Manager:

“was like [sic] expecting [the participant] to know certain things.”

His level of frustration escalated when the Operational Manager requested the ward staff's input to patient care during doctors' rounds. After this incident he was eager to be moved to a new department:

“Some of them [referring to the patients] basically they was [sic] just lying there and the doctors' orders didn't look like they were changing or they were moving to a particular point... So then I, we were informed that we also was [were] supposed to give our input. I was like yoh. That's the thing. I didn't know it.

She [referring to the Operational manager] likes uhh expects you to do it the stuff and I do not have a clue how to do it and she didn't explain for me. That is, that in itself is frustrating but I've learned from it. It's been a month now and I'm thinking I'm used to it. I'm actually just looking forward to when the three months is over.” (PF)

Conflict situations that arose during the first month of placement directly affected three participants, two of whom had anticipated fear of managing conflict situations. Each of the three participants handled their situations differently. Participant F's experience is described here (see Appendix 12.3 for participant A and G's experience).

An enrolled nursing assistant accused participant F in front of other staff members of not recording a patient's abnormal blood pressure reading, causing him to feel humiliated. He admitted that he had asked another nurse to do it.

"She [referring to the ENA] was like uhm. She was she was basically scolding me about how I'm supposed to be towards my nursing staff. I'm like because I'm standing here. The Sister ____ (surname), the one that's working with me standing on the other side of the table. And the two uhh housekeepers is [sic] also in the office. And I'm now I'm looking at her and we're smiling at each other and she's telling me. So I'm now I was I was really a little... I was I was cautious, not cautious, I was... I didn't know how to handle the situation because everything that went into my head was like [short silence]... If I approach you now in the way you did to me it wouldn't be professional but you did so. But having to do with, having to deal with uhh something as negative as what happened today uhh it it it kind a... It it it it it... Something it grabbed something from me. (PF)

Interviewer: Mmm. What do you think is that something? That it took from you?

Participant F: *"Ooph. For now it's only, the only thing I can say is...Yah. Confidence is definitely one of the things because uhh yah confidence and self- uhh specially with what had happened then. Confidence is is a little gone is is [gone]...Yah. There's a crack in the confidence and I [felt] humiliated as [sic] because of all the people that was there and... Yes but uhh for that having to happened [sic] I'm going to... I'm not saying I'm gonna be ready for her [emphasis placed upon word] but I'm going to be ready for the next situation if that occurs."*

4.2.1.3B The health care environment

The culture of the new environment was in conflict with participant A's professional values. Her perception of the ward was:

"There's no real delegation, management in ____ (ward). Because I was thinking why is ____ (ward) like a shebeen [emphasis placed upon word]! It's busy, it's loud, it's not supposed to be like this. Here are sick ____ [referring to kind of patients] coming in here. The patients [emphasis placed upon word 'patients'] isn't getting the attention they need in there!" (PA)

For participant E the professional standards upheld by the educational institution where she studied were in conflict with the ward culture:

"You know mos [sic] we had student card. They had name tags now. We don't have uhh name tags. / They didn't even take our picture. You can go in and do something. They won't know who was that [sic]. / ... because they taught us no you can't go [to] the ward because you must be identified." (PE)

Participant E observed that the hospital financial plan was more important than the shortage of staff in the hospital, which she perceived as unfair towards patient care:

"Okay. What I found neh [sic] there are a few nurse and those that are in charge they don't want to hire more people because of the budget and all that. But I feel it's not fair for the patient because at

the end of the day the patient is the one that is suffering. If we are two nurses, two Sisters and two Staff nurses or maybe two ENAs and we have maybe 40 or 30 patients, that's not enough.” (PE)

She felt that nurses did not care anymore and that staff conveyed an attitude of being fed-up with patients from another race which was in conflict with the values taught during her training, that of *“treat[ing] a patient like you would have been treated.”*

Participant E’s observation of the violation of ethical values by health care providers are captured in Appendix 12.3, followed by her perception that health care staff portrayed a non-caring attitude towards patients with AIDS referred from a specific hospital:

“... so when they see okay this patient is really struggling must go to the other level but they don’t want the ___(hospital’s name) people.” (PE)

Participant E’s salary was delayed so she perceived the hospital management as being disorganized:

“I didn’t get a cent my dear. The thing is ___ [hospital] is not is not what, what is this word (silence), It’s not organized.” (PE)

Supervision and support were inadequate for two participants when they were in charge of a ward. Support was either from inexperienced staff CSNs who had a few months’ experience) (reported by PD) or telephonic communication with a senior staff member (PE- refer to Appendix 12.3.b).

“There was [were] also, they still have commun [community]... community serve [service] nurses who started here on January and the time came in here we find out the people who are in charge of the ward are the community service nurses who started on January. And also they’re not even more familiar into other kind of like of equipment in the hospital. So that was the struggle there. Sometimes you have to to phone another ward in order to find something that you don’t know.” (PD)

4.2.1.3C The disease profile of patients

Only PD reported distress concerning the acuity of young patients admitted with communicable diseases such as HIV and TB:

“Because you see in this hospital uhh... We’ve got a lot of patients that are sick here with TB. And then I’ve never seen the people who are very sick like this who are in like in this hospital because I’m used to work in hospitals like ___ [hospital’s name] and other stuff. But the the people are not as sick like that because each and every teenager that is coming in the hospital has been affected of HIV and TB, all that stuff. Then that was some kind of

*shock that I've see[n] of which was a a wake-up call even for me as a teenager [sic].
Mmm."* (PD)

During the first month all the participants experienced incidents that resulted in the emergence of the theme "A reality shock" and this would influence how they would continue their practice as CSNs.

All the participants appeared to have accepted the challenges of their new role. Two had found their feet, two were still learning as they went along, two felt ready for any challenge and one participant could not rate herself in terms of adjusting to the new role:

"I won't say I've mastered it but I'm getting there... and I have no problem also getting there uhm I won't say it's going good or great but I feel comfortable at the rate that it is going." (PG)

These verbalizations were clustered under the units of meaning that resulted in the emergence of a central theme within the general theme: A sense of achievement. Although participants' reflections are described under the theme "A reality shock" they are also placed here to indicate the participants' experience of a sense of achieving role transition. All except one participant appeared to have made the transition from student nurse to professional CSN:

"... it's I don't know. It's for them [referring to the Operational Managers] to see if we are [competent]." (PE)

4.2.2 Unique themes

Three unique themes emerged from the analysis and explication of the study participants' interview data.

4.2.2.1 Unique theme 1: Disillusioned: perceived lack of support

Four participants perceived a lack of support from the educational institution, while one participant felt inadequately supported by ward staff.

4.2.2.1A Lack of support from the educational institution

Two participants reported a failure of the educational institution to prepare them for role transition which persisted upon commencement of their new role for three participants.

"... we weren't even well prepared for this role to go out and to be like this professional nurse at the end of the day. They didn't prepare us mentally." (PA)

Two participants reported having to arrange accommodation without support from the educational institution, causing participant A to feel "angry", "unhappy" and "frustrated", and depriving her of feeling excited and proud of her achievements:

"They took that excitement away [emphasis placed upon word] from us. I don't know, maybe at our first pay cheque [sic] we will feel the excitement again but at this moment we feel so dead because of this unpreparedness for going into this new role now... I mean I wanted to feel proud of going to be a Community Sister at the end of the day... but they took that view away from us." (PA)

"So to me they have done nothing except let me work my hours." (PH)

A detailed description of his (PH) perception is captured in Appendix 12.4.

Three participants found that on arrival at their clinical areas the health care facilities had no employment contracts for them, leaving them feeling disappointed and angry towards the educational institution.

"I didn't expect any miscommunication at the time... and then how can now at the last minute and then something like that happened. / I was also and then I'm still so angry to them." (PB)

"And then in that first week that where [that's why] our mind[s] were not well concentrating due to the due to that thing.

No that thing that that thing it makes us it made us like to lose like confidence like to... It didn't like, we we're not feeling like we are the Registered nurses. We felt like maybe we are we are incomplete according to the ___ (training institution's name).

It was just, we felt dis... they're discouraging us. That's what we felt because we felt that we've been there many years. So why they not like release us in a nice manner..." (PD)

For participant A the experience of arriving at the hospital and being informed that she was not expected at the workplace because there was no contract for her was embarrassing and more traumatic than for the two participants (PB and PD). She approached the person responsible for Community Service at the educational institution and requested an explanation:

Participant A: "And I was so so very cross and not happy with this whole day that was happening.

And I told her ___ [person] I feel now so embarrassed this whole day. Listen here people chased me away from ___ (hospital) because I don't have a contract while I passed the first time.

I ask them to talk with ___ [person at educational institution]. My boyfriend wanted to go in with me just to support me and ___ [person] chased my boyfriend out. And that was even rude as well [sic]."

4.2.2.1B Lack of support from ward staff

Participant A perceived a lack of guidance from the ward nurses and reported

a feeling of professional isolation:

"... they don't even telling [tell] you what to do. You are just placed there by yourself and you know by yourself the observations must go on." (PA)

4.2.2.2 Unique theme 2: Ambivalence: a male's perspective

The only male participant (PB) explicitly expressed ambivalence about being accepted as a male Community Service nurse, which emerged from the data as a unique theme associated with uncertainty.

4.2.2.2A Fear in anticipation of being accepted as a male CSN

This feeling originated from past experience of hospital staff's attitude specifically towards male nurses in general. In the past female nurses immediately adopted a different attitude towards him once he started working in the various wards, giving him the impression that male nurses were less capable of providing care than female nurses:

"And sometimes they will just, they misjudging us... not the information like the females, they misjudging us... like you don't, we're not eager in nursing cause we are males. So as you come in they just treat you like different as in a female and every time I have a problem from first year until now." (PB)

He reported that throughout his training female nurses seemed to regard male nurses as being less efficient than female nurses and useful for "moving beds", "lifting up heavy patients" and areas in nursing where a male's physical strength is required. He had noticed that the majority of nurses in charge were female and that they too treated male nurses with indifference and regarded their complaints of lesser importance than those of female nurses. So too, female nurses were disrespectful when addressing male nurses, described as "shout[ing] at us", which they did not do with each other (Appendix 12.5).

The recollection of the incidents described above elicited fear and discomfort in anticipation of assuming the new role:

“The only thing I can be scared of that a negative attitude from the nurses... As I am a male so they have that information that a male not like a female can did the deliveries like different [sic]. Because they have that attitude that nursing is for woman [sic] ...It’s not about the gender. So that’s why I’m having that feelings sometimes... oosh [sic]. Uncomfortable, but halfway I’m not comfortable yet [sic] because there’s that problem especially the nurses in charge in general there are a lot of females there they are nurses in charge. So they are having that attitude when they see us as males okay...” (PB)

4.2.2.3 Unique theme 3: Surviving the first month

This theme emerged from two participants’ interview (PD, PH) data prior to taking up their new role. Their concerns revolved around their financial resources and living arrangements once they assume their new role.

4.2.2.3A Uncertainty about financial survival

They expressed concern about having no financial support in the first month particularly while adjusting to their new role. One participant (PH) had been financially dependent on his parents during the preceding year. Nevertheless, both participants were able to obtain financial support. A description of PD’s feelings is in Appendix 12.6.

“To me it is just about the first month, the only thing [is] that, how is I [sic] going to survive the first month. How can I put it? (short silence) with money, because I exhausted my mother by asking her and my father by asking her throughout the year. There was things [sic] that I was supposed to pay. I bought unnecessary things that I was supposed to pay, so uhh... Exhausting them mean that for this first month I would have [sic] run very scarce on resources, money, most of it. That is the only thing. How am I going to survive?” (PH)

4.2.2.3B Uncertainty and anxiety about adjusting to the new residence

In addition, participant H reported having “*uncomfortable feelings*” and participant D experienced “*anxiety*”, concerning the residence and the location of the new residence (refer to Appendix 12.6 (b)).

Prior to his placement as a CSN, participant H voluntarily withdrew from the study.

Participant D moved into the residence at the hospital of placement but was disappointed that the circumstances there were not as congenial as at the college residence. The

hospital residents were responsible for cleaning their rooms, shared kitchenette and the “toilets”:

“... there’s no social life for the young people because we’re still young. There’s no social life. So in order for me like when I’m off I have to go straight home in ___ (place’s name) whereas the time I was a student I wasn’t used like to go every time to ___ (place’s name). Because there’s nothing I can do here because now the people that I’m staying here are very matured. These people are just going to work and when they come from work they’re sitting in their in their rooms and doing their stuff. And then when they’re off they’re just going to their places. We don’t have the much facilities like TV’s or TV room. We must provide your own TV.”

“At this residence we do not have the cleaners first of all that [are] cleaning the residence, whereas we’re paying R800 for the residence like other hospitals, but here they just give you the key for that big door and also for your room. And then you must clean your own room. That’s fine, we [are] used on [to] that we used but we are not used to clean the toilets. We must clean the toilet and you must like go and throw the dustbin there in the big bin. There’s no one that can do that for us. And then in the kitchen, when after cooking you must clean the kitchen and also all that stuff. But basically we don’t have [cleaners] employed.”

“There’s not that kind of visiting to each other.”

Interviewer: Yah, like you used to have at the at the [sic] res [residence] as a student? So you miss that?

“Yah. I do miss that a lot. I do miss that a lot but I have to learn that in future you must grow up. You must grow up.”

4.3 Summary of findings

The eight participants’ described a spectrum of perspectives on their lived experience of role transition to a CSN. A general inductive approach was used to analyse the interview data. Three general themes and three unique themes emerged from the data.

General themes:

Prior to assuming the new role the majority of the participants experienced uncertainty and fear in anticipation of the reality concerning: the responsibility of managing a ward, inability to manage conflict, expectations of competency, curriculum deficiencies, having to delegate tasks, unethical practice and doubting their own competency but within the first month they adjusted to their new role and expressed eagerness to develop professionally. Feeling positive and confident in their new role resulted in “a sense of achievement.” More than half of the participants did, however, experience negative incidents such as staff attitudes, a non-ideal working environment and extremely ill

patients which resulted in the emergence of the theme “a reality shock”, but they expressed a level of professional maturity in readiness for dealing with any challenges they might face in their new role.

Unique themes:

Four or fewer participants were disillusioned about receiving minimal guidance from the educational institution in preparing them for or supporting them in their role transition, which emerged as a theme “disillusioned: perceived lack of support”. For one male participant the thought of being accepted as a CSN lead to feelings of ambiguity, which emerged as “ambivalence: a male’s perspective” but instead, he was fully accepted as a team member.

The theme “Surviving the first month” emerged out of data from two participants prior to placement as a result of their concern and uncertainty about monetary resources and adjusting to a new residence but this did not have a negative effect on role transition for the one remaining participant.

In the following chapter the findings are discussed in relation to existing published literature on the experience of role transition for newly qualified nurses. The limitations of the study are outlined, followed by conclusions and recommendations.

CHAPTER 5 DISCUSSION, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

In this chapter the study findings are discussed in relation to published studies.

Limitations of the study are addressed and the implications for education and practice are followed by recommendations for future research.

5.1 Discussion

It appears that this may be the first study to explore and describe how newly qualified nurses in the Western Cape experienced role transition from student to community service nurse. This too was the research question that has been answered.

The reviewed literature mainly reported the experience of role transition from student to registered nurse in the developed countries (Kramer, 1974; Oermann & Garvin, 2002; Casey & others, 2004) The participants in the current study had completed a 4-year diploma at a nursing college where English is the medium of instruction whereas for the majority of the participants English is their second or third language.

The findings in Table 11 add support to the existing body of knowledge about the experience of role transition for newly qualified nurses in general. Thereafter each theme that emerged from the interview data is discussed in terms of the published literature.

Table 11: Knowledge generated

- Uncertainty and fear in anticipation of the reality of practice that was not realized for the majority of participants during their first month of practice.
- Confidence and preparedness for role transition despite a perceived lack of support from the educational institution.
- Pride in and confidence from wearing a nurse' uniform.
- No fear of asking questions.
- More free time for personal matters.
- Disillusionment and challenging situations an incentive for success for the future.

5.1.1 Uncertainty and fear in anticipation of the reality

Uncertainty and fear related to anticipated fear of the unknown, place of work, the new role, interpersonal relationships, increased responsibility and managing conflict.

Turbulent emotions prior to the participants taking on their new role supports the published literature (Evans, 2001) that this is experienced particularly in the initial period of separation, where transition from student to staff is inevitable, causing uncertainty and anxiety among new graduates.

Lack of role clarity caused concern (Procter, Beutel, Deuter, Curren, De Crespigny & Simon, 2011; Roberts & Johnson, 2009), but this is not surprising amongst new graduates (Chang & Hancock, 2003; Horsburgh, 1989; Rungapadiachy, Madill & Gough, 2006) and continued for one participant after taking on the new role. Lack of role clarity resulted in feelings of vulnerability, described by Kelly (1998) as the first stage of moral distress as a result of perceived disparity between role expectations and the reality of daily professional practice. Moral distress refers to “the result of believing that one was not living up to one’s moral convictions” (Kelly, 1998: 1137) which occurred when one CSN was asked to perform tasks for which he felt he lacked the knowledge.

Increased responsibility and accountability inherent in the role change created fear as it raised uncertainty about interpersonal relationships between participants and the

hospital staff. The thought of managing a ward on their own aroused both excitement and anxiety, consistent with findings in Horsburgh's study (1989) about New Zealand graduate nurses' adjustment to initial employment. Based on previous observations as a student nurse, staff display negative attitudes towards newly qualified nurses, therefore a few participants anticipated difficulties in managing conflict situations (Kelly 1998; Thomka, 2001; Deasy, Doody & Tuohy, 2011). However, none of the participants reported experiencing fear and anxiety once they took up their new role, in contrast to Mooney's study findings (2007b) where newly qualified nurses did indeed experience fear while managing a ward specifically due to the increased responsibility, such that their role transition was problematic.

Schoessler and Waldo (2006) described a process model for the development of the role of a newly graduated nurse. The narrative sheds light on the theme 'uncertainty and fear in anticipation of the reality' that emerged from the CSNs interview data in this study. Feelings of uncertainty, fear (*"thrown there by the deep fishes, ... sharks"*), anxiety, concern and excitement reported by the participants in this study are associated with the final phase of transition, of the newly qualified nurse saying farewell to student status, a loss of student friends, security and faculty support amongst others (Schoessler & Waldo, 2006). Seasoned nurses in Sussex and Birmingham reported that they were "thrown into a far deeper" pool when they commenced their nursing career (Bates, 2005: 32).

5.1.2 A sense of achievement

A sense of achievement, excitement and being prepared for the role change was reported by the majority of study participants upon successful completion of their academic programme, finding themselves on the verge of role change. In terms of Benner's framework of clinical competence (1984) the participants in this study fit the stage of the advanced beginner (Santucci, 2004). An advanced beginner is a nurse already exposed to clinical practice needing to develop some skills to achieve a marginally accepted level of performance (Benner 1984).

Furthermore, participants reported feelings of pride, excitement, happiness and eager anticipation of professional development in their new role (Lalani & Dias, 2011; Godinez,

Schweiger, Gruver & Ryan, 1999; Holt, 2008; Mooney, 2007b) which was amplified once they commenced the role change. Kramer (1974) described the feelings accompanying role change as a honeymoon phase. Wearing a nurses' uniform increased two participant's confidence (Horsburgh, 1989; Mooney, 2007b). Having a positive approach helped the majority of the participants in this study to prepare for the role change, also reported in Heslop, McIntyre and Ives' study (2001) concerning third year nursing students' confidence in taking up role transition to graduate nurse.

Positive feedback from unit managers about the participants' clinical performance contributed to their self-rating of competence and it enhanced a positive attitude in and towards the workplace (Herdrich & Lindsay, 2006). Goodwin-Esola, Deely and Powell (2009) reported that constructive feedback is considered a process of enabling, evoking a belief in the novice's ability to be successful in role transition.

A few participants in this study felt proud of having played an important part in patient care which was regarded as an accomplishment (Holt, 2008; Schoessler & Waldo, 2006; Schwartz, Wright & Lavoie-Tremblay, 2011). Kramer (1974) referred to this as the honeymoon phase, characterized by feelings of delight, enjoyment and pride in the new role.

Rewarding aspects of the experience of role transition for participants in this study included:

- i) having financial independence from being remunerated in their new role (Lalani & Dias, 2011; Pellico, Brewer & Kovner, 2009; Horsburgh, 1989);
- ii) spending quality time with their family after a day's work;
- iii) the relief of not having study assignments to attend to after work; and
- iv) having more freedom to do favourite things.

Horsburgh (1989) refuted the above-listed findings (ii to iv). Balancing working life and private life can be problematic for newly qualified nurses (Axford, 2005; Pellico & others, 2009) but this was not reported by participants in the present study.

Good support was perceived as guidance from colleagues (Enrolled nurses and Enrolled nursing assistants) and being trusted to perform tasks which led to increased confidence in their new role (Amos, 2001; Maben, Latter & Macleod-Clark, 2006).

Consistent with previous research (McKenna & Green, 2004; Zinsmeister & Schafer, 2009), participants did not fear asking questions concerning tasks for which they lacked knowledge. They verbalized eagerness to develop professionally thereby showing professional maturity (Newton & McKenna, 2009). This attitude is aligned with ethical knowing defined as “more than just knowing the ethical codes of the discipline, it entails all voluntary actions that are deliberate and subject to the judgement of right or wrong” (Carper, 1978, cited by Newton & McKenna, 2009: 155).

The theme “A sense of achievement” emerged foremost in all the participants’ interview data and may therefore be an indicator of transition success (Zinsmeister & Schafer, 2009). All participants, except one, reported that they felt positive about their role transition upon completion of their first month of practice (Thomson, 2011). Similarly, the theme ‘a strong sense of professionalism’ emerged, reported in a qualitative phenomenological study with nine graduate nurses of the United States of America (Zinsmeister & Schafer, 2009) and a strong sense of professional practice (Kelly & Courts, 2007).

5.1.3 A reality shock

Participants in this study expressed shock at experienced nurses’ unprofessional behaviour, the non-welcoming and non-ideal health care environment and the unanticipated severity of illness of patients. Kramer (1974) coined the term “reality shock” when describing the experience of role transition of newly qualified American nurses. As in Kramer’s studies, the present study reports reality shock concerning participants’ anticipation of the changing role and responsibilities of being a new registered nurse and that values taught by the educational institution conflicted with that of the new work environment. Unresolved conflict situations in a new workplace might prevent newly qualified nurses from experiencing job satisfaction (Kramer, 1974). For one participant in the present study who felt he had dealt with a conflict situation

ineffectively, his level of job satisfaction was not affected adversely but he lost confidence in himself yet this spurred him on to be ready for future challenges. Hostility towards new graduates “undermines their transition to the workplace” (Romyn, Linton, Giblin, Hendrickson, Limacher, Murray, Nordstrom, Thauberger, Vosburgh, Vye-Rogers, Weidner & Zimmel, 2009: 2), also described as horizontal violence (Lea & Cruickshank, 2007).

A few participants did not feel welcome in the ward during the orientation period (Connelly, 2005) which generally did not meet their needs (Scott, Engelke & Swanson, 2008). The orientation period is crucial in setting the tone for future relationships (De Bellis, Longson, Glover & Hutton, 2001) and assists with the development of trust between staff (Arnold & Boggs, 1989).

Participants felt that senior, experienced staff did not want to acknowledge their position (Begley, 2007) which is contrary to the published literature that the newly graduated nurse’s socialization process demands respect from colleagues because it reflects acceptance, which is critical for their professional development (Manojlovich & Ketefian, 2002).

The shortened orientation period may have been the result of a shortage of staff with the result that participants had to rely on guidance from the CSNs who had started six months earlier and were not always able to answer questions. Furthermore, during the orientation period participants had to manage the ward on their own as a result of a staff shortage which correlates with the study by Pellico and others (2009: 197) where newly qualified nurses reported that they felt “forced off orientation early.”

There is an abundance of published literature reporting that the shortage of nurses worldwide is contributing to new nurses experiencing career dissatisfaction, concomitantly having thoughts of leaving nursing (Cowin & Hengstberger-Sims, 2006; Santucci, 2004; Wheeler & others, 2000; Smith, 2007). Although none of the participants reported thoughts of leaving nursing because of the staff shortage, they felt aggrieved at having to constantly move to a new ward because of the situation but they acknowledged that having to take charge of a ward prematurely was a good learning opportunity.

The finding in the current study that the participants were distressed at the severity of the patients' condition is supported in the published literature reporting newly qualified nurses' feelings of uncertainty about caring for patients with serious illnesses, and in some instances terminal illnesses (Kapborg & Fischbein, 1998).

5.1.4 Disillusioned: perceived lack of support

In the present study the participants who were not expected by the hospital felt embarrassed, uncertain, disappointed and angry, intensifying their experience of inadequate preparation by the educational institution for the role change. Although Connelly (2005) reported that the newly qualified nurses in her study arrived at their workplace without being expected by the hospitals she did not report how the participants reacted to their situation. The implication is that nursing faculty should continue to play a supporting role for the new qualified nurse if success in retention of nurses is envisaged (Wolff, Pesut & Regan, 2010).

One participant received poor support from ward staff (Fox, Henderson & Malko-Nyhan, 2005; Adlam, Dotchin & Hayward, 2009; Currie, Finn & Martin, 2010) resulting in a feeling of professional isolation.

5.1.5 Ambivalence: a male's perspective

The published literature reports that male nurses encounter difficulty in the workplace due to the traditional nature of a female dominated nursing profession (McMillian, Morgan & Ament, 2006; Brown, 2009; Lou, Yu & Chen, 2010; Hsu, Chen, Yu & Lou, 2010) which the one male participant anticipated prior to placement. Nursing represents a feminist ideology of caring (Ducscher & Cowin, 2006) but Lindani (2011) regards this idea as a myth that needs to be put to rest.

The male participant perceived male nurses as providing manpower in nursing instead of playing an effective part in patient care. A study published almost two decades ago reported that male student nurses were required to take on additional tasks in the wards such as lifting and transporting patients (Kelly, 1994 cited by Anthony, 2004). However, once in the role of a CSN the male participant was pleasantly surprised to be welcomed to

the ward. 'Surprise' (Krcmar, 1991, cited by Tradewell, 1996) fits the third phase of organizational entry defined as "when the graduate actually begins work" (Tradewell, 1996: 184).

5.1.6 Surviving the first month

No published literature was found to support the study findings that participants anticipated feeling concerned about: having no financial resources, albeit only for the first month; and having to adjust to new accommodation.

5.2 Strengths of the study

There appears to be no published South African literature on a description of the essences of the phenomenon of newly qualified nurses' lived experience of role transition from student nurse to Community Service Nurse. Areas for improvement in the educational institution's current nursing curriculum have been highlighted by participants, that is, Interpersonal skills (conflict management and assertiveness skills) and Management (ethics and more time for experiential learning).

Husserlian phenomenology guided the research process, ensuring rigour during each step of the inquiry, resulting in a scientific report describing the essence of the phenomenon, the lived experience of role transition, from the participants' perspective.

5.3 Limitations of the study

The findings of this study were limited by the methodology, that is, a short follow-up period of participants for only one month.

5.3.1 The study population

One unforeseen situation encountered during the research journey was that participants had to be recruited from a smaller pool of the study population due to commence their community service six months after the first group who commenced in January 2011 while the researcher awaited ethical approval for the study.

Afrikaans or isiXhosa was the home [first] language of the majority of the participants whereas the interviews were conducted in English, the medium of instruction at the educational institution. The participants' interview data reflect the linguistic difficulties of English second language speakers. The data may not be as rich as it would have been if the interviews were conducted in the participants' first language. A further consequence of the interviews being conducted in their second language may be that the data may include misunderstandings or misrepresentations of their lived experience of role transition.

5.3.2 Data collection and analysis

During the interviews some participants strayed off the questions but to encourage their participation and prevent them from feeling that the researcher was only interested in their answers and not in them, they were allowed to do so. It became difficult to regain control of the interview once a participant shared data other than what the research questions required. The researcher typed the transcriptions of the interviews which was a tedious process.

The researcher employed Hycner's simplified data explication process (1999, cited by Groenewald, 2004) for data analysis. The steps were clear, except for step two in which the researcher was required to return to Hycner's original data analysis process (1985). However, this primary source (Hycner, 1999 cited in Groenewald, 2004) as cited by Groenewald (2004) could not be located. An original version of Hycner's data explication process was located, dated 1985 (Hycner, 1985). The original version of Hycner's data analysis process illuminated how units of meaning are determined as opposed to the simplified version (Groenewald, 2004).

Initially data from the two interviews for each participant were analysed separately employing Hycner's simplified data explication process (1999, cited by Groenewald, 2004). After discussions with my research supervisors it was decided that the two interviews should be regarded as a continuum of one experience as there would be no comparative analysis of the before-after experience, only an extraction of the essences of the phenomenon of the lived experience of role transition.

The study findings have limited generalizability because the intention of phenomenology is not breadth but depth of interpretation of the data. The self-reported experiences of the participants are, of necessity, biased. The time period for data collection occurred within a period of one month, during which the participants were required to rotate to a new clinical setting every three months. The essences of the 'honeymoon phase' (Kramer, 1974) of the participants' experience and indeed of any other aspects thereof were not captured in full due to the limited data collection period.

5.4 Conclusion

The experience of role transition for newly qualified nurses commencing a one-year compulsory community service is under-researched in South Africa. Study findings reveal that the newly qualified CSN requires structured support from the educational institution in preparing them for role transition. What could the meaning of the findings in this study hold for future research? The study appears to be the first investigation into the lived experience of role transition of the newly qualified CSN, therefore the findings provide a stepping stone for research questions to be developed and explored, *specific* to this population of nurses. One such question could be *"What type of support is needed from nursing educational institutions and from health care facilities to assist Community Service Nurses' role transition?"*

The next section of the research report contains recommendations based upon the study's findings and study limitations.

5.5 Recommendations

Broad recommendations are made for easing the transition from newly qualified nurse to CSN. Role transition remains a concern for newly qualified nurses worldwide/globally. Some participants' experience of interference with a smooth role transition did not differ vastly from the existing body of knowledge on role transition of newly qualified nurses. A distinct difference was that study participants in developed countries such as Canada, Australia, Pakistan and Taiwan had completed a nursing degree programme, whereas the participants in the present study had completed a diploma programme.

The broad recommendations stemming from this study have implications for educational institutions, policy-makers in the Department of Health and nurse managers in clinical facilities to develop strategies to assist newly qualified nurses in transition.

5.5.1 The educational institution

The newly qualified nurses in this study perceived a lack of support in preparing them mentally for the new role, which lead to feelings of anger and unhappiness.

Recommendations:

- a) Conduct at least two meetings with final year student nurses, one meeting in each semester as outlined below.

During semester one:

- Provide an overview of the role of the CSN and ask students what their expectations are. Allocate a 'buddy' to each student and set one day aside each month in which students can visit the person assigned to assist them with any questions they might have with regard to community service nursing and related aspects, for example accommodation arrangements.

RATIONALE: To increase role clarity and decrease feelings of uncertainty and anxiety about clinical placements and new accommodation.

- Inform students about the expected registration fees that need to be paid to the SANC before they commence community service and set a timeframe for money to reach the educational institution's administrative department.

RATIONALE: By ensuring that students receive this information timeously they can save to pay the registration fees to facilitate an uncomplicated administrative process.

During semester two:

- Provide each student with a copy of proof of their accepted placement in the relevant health facility (indicated in the letter/document).

RATIONALE: To ensure that newly qualified CSNs are expected at the allocated clinical site and to avoid confusion with regard to commencement dates.

- Inform students that they are responsible for their accommodation arrangements. Ensure that students receive the correct contact numbers of the officials at the various health facilities who deal with accommodation issues.

RATIONALE: To prevent disorganization at the accommodation venue(s) once the CSNs arrive there.

- Provide general information concerning the process that newly qualified nurses must follow on the first day of placement, for example to report at a specific area and the name of the contact person that they need to report to.

RATIONALE: To minimize confusion on their first day of practice in their new role, hence strengthening trust in the educational institutions' support.

- b) Review the nursing curriculum annually
- The Management module and the Interpersonal skills module might need to be reviewed to incorporate an extended time of practical exposure or more simulation practice.

RATIONALE: To improve CSNs' confidence in dealing with challenges in the workplace such as negative staff attitudes. This recommendation might allay fears about managing a ward and may ensure effective communication and interaction between nurses and other health care staff.

- c) Create a collaborative partnership between the educational institution, clinical areas and the Department of Health
- Consider a scheduled session with representatives from the various clinical areas and the Department of Health to address aspirant CSNs' concerns and expectations of the new role.

RATIONALE: To convey to student nurses that a professional collaborative relationship exists between the role players. To set a platform where student nurses can identify people whom they might meet in the clinical facilities thus decreasing unfamiliarity once they commence their new role. To give policy-makers in the Department of Health insight into barriers or gaps in the current community service policy for nurses.

5.5.2 Policy-makers: Provincial Department of Health (Western Cape)

Revise the policy for Community Service biannually, placing emphasis on the structured guidance that should be provided for CSNs during their placement.

Request feedback from nursing managers in health care facilities with regard to the:

- i) adjustment of CSNs; and
- ii) the health care facilities' contribution to the professional development of CSNs.

5.5.3 The clinical areas

The following factors within the workplace need attention:

- the period of orientation must not be shortened even when there are staff shortages,
- CSNs must be made to feel welcome and be acknowledged for the contribution they will make to the team,
- adequate guidance must be provided for CSNs

- professional interpersonal relationships must be actively fostered between staff and newly qualified nurses.

Recommendations:

a) The clinical facilities to have a generic orientation programme

- A structured generic hospital orientation programme should be considered, followed by a ward orientation programme that addresses the unique features of the specific ward. A suggestion is to have three days for the generic hospital orientation and two days for the ward orientation.
- Explain the organisation's organogram to the new CSNs, clearly indicating their position. This action might facilitate transparency with regard to the new CSN's role/level of functioning within the hospital.

RATIONALE: To ensure consistency in the duration of orientation programmes. To address aspects of importance pertaining to a specific clinical area, for example an overview of the hospital structure and function, communication channels, etc. to enhance organizational transparency to newcomers in the hospitals, concomitantly to evoke possible employee loyalty and trust in the employer.

An organogram inclusive of the new CSN might convey the level of recognition given to the CSN by the hospital management, which might contribute to better working relationships.

b) Provide guidance to the new CSNs

- Assign an experienced Registered Nurse to supervise the new CSN and provide support for at least the first month in the ward. This person should preferably have the same duty shift as the new CSN.

RATIONALE: To create a safe non-threatening environment for the new CSN with the aim of improving patient care and patient safety. By assigning the same person to support the

new CSN levels of confidence and competence for tasks might improve and the process of professional socialization for the new CSN might be enhanced.

c) Climate meetings with new CSNs

- Conduct climate meetings at least once every three months.

RATIONALE: To establish whether new CSNs experience adjustment problems.

Intervention and arranging for referral might assist the new CSN who may be experiencing problems in adjusting to the new role and environment. Climate meetings with the new CSNs might assist the hospital management in adjusting their orientation programmes and placement schedules to meet the needs of the new CSNs on an annual basis, identifying gaps, insufficiencies and strengths in each year's orientation programme. The published literature reveals that the first six months are pivotal for the development of a positive role and a commitment to nursing for the new qualified nurse (Greenwood, 2000).

5.5.4 The study

For this study to be replicated, it is recommended that:

- i) the study sample should be larger;
- ii) the time for data collection should be extended to at least three to six months or commenced at a later stage after the newly qualified nurses have commenced their new role as a CSN; and
- iii) students following an undergraduate degree programme should be included.

The research question '*How do newly qualified nurses in the Western Cape experience role transition to a professional community service nurse (CSN)?*' has been explored, described and answered. The result is a study of limited scope but it provides useful data not found in the published literature.

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APPENDIX 1: RECRUITMENT INFORMATION SESSION AND INTENTION TO PARTICIPATE IN RESEARCH

Participant Code:

INFORMATION SHEET

A STUDY TO INVESTIGATE THE LIVED EXPERIENCE OF ROLE TRANSITION OF NEWLY QUALIFIED NURSES FROM STUDENT NURSE TO COMMUNITY SERVICE IN THE WESTERN CAPE

RESEARCHER'S DETAILS (Student: Master of Science in Nursing degree):

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Dear Final Year Nursing Student

Thank you for giving me this opportunity to explain my study to you. The purpose of this information session is to invite you to participate voluntarily after you have had all your questions answered. Each of you has been given a copy of this information sheet which I will now explain.

Aim of the study: The aim of the study is to explore how newly qualified nurses experience the transition from student nurse to community service nurse in the Western Cape. Since you will be commencing the one year compulsory community nursing service I would like to invite you to join this research study but I must emphasize that participation is voluntary.

Background: Current knowledge of the experiences of community service nurses in the Western Cape is limited.

Research method: The researcher is the principal investigator in the study. Eight final year student nurses will be recruited to participate voluntarily in the study. Data will be collected by conducting four interviews over a period of three months with participants who consent to participate in the study. The first interview will take place two weeks after the selection of participants. The remaining three interviews will be conducted at the end of the first, second and third month of placement respectively. Interviews will be conducted in venues suitable for and preferred by the participant. Each interview will last at least forty-five minutes and will be digitally recorded using an electronic recording

device by the researcher. You may choose a pseudonym to protect your identity although the researcher will allocate a code to protect your identity. Interviews will be marked according to the chosen pseudonym and code and recordings will be stored in a secure drawer to which only the researcher has access to.

Possible risks or benefits

No risk is involved or anticipated by participating in this study. If it becomes apparent that you encounter any physical or mental harm from participating in the study or that you do experience significant challenges, the researcher will arrange for appropriate referral with your consent to ICAS, which is the Employee Assistance Programme in the public health sector. There is also no direct benefit to, or financial incentive for you. However, the results of the study may inform nursing educational institutions and community service health facilities about the adequacy of the preparation and orientation system for newly qualified community service nurses.

Right of refusal to participate and withdrawal

You are free to choose to participate in the study or to refuse to participate without any loss of benefit which you are otherwise entitled to. You may also withdraw from the study at any time.

Ethical approval

The study has ethical approval from the Faculty of Health Sciences Human Research Ethics Committee (FHS HREC Ref 601/2010). If you have any further questions you may contact the researcher directly or the researcher's supervisor, Mrs U Kyriacos, University of Cape Town, Division of Nursing & Midwifery at telephone number 021-4066410. You may also contact the Human Research Ethics Committee in case you want more information about your rights and welfare as research participants at telephone number 021- 4066626.

The researcher will adhere to the following ethical principles:

Autonomy: If you are willing to participate in the study you must give your written consent to participate. This includes consent for interviews to be digitally recorded and transcribed. Your consent will apply to the researcher using direct quotes from interviews in the final research report without revealing your identity. You may withdraw at any stage of the research inquiry. If you are interested in participating in this proposed research study, you are encouraged to post this leaflet with your contact number in the post-box on the College's premises, from where the researcher will collect it within one week from today's information session.

Confidentiality and anonymity: The researcher will refrain from breaching confidentiality by not publishing the names of either participant or the community service facility where the participant was placed during the research study. You can be assured that the researcher has exclusive access to a clearly labelled post-box ['Research: Mrs Roziers'] in which you will post the leaflet. The information provided by you will remain confidential. Nobody except the principal investigator will have access to it. The recordings of the interviews will be stored in a lockable drawer to which only the researcher has access. However the data may be published in a peer-reviewed journal and elsewhere without giving your name or disclosing your identity or the identity of the community health facility where you were placed.

Non-maleficence: The anonymised recordings of interviews will be stored in a secured drawer as indicated above. In the discussions with the researcher's supervisor, participants' identities will not be revealed.

Beneficence: The researcher is not aware of any potential risks that participants might incur during participation in the study.

Justice: The researcher commits to honest and truthful presentation of the information in the final research report.

If you are interested in participating in the study you are kindly requested to complete the form below and to place it in the post-box marked 'Research: Mrs Roziers' provided on the College premises to which only the researcher has access. If you are selected the researcher will contact you telephonically. An appointment will be arranged with you so that your questions can be answered and your written consent to participate in the study obtained.

Thank you for your time.

Kindly complete the sections below

INTENTION TO PARTICIPATE IN RESEARCH STUDY

I(Full name & surname of prospective participant) have read and understood the information about the study. I am interested in participating in the abovementioned study.

Please complete the following sections by marking relevant sections with X:

1. Gender:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
------	--------------------------	--------	--------------------------

2. Ethnicity (to ensure inclusivity of all student groups) I invite South African citizens and South African permanent-resident applicants to indicate whether or not they belong to a previously-disadvantaged, or designated group, and if so to categorise themselves as one of:²

- black African:
- Indian:
- coloured:
- Chinese:

South African citizens and South African permanent resident applicants who do not belong to one of these groups, or who choose not to categorise themselves in this way are requested to categorise themselves as:

- white; or,
- other

There is no obligation to complete Section 2.

Please complete the following sections:

3. Age:

4. Marital status:

5. Contact details (Telephone number/Cellphone number):

² Reference: <http://www.uct.ac.za/downloads/uct.ac.za/apply/prospectus/uctugprospectus2011.pdf>

This classification is also required by the Department of Higher Education and Training for statistical purposes.

APPENDIX 2: INTERVIEW PROTOCOL FOR FIRST INTERVIEW

Participant code:

Interview Protocol: **Research Inquiry into the lived experience of role transition of newly qualified nurses from student nurse to community service nurse in the Western Cape**

Researcher: Reinette Roziers (**Student: Master of Science in Nursing degree**)

Date:

Time of interview:

Thank you for agreeing to participate in this study and for your consent to have the interviews recorded. As I explained in the information sheet, this first interview will be followed by further interviews once you have completed one month of community service. The interview should take no longer than forty-five minutes. Are you comfortable? Would you like any of these refreshments before we start the interview? Do you have any questions about the tape recording or the interview before we start?

Now we can start: I am really interested in finding out from you -

Questions:

1. How do you feel about your preparedness for the role of Community Service Nurse?
2. What are your thoughts about your preparedness for the role of Community Service Nurse?

[Adapted from Creswell, 2007]

APPENDIX 3: INTERVIEW PROTOCOL FOR SECOND INTERVIEW

Participant code:

Interview Protocol: **Research Inquiry into the lived experience of role transition of newly qualified nurses from student nurse to community service nurse in the Western Cape**

Researcher: Reinette Roziers (**Student of the Master of Science in Nursing degree**)

Date:

Time of interview:

Thank you for remaining in this study and for your consent to have the interviews recorded once again. This is our second and final interview which will be followed up by me visiting you in one month's time with a summary of your interviews. The interview should take no longer than forty-five minutes. Are you comfortable to still participate in the study? Would you like any of these refreshments before we start the interview? Do you have any questions before we start since the last time we have spoken?

Now we can start: I am really interested in finding out from you -

Question: Please describe your experience during the past month in adjusting to the new role of Community Service Nurse.

APPENDIX 4: APPLICATION LETTER TO HEI TO CONDUCT RESEARCH

Enquiries: 0827190123
021-6841334 (W)

220 Steytler Street
KRAAIFONTEIN
7570
19 January 2011

Mr D. Govin
The Head of College
Western Cape College of Nursing
Private Bag
Surwell
7762

Dear Sir

**REQUEST FOR PERMISSION TO UNDERTAKE A STUDY AT THE WESTERN CAPE
COLLEGE OF NURSING:
FOR MASTER OF SCIENCE IN NURSING (MINOR-DISSERTATION)**

I hereby request to undertake a qualitative study by interviewing eight final year nursing students to explore their experiences of role transition as novice qualified nurses within community service facilities in the Western Cape. Study participants who agree to participate voluntarily will be interviewed upon receipt of their community service placement. A synopsis of the study proposal is available from me upon request.

The study includes a briefing session with all final students after which they will be requested to complete a form with their contact details and to return this to me by internal mail. For this purpose I request your permission to place a clearly labelled post-box on the premises in the event that my request meets your favourable approval.

The research process will be conducted by adhering to ethical considerations under the supervision of Mrs U Kyriacos at the University of Cape Town (Contact telephone number: 021- 4066410). The study has the approval of the Faculty of Health Sciences Human Research Ethics Committee (FHS HREC REF: 601/2010) of the University of Cape Town.

Yours faithfully



Mrs R.L. Roziers
Chief Professional Nurse

APPENDIX 5: RESPONSE FROM HEI

From: Betty Rafferty
To: Roziers, Reinette
Date: 2011/02/01 11:14:17 AM
Subject: Request to do research

Hi Ms Rozier

your request was discussed at HOD and approval was given for you to continue with your process

Wish you well
BR

University of Cape Town

APPENDIX 6: RESPONSE FROM PROVINCIAL DEPARTMENT OF HEALTH

On Tue, Mar 1, 2011 at 7:35 AM, Health Research <Healthres@pgwc.gov.za>wrote:

> Dear Reinette

> Kindly see our response below which was mailed to you on the 04/02/11

> Kind Regards

> Carmen Sisam

>> Dear Reinette

> You do not require approval from us to do research at WCCN.

> You will need to apply directly to the facility for approval.

> Kind regards

> Carmen Sisam

> Mrs C. L. Sisam /Dr N. Peer

> Strategy & Health Support

> P.O. Box 2060

> Cape Town

> 8000

> Tel +27 21 483 9976/6858

> Fax +27 21 483 9895

> email:healthres@pgwc.gov.za

APPENDIX 7: REQUEST TO PROVINCIAL DEPARTMENT OF HEALTH RESEARCH COMMITTEE

Enquiries: 0827190123

021-6841334 (W)

220 Steytler Street
KRAAIFONTEIN
7570

20 January 2011

The Chair person
Western Cape Health Research Committee
Western Cape Department of Health
PO Box 2060
CAPE TOWN
8000

Dear Sir/Madam

REQUEST FOR APPROVAL FOR RESEARCH IN WESTERN CAPE DEPARTMENT OF HEALTH FACILITIES: Reinette Roziers, MSc (Nursing) Candidate, University of Cape Town

With reference to the document: PCWC Requirements for Research Proposals I attach the required annexures and supporting documents for your consideration.

Attached also find ethics approval form (REF: 601/2010) from the UCT Faculty of Health Sciences Human Research Ethics Committee (telephone number 021- 4066626).

Thank you for considering my research proposal.

Yours sincerely

REINETTE ROZIERIS
RN, RM, R Nurse Educator

APPENDIX 8: PARTICIPANTS' INFORMATION AND CONSENT FORM

Participant Code:

INFORMATION SHEET

A STUDY TO INVESTIGATE THE LIVED EXPERIENCE OF ROLE TRANSITION OF NEWLY QUALIFIED NURSES FROM STUDENT NURSE TO COMMUNITY SERVICE NURSE IN THE WESTERN CAPE

RESEARCHER'S DETAILS (Student: Master of Science in Nursing degree):

Mrs R. L. Roziers
Registered nurse
WESTERN CAPE COLLEGE OF NURSING
ATHLONE
7762
TEL: 021-684 1334

RESEARCH SUPERVISOR'S DETAILS:

Dr U. Kyriacos
UNIVERSITY OF CAPE TOWN
Division of Nursing & Midwifery
TEL: 021- 4066410

HUMAN RESEARCH ETHICS COMMITTEE DETAILS:

Faculty of Health Sciences
Room E52-24 Groote Schuur Hospital Old Main Building
OBSERVATORY
7925
TEL: 021-406 6626

Dear Successful Final Year Nursing Student

Following the information session, you completed a specific form giving me your personal details and indicating your interest in participating voluntarily in this study. Thank you for this. You have now been selected to participate in the study. The same information provided previously is repeated here.

Aim of the study: The aim of the study is to explore how newly qualified nurses experience the transition from student nurse to community service nurse in the Western Cape. Since you will be commencing the one year compulsory community nursing service I would like to invite you to join this research study but I must emphasize that participation is voluntary.

Background: Current knowledge of the experiences of community service nurses in the Western Cape is limited.

Research method: The researcher is the principal investigator in the study. Eight final year student nurses will be recruited to participate voluntarily in the study. Data will be collected by conducting four interviews over a period of three months with participants who consent to participate in the study. The first interview will take place two weeks after the selection of participants. The remaining three interviews will be conducted at the end of the first, second and third month of placement respectively. Interviews will be conducted in venues suitable for and preferred by the participant. Each interview will last at least forty-five minutes and will be digitally recorded using an electronic recording device by the researcher. You may choose a pseudonym to protect your identity although the researcher will allocate a code to protect your identity. Interviews will be marked according to the chosen pseudonym and code and recordings

will be stored in a secure drawer to which only the researcher has access to.

Possible risks or benefits

No risk is involved or anticipated by participating in this study. If it becomes apparent that you encounter any physical or mental harm from participating in the study or that you experience significant challenges, the researcher will arrange for appropriate referral with your consent to ICAS, which is the Employee Assistance Programme in the public health sector. There is also no direct benefit to, or financial incentive for you. However, the results of the study may inform nursing educational institutions and community service health facilities about the adequacy of the preparation and orientation system for newly qualified community service nurses.

Right of refusal to participate and withdrawal

You are free to choose to participate in the study or to refuse to participate without any loss of benefit which you are otherwise entitled to. You may also withdraw from the study at any time.

Ethical approval

The study has ethical approval from the Faculty of Health Sciences Human Research Ethics Committee (FHS HREC REF 601/2010). If you have any further questions you may contact the researcher directly or the researcher's supervisor, Mrs U Kyriacos, University of Cape Town, Division of Nursing & Midwifery at telephone number 021-4066410. You may also contact the Human Research Ethics Committee in case you want more information about your rights and welfare as research participants at telephone number 021- 4066626.

The researcher will adhere to the following ethical principles:

Autonomy: If you are willing to participate in the study you must give your written consent to participate. This includes consent for interviews to be digitally recorded and transcribed. Your consent will apply to the researcher using direct quotes from interviews in the final research report without revealing your identity. You may withdraw at any stage of the research inquiry. If you are interested in participating in this proposed research study, you are encouraged to post this leaflet with your contact number in the post-box on the College's premises, from where the researcher will collect it within one week from today's information session.

Confidentiality and anonymity: The researcher will refrain from breaching confidentiality by not publishing the names of either participant or the community service facility where the participant was placed during the research study. You can be assured that the researcher has exclusive access to a clearly labelled post-box ['Research: Mrs Roziers'] in which you will post the leaflet. The information provided by you will remain confidential. Nobody except the principal investigator will have access to it. The electronically recorded recordings will be stored in a lockable drawer to which only the researcher has access. However the data may be published in a peer-reviewed journal and elsewhere without giving your name or disclosing your identity or the identity of the community health facility where you were placed.

Non-maleficence: The anonymised recordings of interviews will be stored in a secured drawer as indicated above. In the discussions with the researcher's supervisor, participants' identities will not be revealed.

Beneficence: The researcher is not aware of any potential risks that participants might incur during participation in the study.

Justice: The researcher commits to honest and truthful presentation of the information in the final research report.

CONSENT TO PARTICIPATE IN RESEARCH STUDY

I(Full name & surname of participant) have read and understood the information about the research study and give my consent freely to participate in the abovementioned study being conducted by the researcher, Reinette Roziers. I am signing this consent form freely, with full knowledge of the nature, purpose and research methods to be employed. I am aware that I can withdraw at any point of the study without any repercussions.

Participant's Name and Signature:

Date:

Principal Investigator's Name and Signature:

Date:

Signature of Person Obtaining Consent:

Date:

University of Cape Town

APPENDIX 9.1: AUDIT TRAIL FOR PARTICIPANT A

Participant A audit trail (interview data of two interviews)

Units of meaning [The left column contains the transcription of Participant A and the right column contains the units of meaning].

“I” refer to the interviewer (the researcher was the interviewer)

“PA” refers to participant A. A pseudonym was chosen by the participant: Nancy, which appear in the transcript where the interviewer addressed the participant.

<p>I: Good morning and very welcome and basically thank you for... for participating in the study. Firstly ...uhm... as I explained in the information sheet this is our first interview and then it will be followed by three interviews. Basically at the end of your first placement again. Then at the end of your second placement and then again at the end of your third placement (participant’s cell phone rings). Silence. The interview uhh... we won’t be longer than 45 minutes I am basical... We won’t be longer than 45 minutes and uhm before we start... just are you... are you comfortable?</p> <p>PA: I’m comfortable thankyou.</p> <p>I: And uhm... you didn’t want any coffee, anything... now at this moment?</p> <p>PA: No, not at this moment thankyou.</p> <p>I: And do you have any questions about the recording before we start?</p> <p>PA: I’m perfectly with it (interviewer interrupts “... or the interview”) No, I’m perfectly fine with it.</p> <p>I: Okay, then uhm... we can start. I am basically very interested in finding out from you how do you feel about your preparedness for the role of com serve nurse. (Long silence). Yah, that’s the first [question].</p> <p>PA: At this... at this moment <u>I’m not quite well prepared yet.</u> Uhm...it has been a long time until now for starting to realize at this moment that you are actually going to step into this big position so so fast. I mean previously or while awaiting on this time to</p>	<p>1. She does not feel mentally prepared.[Ascribes this to not being prepared mentally by the lecturers, HOD of 4th years and the principal- see page 111 *]</p>
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happen things weren't like into place as it should have been, because we've been shut around and I mean we, we weren't even well prepared for this role to go out and to be like this professional nurse at the end of the day. They didn't prepare us mentally. Physically well yes, but I mean we have to take a big step and this big responsibility on us. And I think most of us is not well prepared for it yet. So in this time that that we still got left we must prepare ourselves mentally for being responsible uhm... in the wards now when we going to start. And at this moment we don't even know on which date we are going to start working yet. So... yah.

I: Yah...uhm...go... you can go on by telling me... uhm... you just told me now that you...you're not sure when you're starting (PA "...yes...") uhm... your, your com serv. So... uhm basically how do you feel then seeing that you don't know at this stage yet when you'll start...uhm? How do you feel, you must concentrate on that part on the feeling of of...uhm if they must tell you tomorrow then you must start will you be prepared? Is the feeling there you know? So, so think around that.

PA: Okay.

I: Is the feeling there that you are... apart from physically and mentally that you basically feel there's a shortage, there's a gap. But besides that do you feel do you feel you're preparedness to take this role on is is really there (PA "...Mmm"), you know. So if you can maybe elaborate just on that part about your personal readiness for that role.

PA: Personally I feel a bit confused at this moment. I know that I can do the job well because from 1st year I had a lot of exposure and I really did my best at that time. And, and, and at sometimes I do feel like it's, it's going to be too much for us to be thrown into into a ward and to take responsibility because we as I said we haven't, we wasn't uhm... uhm prepared mentally for this. And I do feel I personally for myself that I will be able to cope with whatever they had going to throw at me at that stage. But then again I do feel a bit uncertain on certain stuff again because this four year course was a bit cramped you know. You have to study and you have to do practica and you have to do a lotta things in four years' time. (Interviewer "...Mmm"). So I mean some of the knowledge must be be be touch[ed] on again. So this means that I need to take my books again and start the reading again and retrieve some

2. She thinks that most of the final year students are not well prepared for the role of CSN. [Slot in with not mentally prepared].

3. At this stage she feels confused. At some stages she is certain of herself and her abilities and at other times she doubts her abilities [= uncertainty].

(Ascribes this feeling to the four year course containing an abundance of theory and practica)

knowledge again. But I think the basics is [are] in place by by me and myself now personally, so I can't speak for everybody you know...but I am a bit scared, you know.

I: Yes, yes. I... I... I can... I can think so. Uhm...But when you say basics the basics that you uhh... uhh feel are in place?

PA: Yes, the basics I mean by that...

I: What... what?

PA: Knowing what is the normal limits of blood pressure, temperatures, uhh... Know how to do an interim in the recording patients files uhhm know my scope of practice... I mean that that kind of basics. So It is just the thing I just need to work on my IPS [interpersonal skills] again about... I'm going to be this immature little girl starting in a place in a ward where I'm going to be the manager and I need to to to touch on my IPS because I'm going to work with older people that are much older than me that have been there for many many more years and then I'm there to delegate them now on stuff so...Its going to be about I must think now... uhm... professionally and not about the age because the work has to be done in the end of the day. So that is a bit just the other part that is scaring me. How am I going to attack older people that have been there for many many more years...So... (silence) yah... But at this moment I feel a bit scared because its going to be a not a new environment. I'm just going to... I must just knew [know] how to take control of things and stuff like that. So ... ya... And I mean we have to prepare ourself for this. I mean where where's the lecturers and the mentors that should've been there for us now in this fourth year at this time. Nobody prepared us well for this... like for going out and say uhm... this is what people is going to expect of you and this is your help and you need to take in uhm. This is what you must do and this is what you can't do and so. I mean they've mentioned it from first year but I mean we haven't had uhh, uhh, uhh... a tool like on like okay this is now your final. You've, you've reached the end and this is what you are, this is what people are going to expect of you. We haven't had a session like that yet.

I: Mmm.

PA: I mean.

4. Although she thinks she possesses the basic skills she still feels scared about the anticipated role change.

5. Thinks she possesses the competence in basic nursing skills (such as measuring vital signs) and acknowledges her own shortcomings (Interpersonal skills; delegating to older people/more experienced staff).

6. The idea of delegating to older staff/more experienced staff contributes to her feeling of fear.[verbatim: "immature little girl"]

7. She is scared to think that she has to prepare herself for the anticipated challenge of the delegating function with the new qualification.

8. She feels that nobody prepared them well for the new role. (Her expectation was that the lecturers and mentors should have been preparing them for the expectations of the new role)

<p>I: Okay.</p> <p>PA: And I think we... we... <u>we weren't well prepared for this role.</u>*</p> <p>I: When you... when you now say you weren't well prepared...uhm... I would just like to know in that part what...what would you have expected about the preparation then for this role?</p> <p>PA: <u>I think they should have... I think they should have called us in and should have prepared us... uhm... like given us a thing, like telling us you're going to start at this time and that time there at a certain hospital and this is what is going to be expected from you. This is going to be your role in your community year and this is how you should carry yourself outside in the hospitals. Its not like that you don't know the ethics of... of nursing but I mean like prepared us well for this is the maturity level that you must uhm perform at.</u></p> <p>I: Mmm. Mmm.</p> <p>PA: I mean so they did not prepare us for that. <u>We have to mentally prepare ourselves now for that. And its making us a bit scared inside you know.</u></p> <p>I: Mmm.</p> <p>PA: Because we like I said there's people that have been there for many, many, many more years before us and some of them are ENAs [enrolled nursing assistants] and stuff and now we come a younger generation come there and must delegate them and we must now get to uhh... a understanding or use some kind of an approach that isn't going to offend them.</p> <p>I: Mmm.</p> <p>PA: Like they mos now oldschoool there they know the system, what's going you know. So I don't know...</p> <p>I: Yah.</p> <p>PA: They haven't prepared us for that now we must just now use our IPS and our management skills and ma work our way through that but I mean a little bit of insight from them would have helped us a lot.</p>	<p>[*Supporting Unit 8]</p> <p>9. The expectation was that the College role players should have explained to the fourth years what their expectations would be in their new role, that of being a Community Service nurse- Due to this not realizing she feels not well prepared [= no support].</p> <p>10. Scared for being self-reliant on preparing herself for the new role.</p>
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<p>I: Mmm.</p> <p>PA: Just to find our feet there.</p> <p>I: Mmm... uhm... With regard to you saying they should have prepared you and uhm I haven't heard when you say they (Participant "Mmm") you know who you're basically... who who'd you wanted to prepare you...</p> <p>PA: Uhm.</p> <p>I: Better for this role... of... of com serve nurse?</p> <p>PA: <u>I think it should have been the HOD of the 4th years or even our principal at college or our mentors in fourth year or our lecturers*</u>. They could have just call a meeting with us and tell us... uhm... make us at ease to reassure us this is going to what's going to be awaiting for you there and this is how you should carry yourself but none of that, that, that ever happened here, so...</p> <p>I: Mmm.</p> <p>PA: I mean... (Silence) [Looking now to the window's side].</p> <p>I: And how did that make...How does that make you feel?</p> <p>PA: <u>Scared... (laughing...) scared and vulnerable and don't know what to do.</u></p> <p>I: Mmm. Mmm.</p> <p>PA: It's not like we don't have knowledge or like I don't have knowledge, I mean...</p> <p>I: Mmm. Mmm.</p> <p>PA: It's...</p> <p>I: Yah...I think I'm going to rephrase that question as to how does that make you feel uhm that you didn't get that kind of preparation from the people that you expected to give you the... the... preparation. How does that make you feel?</p>	<p>[*data to support number 8]</p> <p>11. Due to receiving no support from the people she expected in preparing her for the new role, she feels scared, vulnerable and "don't know what to do" (uncertain).</p>
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PA: It makes me feel angry (voice louder) ... and... silence (looking out through window). I can't express myself now so 'lekke' in this English (laughing).

(Both participant and interviewer laugh)

I: Listen if ... if it is that you have to uhm change to to Afrikaans uhm you can do so. If there's times where you feel that you can't express yourself...

PA: Yah.

I: ...exactly the way you want to you can change to Afrikaans...

PA: Mmm.

I: ...and then fall back again to... to the language that we speaking but I mean uhm for that moment if you can't find the word I'm fine with that because I can always translate it at a later stage.

PA: Okay, thank you. (Soft laugh) *Ja, ekt net bietjie bietjie onsteld gevoel omdat ek dink management behoort daai in posisie te gehad het omdat hulle weet ons is soos ek gesê het ons is kinders, ons is vulnerable. En ons het daai bietjie rigting nodig gehad sodat ons net kan weet net hoe om vi ons te kan gedra daar. En ek dink management is 'n bietjie laidback op daai. Ek weet nie hoekom hulle dit... dit... dit ...dit so gemaak het nie en ek bedoel ons is nie die eerste span wat hulle uitgestuur het nie. En soos ek nou al gehoor het was hier vroeëre spanne gewees op Nico Malan self wat daai tipe rigting aanwysing gehad het. Hulle was mentally prepared gewees. Mense het vir hulle verseker dit is wat julle moet doen en vir hulle gereassure om vir hulle gemaklik te laat voel op die einde van die dag. Dit is wat julle daar gaan expect en dit is hoe vi julle vir julle moet dra. Hulle het even hulle nommers vir die student gegee om te sê... uhm as julle onwelkom voel of julle voel nie reg nie, julle is welkom om nog vir ons weer te uhm te kontak. Dit het nie met ons gebeur vanaf... vanaf ons hier begint het op Nico Malan nie... vir ons gese maar ons sal hier vir julle wees nie of daai reassurance gehad nie. En dit is wat vir ons nogal 'n bietjie ongelukkig maak, want hier moet ons vir onself groot maak.*

[Translated- Yes I just felt a little, a little unhappy because I think management was supposed to have

12. Anger towards the educational institution is evident resultant from her experience of feeling unsupported during this time.

13. She feels unhappy as a result of management's role in supporting them

that in position since they know like I have said that we are children, we are vulnerable. And we needed that little, little direction so that we can just know how to behave ourselves there. And I think management was a bit laidback on that. I don't know why they made it, it, it like that and I mean we are not the first group that they have sent out. And as I have heard here were previous teams at Nico Malan itself who received that type of guidance. They were mentally prepared. People assured them that that is what they must do and they gave them reassurance in order to let them feel comfortable at the end of the day. This is what you are going to expect there and this is how you must behave yourself. They even gave their numbers to the students to say... uhm if you feel unwelcome or you are not feeling right, you are welcome to still uhm contact us again. This did not happen with us since... since we have started here at Nico Malan... that we were told but we will be here for you or that we had that reassurance. And this is what actually made us a little unhappy, because here we have to raise ourselves.]

I: Mmm.

PA: Ons het heeltyd boek kennis gehad mos maar waar onself onself moet grootmaak mentally. Om te sê maar dit is die dinge wat ons daar gaan face in die wards in by die hospitale. [Translated- The whole time we had book knowledge but where we have to raise us ourselves ourselves mentally. To say but these are the things that we are going to face in the wards in at the hospitals]

I: Mmm. Okay as ek nou verder dink... en ek is bly jy noem alles [Translated- if I think farther now... and I'm glad that you mention everything] want you know everything must come out. How you feel and... and... and basically if you can summarize what the feelings... basically if you can just uhm give me at least an indication... I can easily assume from our conversation what you feel but I basically want you to tell me apart from the scared feeling, because you told me. That came out quite a... few times that feeling of being scared, that feeling of not uhh... feeling mentally well prepared. That came up quite a... uhm... uhm... uhm often in our discussion now. But if I can ask you to, to, to tell me more about other feelings that you feel about going out to the services because you've been the student. Now you're going to be... like you are being called the Community Service Nurse. You're

to get prepared for the new role. [Reflects on hear-say about earlier groups of students who did get support by receiving guidance about the new role expectations and being mentally prepared by their educators]

going to be that person within a few weeks' time. So how... that feelings if you can maybe just tell me more on...on the feelings part. You told scared, you told prepared so maybe we can put that aside and if there are any other feelings around going out ...uhm...that role of preparedness. Is there uhm... if I can maybe just give you one guidance, for example is there... do you feel confident enough, you know?

PA: Mmm...

I: ... that kind of thing. If... if you can maybe tell me more on... on... on...on that part. Feelings. And one of the feelings that I just give you a guidance now is the... do you feel confident enough? Do you feel uhm... anxious? Do you f ...you know... kinds of... that kind of things that go through your head with ... how you feel.

PA: Mmm. Like as I said prep... Before I feel a bit confused...

I: Confused?

PA: Mmm. I feel a bit confused. I am confident enough like I said I did my training at well well well hospitals and where I've been... uhm teach from lecturers and mentors that were well prepared to teach us at, at a certain level.

I: Mmm.

PA: And during my years of studying I did my... my studying at the best of my my...

I: ability?

PA: ...ability at that time, yes. So that's why I feel prepared and confident. So I never took my studies for granted, that's why. And so, I can't speak for everybody but I do [emphasis placed upon word] feel prepared and confident, but a bit anxious at the other ... at the other side as well, because I don't know what to expect there. Because at that time when I went to the hospital I've been a student. There were always uhm guidance for us there. Now I'm going there on my own. I need to know what to do whenever what is going to happen. So that is the part that is going to... that is the part that is making me anxious...

I: Mmm. Mmm.

14. She experiences mixed feelings: confusion although she has confidence at the same time when she thinks about assuming the new role [= uncertainty].

(Ascribes this to practical placement as a student in good hospitals and the lecturers and mentors who showed efficiency in teaching her)

15. She feels prepared and confident to assume the new role. (Ascribes this feeling to being a diligent student during her training and due to receiving good guidance from her mentors and lecturers and being placed in practical facilities that supported students well).

16. She experiences anxiety due to not knowing what to expect in the clinical areas.

PA: ... for... for knowing this is what you're going to do now on your own and you must take the responsibility for it...

I: Mmm.

PA: ... and I'm not scared for responsibility as well, just a bit anxious.

I: Mmm. Mmm. Okay. Thus far we've... we've touched on quite a few things. Uhm. Would you like to take a breather or are you still fine?

PA: Laughter. I am still fine, yes thank you. I'm actually now more relaxed.

I: I'm glad to hear that. Uhm. You also mentioned uhm with regard to this question that I asked you about how do you feel about your preparedness for the role of CSN... (participant interrupts)

PA: Does that take now in my... my accommodation and everything?

I: Everything. Uhm...you know I think you should... You should talk to me about everything that bothers you... and... and accommodation is maybe one of the things that could like you mentioned now ... that could also be...(participant starts speaking)

PA: That is also a stressor, that's why I'm asking you. But it is just this English that is troubling me around now, that's why...

I: Oh. (smiling)

PA: Laughing.

I: As I said... please ... please... please. Don't feel uhm... uhh... stressed about that. If you feel you can't express yourself I might continue in the English but I mean you don't have to continue. It's just that uhm if there are some places where you struggle with the English you can swop to Afrikaans.

PA: *Okay. Yah. Ons het baie gesukkel met akkommodasie. Ons is nog nie uitgesort met daai akkommodasie self by die hospitale nie want juis omdat ons nog nie eens weet wanneer ons gaan begin*

17. A bit anxious for the responsibility incumbent with assuming the new role.

18. Accommodation is a stressor for her [See P127] (because there was no clear communication from the College about definite commencement date for the Community Service. No support from the College in arranging accommodation for them).

werk nie. Op die bord is glo opgeplak vir die sewende en ons het die lecturer gaan vra vandag nog, even vanoggend vroeg. Vir ...uhm...ons het...uhm... (person's name mentioned) gaan vra . En toe vra ek vir (person's name mentioned) in dieselfde asem sy moet vir my sê nou dan by wanneer moet ons gaan werk, aangesien dit die sewende op die bord opgeplak is by verskillende hospitale. En toe sê sy vir my ek moet weer later terugkom na haar toe, maar ek bedoel sy het nie eers vir my clearance gegee maar hulle gaan die hospitale laat weet nie of sulke tipe goed nie. Daar's een student wat hulle alreeds gebel het wat nou die sesde of die sewende moet begin en hy het vir hulle gese hy het nog nie eens sy uitslae gekry nie en hulle moet hulle moet die die... die ...ag... die hostel se mense, die college mense, die HOD en maar by hulle vra wanneer ... Hulle moet maar 'n ander datum kies vir wanneer hy moet begin werk. En toe is hy nou daaroor ook geworry, maar ek bedoel ons moet ons eie akkommodasie uhm uhm uitsorteer. En ek bedoel dit is baie stress vir ons want van ons maak nou klaar. Ons maak... Ja van ons maak nou klaar [Translated- We struggled a lot with accommodation. We are not even sorted out with that accommodation itself at the hospitals yet especially since we do not know even yet when we are going to start working. Apparently it is placed on the [notice] board for the seventh and we did go ask the lecturer even today, early this morning and she told us that our results is only due on the eighth. We went to uhm... ask ___ (person's name mentioned). And on that I've asked her that she must tell me by when are we supposed to go and work since it has been placed on the board on the seventh at different hospitals. And then she told me I must come back later to her but I mean she hasn't given me clearance as to whether they are going to let the hospitals know or that kind of stuff. There's one student that they've phoned already that must start now the sixth or the seventh and he informed them that he hasn't even received his results yet and they must they must rather ask the the... the... ag... the hostel people, the college people, the HOD when... They must rather choose an alternative date for him to start working. And then he was worried about that as well now, but I mean we must uhm uhm sort out our own accommodation And I mean it is a lot of stress for us because some of us are completing now. We make... Yah, some of us are completing now] but we struggle mos now with accommodation because we don't have uhm money for advance to pay for uhm a place to rent yes... And now you need to do in advance an application for accommodation at a

certain hospital. And we could not do in advance uhm prep...preparation for accommodation at the hospitals because our dates were even published last week on the 21st. That was the first time when we knew that where... where we're going to work... that where we going... there where we were placed. But before then they didn't ... we had to struggle even for our placements to come out... to be placed on the board so that we can make arrangements.

I: Mmm.

PA: ... and it's going ... it's tough. We need to write letters to hospitals and people to telling us on telephones that we needed to book in advance for accommodation. So now we struggled with with accommodation problems as well. And I mean...

I: So so tell me uhm you say you struggled, so how does that [emphasis placed upon word] even make you feel because even that part with accommodation it's part of preparing to stay on your own and then basically after work go to your place.

PA: That...

I: How does that make you feel, the fact that you had to struggle with telephone calls in your preparation of becoming a com serve nurse?

PA: Yoh... it it did made us feel very angry because when we feel we feel it's a uhh... a management problem. They didn't manage this thing like they should have done it. I mean it is not our responsibility. It's our responsibility to look for accommodation, yes but I mean they didn't ca... give us stuff like in advance so that we could make uhh...uhm clear uhm preparations for our accommodation and now we sit with this. We must think now where are we going to get traveling money to... to our hospitals or are we going to get accommodation. Now we must phone around for... for people that is staying nearby the hospital until we get our...our... our... our yes or our no at this placement officers by the accommodation as well. And now you think of this you must still get new uniform and shoes and everything and at what time are you going to wake up. Are you going to be able to with all the stressors? And now you must be... be... uhm... prepared to be matured there at the hospital as well but now you have underlying stressors as well. And I mean it's getting at the point where it's going to

19. She feels angry towards the management that has not assisted them in their accommodation arrangements at the hospitals.

20. Additional stressors: new uniforms and shoes, being able to wake up in time to be on time for work.

get too much for us, where we going to feel so like... yoh is it really this that we want at the end of the day and how could it come to such a point where you must like prepare yourself now to be this matured people to ... I don't know I mean like... (silence) How can I express myself on this. *'Jy moet nou gaan om jou eie potjie te krap...'* [Translated- You must now go and find your own way...]

I: Mmm.

PA: ... *nadat... nadat jy nou klaar deur die struggle gekom het van soveel baie 'studies' deurgemaak het. En nou is daar nie eens 'n bietjie lig op die einde van die tonnel nie...* [Translated- ... after... after you came through the struggle of completing such a lot of studies. And now there isn't even a little light at the end of the tunnel]

I: Mmm.

PA: ... *waar jy nou kan geweet het ma jy weet nie waarnatoe is jy nou oppad nie, jy weet jy gaan nou so begin, jy weet jy't nie akkommodasie nie en jy weet jy gaan okay opstaan nie, jy gaan met 'n okay gemoed gaan werk nie. Veral nou wat ons nog so nuut is en ons was nie voorberei nie. Ek bedoel hulle kon at least daai vir ons gegee het om met ons se placements vir ons in advance te gegee het ...* [Translated- ... where as you could have known by now but you don't know where you're going to now, you know you're going to start this way, you know you don't have accommodation and you know that you're not going to wake up okay, you are not going to work with an okay feeling. Especially since we are so new and we were [emphasis placed upon "were"] not prepared. I mean they could at least have given us that to hand us our placements in advance ...]

I: Mmm.

PA: *Maar daai is ook nou een stressor wat vir ons 'n bietjie onder kry, want ons struggle nou op ons se eie vir akkommodasie...* [But this is also another stressor that gets us down, because we struggle on our own for accommodation...]

I: Wow... dit klink regtig asof dit rerigwaar vir julle bietjie regtigwaar kniehalter. [Translated- Wow... it really sounds as if it really affects you deeply.]

PA: ... *Omkant gevang Mrs Roziers, omkant regtig... dit was omkant gevang... Maar soos ek allie tyd maar my paadjie deur die lewe vat het ek maar nou ook vir my 'n blyplekkie gekry . So dis hoekom ek sê ek kan nie vir die anders praat nie, maar van dit wat ek al gehoor het struggle hulle baie erg... [Translated- ... Caught off-guard Mrs Roziers, off-guard really... it caught us off-guard... But like I always found my way through life I have found a place for me to stay. So that's why I say I can't speak for the others but from what I've heard already they struggle very hard...]*

I: Mmm.

PA: *Ek't net 'n bietjie beter afgekom.* [Translated- I just had it a little better]

I: Ja, ja... better resources and support...

PA: Yes, yes.

I: So, yes...yes... uhm. Even... even if I think back now to how far we talked through our discussion now you mentioned, which I actually had to notice was that you said ...uhm... this scope of practice you know uhm... and you know the scope of pr that you going to... to...to... uhm... have to to except now starting now with Community Service nurse... ehh Community Service nursing... that... that scope of practice uhm... Do you know what it entails? How does it make you feel?

PA: Mmm...

I: ... because you spoke about the scope of practice. I'm just catching back on... onto that one. So how do you feel about your preparedness for that scope of practice? You mentioned... I heard you saying you know how to do your blood pressure you know the normal limits...(silence) But just think for one minute and you can take your time when you think ... uhm. Do you think that the scope of practice of the community service nurse that you're going to be is, is, is, is all *that* taking blood pressure, uhm and yah, ensuring that everything goes well. Do you feel that... that preparedness for that? Because I think and I don't want to take the conversation over but I just want to give you clear guidance as to what I want to... to... to ask you here with this is that you know scope of practice is... is basically you know what that means.

PA: Mmm. Mmm. Mmm.

I: Okay... you mentioned about blood pressure taking, you know your normal limits, you know how to keep records and so forth but have do ... What do you think...

PA: Mmm.

I: ... does this scope of practice for you mean as a community nurse at this stage?

PA: At this stage is a bit... it's a bit hectic to accept because you know we were just like... uhm exposed to the little stuff that is happening in the wards. We weren't exposed a lot on the responsibility really of being a manager. We were just placed in that wards for that for five weeks and I mean the responsibility is so huge for us now when we get there because of the the shortage of nursing staff as well. So we as managers is not just going to like manage files and budgets and auditing and that. We have to put in hands where where's it going to be needed like full... helping patients with full washes and helping with feeding despite your responsibility of management as well and we haven't [been] prepared on regulations like fully prepared.* Uhm... We know the regulations is there 2598, R387 stuff. We just know the the ... the subjects and the numbers but what it entails we don't know the whole detail of that kind of stuff. So I mean if management or whoever can try to to put it somewhere into the programme like even for a month after you finished just to like touch on the knowledge into that regulations and stuff. So that you know this what you're going to deal with at the end of the day. Even there by in Psychiatry where we've studied now where you make applications in the Mental Health Care Act. I mean [emphasis on "mean"] that thing is so interested but they, I mean I know the... the the course is very crumbed but I mean if they can like on the the legal aspects of this stuff just to give more knowledge for the students on that. It's going to help us a lot... especially when we after this study years of going in to Community nursing. I mean if that preparation is is going to be there it's going to be very very very helpful for us.

I: Mmm. Mmm.

PA: Because, yah we just know the Nursing Act is there

[*Supporting Unit 3- uncertainty: about her knowledge of regulations, not well prepared during training course]

but what does it entail. The R387 is there but what does it entail? What does it really [emphasis placed upon word] mean to you?

I: Mmm.

PA: So I was... I feel like this studying or the knowledge is going to be created now when we must first step into the wards now.

I: Mmm.

PA: Only... and I mean it's going to be hard [emphasis placed upon word] for us.

I: Mmm.

PA: There're going to be policies and everything but I mean we have to go take it out by ourselves and read through the stuff and get us *ma* now self educated...

I: Mmm.

PA: ... while I mean the four year course have been there to educate ourselves. They must not just study it by or teaching us this is the normal limits and stuff. They must concentrate on the ward aspects as well.

I: Mmm. Mmm.

PA: I mean...

I: Okay... Mmm... Like you now said they must concentrate on the ward aspects uhm to prepare you... for your role...

PA: ... to prepare us for our role, yes...

I: ... then what kind of ward aspects, apart from the policies and the r... the regulations that you mentioned or is it only the regulations and the policies that you feel is important as part of ward aspects or would you like to tell me more about ward aspects that you just mentioned now, other than that falls under ward aspects for you.

PA: They should like have role-play more. What is going to happen in the wards when we're going to get there and they should expose us more to to that kind of things but I think the legal aspects is very important

Mrs Roziers (noice in the background...) because patients they do know their rights nowadays and we have to be advocates for them as well... And we're going to deal with difficult patients there and with difficult staff. And I mean for us by knowing our rights is very important as well. So that we just don't do things in a certain way where a certain person wants it without us knowing what our rights is as well.

I: Mmm.

PA: So that's why I'm saying it's very important for us to know our rights as well and to know under what legal circumstances we must work...

I: Mmm.

PA: To say but this is this and this is how it should be and not the way you wanted it. People *mos* going around the point at the end of the day.

I: Mmm.

PA: And then you because of you not know your rights you just going to do what they are telling you, I mean, so... that is the other thing.(Silence)

I: Okay. Mmm.

PA: And we don't know how to deal with difficult doctors* as well. So I don't know. They *mos* expect you just to put on a drip and draw blood here and do that there. And we haven't had that exposure with doctors as well and that is also a bit scary.

I: That ...

PA: And yes... and uhm... if we would have know our rights and that would have been easier for us to tell the doctor but this is the way it is supposed to be and ...

I: Uhh.

PA: ... we are just doing you a favour now by doing this and that and you know this is the right way and that is the right way. And I think people will have more respect for one another if they know their rights.

I: Mmm. Mmm.

[* Supporting unit 3: uncertainty- skill to deal with "difficult doctors"]

21. She feels scared for anticipating how to deal with difficult doctors.

PA: But... I don't know the respect is out of the doors there by the ward.*

I: Is it?

PA: Yes Mrs Roziers.

I: Is that what you've experienced during the four years?

PA: Oh yes. The respect is out of the door. There's no more confidentiality between patient and nurse. And not even between nurse and nurse.

I: Mmm. Mmm.

PA: It's out... it's out. They talk to you as if you are nothing even while you are students there and the gossiping that is going around there. They don't have respect for one another not even for the patients as well.*

I: So to ... to come back now to the part of your preparedness again for this role that you're going to be in a few wee... I'm going to say a few weeks' time...

PA: ... Or it is a few days ... yooh!

I: So I'm still gonna stick to few weeks' time uhm do you feel... How do you feel about being prepared to deal with that that you just mentioned now... that... that respect is out by the door? How are you... How do you feel about your preparedness to deal with that then as being a com serve nurse? Because although you're not the registered nurse yet you will act in the capacity as a com serve nurse, which is which is much uhm... more responsibilities than you were... as you... while you were a student.

P1: Mmm.

I: How do you feel about your preparedness with that... uhm... respect is out of the door...?

PA: At this moment, like I said, uhm I'm really feeling a bit scared and anxious and confused and vulnerable. But like from from the exam time I have time I had time to prepare myself mentally on this. So, I mean I knew all of that is *mos* now out of the door, the

*perception of health care environment (staff's attitude) during student yrs

*add to above-listed: just to take note-perception during student yrs

22. Feels scared, anxious, confused and vulnerable. [uncertainty]

respect and all that. And I told myself I just need to take my books again uhm to go through the knowledge and stuff again and read through my regulations and stuff. Just to get myself well prepared. So that I can be prepared for what is ever going to come my way. This is how I prepared myself like mentally (noise outside...) and it is a bit frustrating by knowing there were people that... that... there are people that can like lead us into the role to be prepared at the end of the day but none of them did nothing for for for prepar... preparation for us to go there. So yah... it ... it... it's taking a lot of us and it's draining you as a person as well and there you must go and care for another person that needs you who you care a person that you must go advocate for and so... And I mean it's a lot for us...

I: Mmm.

PA: ... coming from scratch that must go be in a management position.

I: Mmm. Mmm. The other uhm... thing that I want to touch on is you mentioned you also feeling vulnerable (silence) in your preparedness for this role. If you can maybe tell me explain to me what you mean with that... that feeling vulnerable. What... what ... if you can flesh out that WORD in in feelings... What what does it mean?

PA: Like a bit...uhm... I can say it's a bit lack of knowledge because of the crumbness and by... they not uhm the lecturers not touching the regula... the regulations as it should be and by not knowing our rights as nurses as well. And I mean they should prepare us for the ward and for the basics I think. The basics is mos now your IP skills, knowing the normal limits, know what to do when a patient goes into a... uhm... a cardiac arrest uhm... I mean that kind of basic stuff. The other stuff you will mature in eventually when you there. But I mean (silence) in that...

I: Okay. Mmm.

PA:... That's what I mean by... by being vulnerable.*

I: Okay. I hope you're still comfortable.

PA: Yes, thank you very much.

I: And that... and that you're also still relaxed.

23. Drew on her own strategy to prepare herself mentally- will be doing revision of knowledge learned.

24. Feels frustrated to know that there were people who could have supported them in preparing for the new role, but did not do so [nuance of disappointment (covertly)= tone of voice]

25. The word "vulnerable" that she uses refers to her perceiving herself as having a lack of knowledge on certain aspects that was taught over the four years

(Specific reference made to limited understanding of legislative aspects of nursing). [Link with Unit 3]

[* Supporting unit 25]

PA: Mmm.

I: Good. Uhm. The second question I'd like to know or that I'm interested in finding out from you is **what are your thoughts at this stage about your role of Community Service Nurse? You told me firstly when we started about your feelings. Now the second part of our interview is more focused on your thoughts about your preparedness for being a Community uhm Service nurse.**

PA: I... at this moment I think it is a bit hectic to think about what's awaiting there for me at the wards. And I think also that as I said management did not prepared us well for this role. So it is it's a battle in my mind about I need to go and defend myself, I need to go and do what is right even without being prepared for it. So yah, I hope in future that management is going to prepare the students very well for this role that they need to go and do. And to be professional there at the end of the day because I mean at this moment I ... I was very ... I am still very vulnerable about thinking going there thrown into... thrown there by the deep fishes, by the... by the sharks as they say. I feel like a tuna fish now.

I: Laugh... If you saying a tuna fish, so... so...uhh...what does that represent then for you ?

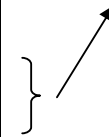
PA: I mean from student being immediately matured professional*. That ... that... that is what I'm referring to. And I mean management didn't prepared us very well for that role* to accept our responsibility there. We do know what its... it's... it's what they long from us but I mean just that reassurance and that little bit extra help from management would've been a great help for us. But ... yah...

I: You're saying... I like what you said here about it's a battle in... in your mind. So tell me about that battle. What... what is going on here if you saying a battle in my... in your mind?

PA: Because I'm thinking about at stages where I'm free then this thing gets to me again. You're going to be a community sister now. You have to be in charge. You have to be uhm Jy moet needrig wees teenoor mense. Jy gaan met mense werk wat ouer as jy is. It's a battle van ken jy jou regte...uhm... Is jy sterk genoeg om op jou eie voete te staan. Gaan jy uhm... difficult

26. When she thinks about the reality of the clinical areas, she feels scared ["a bit hectic...; a battle in my mind..."] because she anticipates that she will have to defend herself in practicing good standards of nursing in new role.

27. She feels scared to start in the new role, being not well prepared, and to immediately assume the role of a matured professional ("...thrown there by the deep fishes, by the sharks... feel like a tuna fish")



situations kan handle in 'n prospective vir dit waar jy professional gaan wees waar jy nie jou ethics kan verloor nie sulke tipe goed, want jy gaan met difficult mense en situations te doenig kom. En ek bedoel ons meeste van ons het tog net gestudy om te slaag op die einde van die dag of om uit ons se omstandighe uit te kom waar management ook nie vir ons gelaat fokus het nie... uhm. Hulle mould ons nie meer as student hoe gaan jy moet wees op die einde van die dag as 'n professional nie. Hulle gee ook net die load of work. Dit is wat julle moet study, dis julle outcomes, gaan aan en op die einde van die dag druk jy net deur om te kan slaag... dan vergeet jy dit is die ethics, dit is die regulations, dit is die role dit is die tipe ding waarop jy rêrig moet konsentreer... [Tranlated- You must be humble towards people. You are going to work with people who are older than you. It's a battle of do you know your rights...uhm... Are you strong enough to stand on your own feet?*Will you uhm be able to... manage difficult situations in such a prospective to stay professional not to lose your ethics and that kind of things, because you will get to deal with difficult people and situations. And I mean most of us have just studied to pass at the end of the day to escape from our circumstances where management also have not allowed us to focus... uhm. They do not mould us as a student anymore like how you should be at the end of the day as a professional. They just give the load of work. This is what you must study, this is your outcomes, go on and at the end of the day you just push through to pass... then you forget this is the ethics, this is the regulations, this is the role this is the type of thing on which you must really concentrate...]

I: Mmm. Mmm.

PA: En ek dink en die oortollige, die grootheid van die klasse is ook 'n ding wat 'n 'n probleem skep op die einde van die dag want dan word daar nie genoeg aandag gefokus op... om 'n professionele mens daarbuite te kry nie. Is nou net jy kom study en ek weet nou nie maar dis hoe ek nou praat of dis hoe ek die ding kan sien in perspective in. Dit gaan nou net oor die intake van geld en sulke tipe goed. Nie meer om 'n professional daarbuite te kry nie... (Translated- And I think and the excess, the large classes is another thing that creates a a problem at the end of the day because then the focus gets lost to ensure there's enough attention to get a professional person out there. It's just now you come to a study and I don't know but I'm just saying it this is how I see the thing in

[*Support unit 3]

perspective. It's just now about the intake of money and that kind of things. Not anymore about getting a professional out there...]

I: Okay.

PA: *En hoe om vir jou te gedra daarbuite nie in die... in die hospital setting self nie. Hulle sal net vir jou sê dis die basics, dis wat jy moet weet. Dit gaan hard [beklemtoon word] wees daar buite and that's it!*
[Tranlated- And not about how to behave yourself out there in the... in the hospital setting itself. They will just tell you this is the basics, this is what you must know. It's going to be tough [emphasis placed upon word] out there and that's it!]

I: Mmm.

PA: *Maar hulle reassure nie vir jou dis hoe jy vir jou moet carry nie. Dit is jou grounds waarop jy kan staan nie dit is wat jou regulations vir jou sê nie. Hulle sal net sê as jy opgemors het jy gaan rooi mat loop by SANC en dis al. Ons weet nie wat is die rooi mat nie en ons is nou al klaar bang vir die rooi mat wat wag. En nou moet ons ook maar nou net in ons se spoortjies trap want ons is mos nou bang, verstaan Mrs Roziers, ek weet nie... [Translated- But they don't reassure you with regard to this is the way that you must carry yourself. These are your grounds that you can stand upon this is what your regulations tell you. They will just say when you have made a mistake you will walk red carpet at SANC and that's it. We don't know what that red carpet is but we are already scared of that red carpet that awaits us. And now we have to be walking extra careful in our little tracks because we are already scared now, understand Mrs Roziers, I don't know...]*

I: Okay. Mmm... So, so your thoughts if I have to then say just listening to you that's... that then once again it's its ... you still feeling scared and that also then affects your mind of being scared for that role?

PA: Yes... and at the end of the day you are going to be so scared because when doctors come to you that they need some consent or witness to consent you don't know must you really sign it now or even if you know you haven't been there in that interview where the... the doctor explained to the patient that this and this is going to happen and the doctor just coming and showing you a paper sister please sign here, and then, I mean especially if it's going to be an emergency uhm...

28. Due to the limited knowledge with regard to legislative aspects, she anticipates fear for performing certain tasks (like signing consent). [Link with Unit 3].

silence... *Ja... Dit maak mens bietjie bang om te dink.*
[Translated- Yah... It's scaring you a little to think] It's really a bit scary, because I mean . We really vulnerable at this stage ... and...

I: Okay now, if... if... Once again now the thoughts hey thoughts thoughts think about it think about it, like you say it's constantly on your mind. Now if it's so constantly on your mind then what do you think about. Seeing that it... you know you're gonna be a community service nurse. Constantly on your mind so what comes up then, because those are the thoughts.

PA: Mmm. What comes to my mind is how am I going to carry myself there when I get to the ward... And how must I put uhm my stressors at home, leave it at home and the stressors at work leave it at work. And how must I deal with that as a person , as a student [emphasis placed upon words], coming from being a student now into this big world. And I mean it's lot of... of... of... of struggling and battling in yourself like... Then you must go back and think to yourself this is what I want to be and this is how I want to carry myself out there. And as... as I said I we as... as students like going into Community role nursing... being there... we can't change immediately the hospital setting or the ward setting that is going... that is happening there. Even though we know confidentiality isn't taking place, even if we know advocating for patients isn't taking place. And that is also things that makes us scared because we don't know how to talk where we go, where we must start ... that hierarchy of needs or this people that is in the higher positions. They didn't even prepared us for this is the way that you must... here's the level of... of... of communication that you must. You start there and then you end up there. We don't even know as well. And it's also making us scared because we don't know can we talk about something that is... that is wrong there...

I: Mmm. Mmm. Mmm.

PA: ... and how is people going to... to see us at the other end. They're going to give us hard [emphasis placed upon word] times there in the ward, because now you want to come here and you want to come be clever or you want to come change things here now.

I: Mmm... Now these hard times that you now already mentioned, what if you must tell me about that?

29. She feels scared for thinking that they will start in their new role, fully aware that they won't be able to change current negative practices in the hospital ["struggling and battling in yourself"].

30. Scared for the not knowing at this stage how the communication in the hospital will occur in the event of encountering negative practices [See P143* supporting evidence for negative practices]

<p>PA: It's just all this that is going through... through my mind.</p> <p>I: Is there anything specifically that you can link with hard times?</p> <p>PA: Yah, <u>like by being student at that time when we get to the hospitals you know... nurses are still Sarah Gamping. They... when you come there...*</u></p> <p>I: What does that mean?</p> <p>PA: It means that they... <u>they don't do the thing as they should should do it...*</u></p> <p>I: Oh, okay. Mmm.</p> <p>PA: ... <u>like taking temperature for three minutes. They do it just in and out and they put in a number there... and even with the blood pressure if they must go manually they don't even hear *uhm.</u></p> <p>I: ...sound?</p> <p>PA: Sound. Or they just look at you then they estimate you you are 120/60. Now I mean we have to advocate for that kind of patients now against that Sarah Gamp nurses. <u>And we are SCARED because they are going to victimize us at the end of the day.</u> They going ... This is what we saw there to tell the whole other staff but this one is... wants to keep her clever now or whatever or she wants to bring in her book knowledge now here and as they know they have been doing it for how many years on that side like that... And...</p> <p>I: So with that you're thoughts there if I may just clarify... is that... your thoughts are how are you going to deal? Is that so or what do you mean?</p> <p>PA: Yes [emphasis placed upon word]. What do you do in a situation like that? When it's your turn now to advocate for your patient, How?</p> <p>I: Mmm.</p> <p>PA: With who? With what? You're scared, you're vulnerable, you don't know really what to do. Because then at the end of the day you also don't want to be hate there. Because you're going to ... that is your</p>	<p>[*Link with her perception of unethical practice observed during student years- negative perception of health care environment (staff's attitude)]</p> <p>[*Link with her perception of unethical practice observed during student years- negative perception of health care environment (staff's attitude)]</p> <p>31. She already fears victimization in the event of reporting negative practices by other nurses once she commences in the new role and identifying unethical practices. At the same time she is scared of adopting the culture of substandard practices that might be a normal practice in her ward of placement</p>
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second home at the end of the day from from home.

I: Mmm.

PA: So that is also another thing.

I: So yah, you said now it's your second home you thinking about when you're actually going to be a community service nurse that where you're placed will be your second home away from home. And I'm just summarizing what you've said now is that you don't want to be hated in that place.

PA: Yah, or feel uncomfortable...

I: Okay, or feel uncomfortable. So, so...

PA: Knowing the wrong is happening there underneath your eyes and you can't say anything because you're scared of saying anything*.

[*Support unit 31]

I: Mmm. Mmm. So your thoughts about that [emphasis on "that"] preparedness for for taking on uhh uhm... being in your second home and being uncomfortable there because of your advocacy...

PA: Yes.

I: ... how does that make you think in your mind, how you're gonna... gonna? How does that make you think?

PA: It drives me crazy at certain times but that... that...that's why I said where it comes to the point where the lecturers or the mentors should have prepared us mentally for that. Now we... now I have to deal with that on my own, because now I have to find out on my own where does the... the communication level starts, where do I end up. And by knowing my rights this is where I have to go and stuff. But at the end of the day of the day people don't like to do the right thing when they knew there's a way around the wrong thing or how do I put it?

I: Mmm.

PA: And now I came there now they have to be on their toes again because I want to do the right thing at the end of the day.

32. "drives me crazy" = a notion of frustration, when she realizes that there were people that could have prepared them but have not done so. She must now depend on herself for preparation for the new role being fully aware of the harsh realities in the workplace.

I: Mmm.

PA: So, and it's going to be a battle for me I know and that's why it's making me scared*.

[*Support Units 30 and 31]

I: Is it?

PA: Yes.

I: I'm sure it's a normal feeling. I'm sure everybody when they normally start with with going into a new role they... it's, it's a normal phase.

PA: But I'm scared I'm going... I'm going to stagnate with them into that mentality of doing the things around the right thing*.

[* Link with number 31]

I: Mmm.

PA: You know, at the end of the day we are there to like cure people as they come in at a much of... *hoe kan ek sê op 'n geskikte tyd soos wat hulle ingekom het moet hulle op 'n sekere tyd uit. Nie dat jy vir hulle moet uitforseer nie, maar op 'n regte basis. Hulle moet regge... holistically gecare word voordat hulle uitgaan. Hulle moenie voel maar dit was nou 'n terrible experience hier in die _____ (hospital) nie of sulke tipe goed nie. Ek weet ons is nou wel 'n shortage of staff there but I mean people have to give their best at what they do. [Translated- ... how can I say as they came in at an appropriate time so they need to go out at an appropriate time. Not that you should force them out, but on a right basis. They must be cared for right... holistically before they go out. They mustn't feel that this was now a terrible experience here in _____ (hospital's name) or stuff like that. I know we are indeed a shortage of staff here but I mean people have to give their best at what they do.]*

I: Yah.

PA: Silence... (very softly) I don't know...

I: And do you think that uhm that you're your training over this four years uhm coming now to the end of your training... Do you think that you feel and think that you will be able to cope being this community service nurse. I know it's still strange because you will still start with this role. But at this stage... silence. What, what goes in your mind... What goes on in your

mind around that capability, that that other feelings of yah you will be able to manage? What... What... What's going on here (showing with my fingers to my head)?

PA: It's funny that you should ask that. Just the other day I was like sitting with that and battling with that in my mind. I thought to myself at certain times I feel ready and well prepared and then at another stage I'm not... I'm feeling down. That I'm not prepared anymore then I'm scared for what is awaiting for myself and I ask myself is this really what I want to do at the end of the day.

I: Mmm.

PA: Just because of knowing what is happening there what is waiting there for me.

I: Mmm.

PA: And then at another time I have to prepare myself by thinking you've come this far. You've finished your studies now, try to make it work for yourself.

I: Mmm. Mmm.

PA: And then I have to like get myself into perspective again and mould myself around that feeling now. You've studied. You need this kind of money now to do the best of your ability and just do the right thing and you will be out of trouble. Even if people is going to hate you at the end of the day. And that is what make me calm and do like put that battlefield out of my mind.

I: Coming back to the part where you said this is going to be your second home from home. This working place of yours or where you will be placed uhm... Do you... do you feel prepared for that part even... of becoming part of a... a team. How's... How do feel regarding your preparedness of becoming part of a team or becoming part of a new kind of people that you're going to be working with?

PA: I know it's going to be uhh a challenge for me. I feel a bit uncomfortable for that thought as well but at the end of the day I thought to myself. I mean most of the time I'm going to spend at the hospital and the other end at home. So we have to make it warm and friendly at the workplace as well and reach an

33. Self-adopted strategy to calm her mind when she starts thinking of practicing in her new role.

understanding where people can understand one another. To know okay this is how you present yourself, this is your character and this is who you are. And even when while you're working on weekends by like try to prepare uhh... uhh... a lunch meeting for the staff at certain times. One is *mos* now going the first half and then the others the other team the other half but just like for... for instance on a Sunday that there should have been a lunch...

I: Mmm. Mmm.

PA: Just to make it comfortable and warm for one another. So that we can feel like we can trust one another there you know.

I: Mmm. Mmm.

PA: Stuff like that.

I: We're almost, almost done. I know you're tired by this stage but I think the last question and the ending of uhh... It's not a written question it's just something that popped up while we were talking now is uhm uhm My last question would be... uhm. Do you see yourself... I should not actually ask do you see yourself, but uhm... are you... Are you geared real... are you geared, like people would say, for this race that's gonna start for you?

PA: At this moment uhm... previously, a few weeks ago I wouldn't have said yes, but I've reached this maturity level in my mind now to think like whatever you've got with you now take it with you along. As you go you will be fully prepared. So, like I don't know. You aren't prepared until you are in this thing at the end of the day. This is how I feel.

I: And just a last one I think is that you know uhm with with with everything that we've talked now... uhm... I, I didn't hear once ... And it's not leading you at all. It's just uhm... I didn't hear anything about excitement. So, does that mean that none of the forthcoming ... uhm... change in the role, that none of that is exciting is... or is there a part, just please tell me about that.

PA: They... (smile) management took that excitement away from us. (Laughing). We, at a certain time where we were students like knowing coming through the end, uhm... we were [emphasis placed upon word]

34. She admits that she would not have affirmed to feel prepared for the new role prior to this interview, but that she reached a level of mental maturity to face the reality of the new anticipating role with positivism (= confidence in the tone of voice, speaks without hesitation).

excited* at a certain stage, but then we struggled with our placements. We struggled with exam results and through that travelling it took the excitement away from us. I mean... even we had that [emphasis placed upon word] this little bit excitement, but even that is gone now*.

I: Mmm.

PA: Even if we know going to earn money now you don't even feel like you gonna earn money or you don't even feel like happy you going to earn money...

I: Wow.

PA: That is... They took that excitement away [emphasis placed upon word] *from us. I don't know, maybe at our first paycheck we will feel the excitement again but at this moment we feel so dead because of this unpreparedness for going into this role now.

I: Okay Nancy. I just want to say you said "we're feeling not so excited..."

PA: I'm speaking on behalf of the other students now as well, as we.

I: Yah...so, so does that mean that you've actually... uhm... sat together as a group where you basically...

PA: Yes. We sat a lot together and then we we talked about this unhappiness and this uncomfortableness and the thing about how we're going to carry ourselves and about what management done and what they still could have done and how can they like... uhm better themselves for... for future students and stuff like that. So yah. Here at the hostel rooms we like sitting each one another's rooms and we gathering there and having coffee and talk about this stuff.

I: Okay. Mmm. Mmm. So it's actually a mutual feeling then?

PA: It's a mutual feeling. Yes, yes.

I: Okay. And for yourself [emphasis placed upon word] even that mutual feeling doesn't even change your personal feeling about being excited going to have a salary at some stage?

PA: No, just... just... for me it's more about

[* Support Unit 35]

35. She feels deprived of anticipated feelings of pride and excitement principally due to her experience of a lack of support from the College in preparing her for the new role (See also P135*).

independency at this moment. So yah, I was [emphasis placed upon word] a bit excited because I'm going to be independent, but I mean we haven't been well prepared for a community role nurse.

I: Mmm.

PA: I mean I wanted to feel proud* of going to be a community sister at the end of the day. And I know how to treat elderly people and young people and any kind of people but they took that view away from us. We just now seeing anyth... all of this in a nutshell. I mean because of the stressors we are having. If we didn't had the stress I mean we would have talked about excitement, about what kind of nurse you gonna be there in the community, you want to help the people and stuff like that. But yah.

[* Support Unit 35]

I: Hey, can you believe it it's twelve o' clock. We've basically gone a bit over our time. But thank you so much. I think we've learnt quite a lot, both you and I.

PA: Yes, I did.

I: Thank you for that. Uhm... and the next... if, if there are any questions that you want to ask me now, you are welcome to do so. Anything that bothers you with regards to the interview or the things that you said.

PA: Uhm. Nothing actually bothered me, just this English that is taking me so away.

(Laughter, both interviewer and participant)

PA: And I wanted to express myself more in Afrikaans but I know mos now this English is a... is a what... a national language that we must talk. I am [emphasis placed upon word] quite capable of talking English but I mean when I want to express myself I want to talk the whole truth.

I: No, but then I suggest that you do speak in Afrikaans and express you at that, that time and then basically If you can switch back again that would also be ok... okay because then we both see how you grown in, in, in a second language as well. So yes thank you for that. So I'm gonna stop this now. And we'll meet again then when uhm... you have been placed at least for one month in the community service facility where you gonna work, and we will have then our second meeting again, okay?

PA: Okay.

I: Thank you very much.

PA: Thank you.

INTERVIEW 2 with Participant A (Nancy).

PA= Participant A; I = Interviewer

Venue: Researcher's car in parking area at PA's placement hospital

I: Welcome Nancy uhm today to our interview, our second interview and thank you for remaining in this study. Firstly, thank you so much.

PA: Pleasure.

I: Today our interview can again be forty five minutes but if you want to have things that are more, that are needed to say, we can have it for longer? Are you comfortable?

PA: I'm very comfortable, yes thank you.

I: Do you have any questions before we start?

PA: No question.

I: No questions. In that case I think we will start then. And I'm very interested in finding out from you, can describe to me the experience that you had within this past month in adjusting to the new role of community service nurse?

PA: From day one?

I: From day one. If I can put it flat out to you. What was it like [emphasis placed upon word] for you? What was it like in this past month to be this community service nurse? You know being a student all these years. Now what is it now like being this

community service nurse and yah, from day one?

PA: Okay. Uhm from day one. Ooh! Day one was not a good day at all for me.

I: How so?

PA: Because we started on the first of August here. We were about six into ____ (hospital's name) new CSP [means Community Service Practitioner] student. They call us CSP students here for community service practitioner.

I: Oh.

PA: Yah.

I: Okay.

PA: Now we have been called CSP's.

I: My my. Mmm.

PA: And the first week was set out by them, according for who uhm orientation. Uhm the Monday started, they we met here at half past six and say quarter to seven, seven o'clock, pass seven the matron came, Mrs ____ (surname). And they prepared some tea for us, so we had tea that morning. And after that we we started with the orientation programme. And after tea, the programme started and we went to tea at half past ten. After tea when we came back, something came up, Mrs ____ (surname) called us in for me and another two CSP new uhm community sisters. And I was like asking her was it bad news or is good news. So she told me it is bad news. And immediately I got upset a bit.

I: Mmm. Mmm.

PA: And she took us into another room, away from the other newly started people that were.....

I: So you were all CSP's that started that day?

PA: No, there were clerks and all those other

36. She did not have a good day on her first day. (The reason was described in detail, but basically referred to the fact that she had been informed on her first day during orientation that she had to leave the hospital because there was no contract for her. She had to investigate the matter and started the investigation at the educational institution, which she perceived did not handle the matter in a good way- see P145*).

37. She got upset when she was informed that bad news awaited her.

disciplines as well. Yes.

I: Okay, okay. So you were three CSP's that started that Monday. Am I right?

PA: Not only three. We were more than three but they only took, three of us away...

I: Okay.

PA: ...from from that meeting that we, just before the quality assurance introduction.

I: Okay.

PA: And so we went into that room, that private room and she said uhm our contracts hasn't been send here to _____ (hospital's name). And she asked us did we passed our subjects. There's nothing for us here but I, me was on the previous list but the newly list that was sended to them, my name wasn't on there.* There were only three students name on there. Three or four, I'm not quite sure. And I told her I passed the first time and I asked them even on the day be, on the day before the exam results and stuff or a few days before that, I asked them uhm just make sure if everything is okay here on the computer. Make sure that I owe you nothing [emphasis placed upon word].

I: Who did you ask?

PA: The the fourth year uhm...

I: Clerk.

PA: The fourth year clerk....

I: Okay, okay.

PA: ... And so she checked on the computer and she asked me is my surname _____ (different surname to participant's). So I told her no, I am _____ (participant's surname). So said, so I asked her what is then wrong. So she told me, oh so you not _____ (different surname to participant's). If you were _____ (different surname to participant's) you owe us hours. So I said no I'm not

[*Support Unit 36]

___ (different surname to participant's) and I know ___ (different surname to participant's) she's my friend and she's on maternity leave. I am ___ (participant's surname) and so she checked for me and she said no you owe nothing. I paid my SANC fees and got my receipt and all that. But anyway to get back to that point on day one, she told me there's nothing that she can do. Here's no contract for me, here's nothing and we have to leave.

I: Oh my word.

PA: And I was so upset! So I asked her, personally what do you think I would do now. And she said, personally she think that I should go back to the college and go find out what's going on there or go to Head Office. I was so cross and I felt like going straight to Head Office but then I thought again to myself go via the routes first. And so I phoned the college, Western Cape College of Nursing, I phoned them they picked up there and they said that ___ (name & surname) wasn't in at that day, the fourth year clerk. And the lady that was in her placed, I can't remember her surname uhm I really can't remember now...

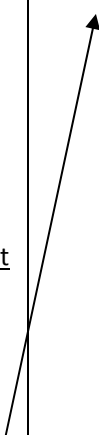
I: Oh well, it's okay.

PA: So I asked her that she must checked [check] on the computer did I passed. And so she checked and she said yes, why do you ask and then she was like laughing surprisingly like you do now. And so I said no I just want to find out but I'm on my way there. Is Ms ___ (surname) in and ___ (surname) I need to see her as well. And so she said yes but she was currently busy busy in a meeting with the SRC at that time. Apparently it wasn't just me with that problem. There were a few, two or three other students also from other hospitals the new CSP's. And so I went there and I ask the other two ladies do they wanna join me to go to ___ [educational institution] and they said yes. And then we drove there until ___ [educational institution] and when we got there, I went to go ask first Mrs ___ (surname). Ms ___ (surname) was busy that time with the acting Head.

38. She was upset (when she was informed that there was no contract for her at the workplace. See * on P142 for data in context for her being upset).

39. She was angry (about having no contract at the hospital. She wanted to contact Head office directly but reconsidered that she should follow the correct channels of communication, which would be contacting the educational institution firstly. When she visited the educational institution she established that the err was on their side= see P143).

<p>I: Okay, okay.</p> <p>PA: And so I ask, Mrs ____ (surname) was asking what're you doing here? You look so pretty and blah blah. So I said yoh, <u>I'm so upset now because I was like told now*...</u></p> <p>I: Exactly.</p> <p>PA: ... <u>by the Matron by ____ (hospital's name) there's no place for me I need to go. Here's no contract, no nothing. And I l'm just here to query what is the problem then now. I then passed the first time. What is [emphasis on the word "is"] the problem?*</u></p> <p>I: Mmm. Mmm.</p> <p>PA: And so she said I must just wait for Mrs ____ (surname) and then I must speak with her. By then when I got to Mrs ____ (surname), I was like asking her, Mrs ____ (surname) I don't understand. ____ (hospital's name) said there's no contract for me there but they stated that I was going to start on the first of August there and I passed the first time <u>so I don't understand why why was I chased away*</u>. And then she said that uhm.</p> <p>I: Mmm?</p> <p>PA: I even asked ____ (name of lady) before I paid my SANC fees, the clerk now, uhm are there anything missing or whatever so that <u>I don't want to, I didn't wanted to be embarrassed on my first day or...</u></p> <p>I: Exactly.</p> <p>PA: ...<u>wanted to be called out which I went through eventually*</u>. And so she said yah but after they put in some typing stuff, they figured out it was nothing. My hours was up to dated and stuff. So I said but there's no contract for me there at ____ (hospital's name), so I don't understand. So she said that I must start on the first of September.</p> <p>I: Oh my goodness.</p>	<p>[*Support Unit 38]</p> <p>[*Support unit 39]</p> <p>[*Support Unit 40]</p> <p>40. She anticipated not to be embarrassed on her first day, which in fact happened [verbatim: "chased away"= See P146*]</p>
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<p>PA: Because the... <u>my stuff was now send with the people that wrote second opportunity exams.*</u></p> <p>I: And who send it off? Them?</p> <p>PA: They did send it off. But at that time their systems wasn't uhm correct.</p> <p>I: Mmm.</p> <p>PA: <u>The the, it was an admin fault. I figured out at that time. People didn't do their work what like they supposed to do. Because when when I got there my boyfriend was there as well. He's also working for Health and he supported me in that case. And by the time then I asked her another few questions then she told me that they've just sended through and Head Office will contact me.*</u> I must just go home and rest (frowning).</p> <p>I: (laughing)</p> <p>PA: <u>So I told I was so upset with her.*</u> I said how can you tell me that! I'm already a month wages behind because we were supposed to start in July already.</p> <p>I: Mmm.</p> <p>PA: And it's the first of August. I don't have any money to live anymore because I'm a student. I was a student that time awaiting on a job to start to earn money.</p> <p>I: Yes.</p> <p>PA: And I needed to pay people because I don't have support systems.</p> <p>I: Mmm, mmm.</p> <p>PA: I needed to pay people where I was staying and I needed to buy food to eat. <u>I was worried about uniform and all that and now that lady told me I must rest!*</u></p> <p>I: Yah...</p>	<p>[*describing the reason for having being sent from hospital link with Unit 40]</p>  <p>[*Support Units 39 and 41]</p> <p>[*Supporting Unit 41]</p>
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PA: And I was so so very cross and not happy with this whole day that was happening. And by the time my boyfriend came there and he's very professional uhm you know. He can talk in a way certain way I wouldn't have think about at that time.

I: Mmm. Mmm.

PA: And while he was phoning Head Office and stuff, I saw them they just send that fax then then.

I: After you came through?

PA: After I came through there. Then she emailed it and faxed that stuff. And afterwards she ask me on the list, is this your name. So I said why is my name with the sec the people that wrote second opportunity exams. The other two ladies that I took with me, they wrote second opportunity. So she said we might started earlier before September but I must just wait. So I said I am not going to wait, my stuff was ready on time.

I: Mmm. Mmm.

PG: Why should I wait I didn't write second opportunity.

I: Yes. Mmm. Mmm.

PA: I did nothing wrong. Your system was wrong. Either you get my contract now or I go to head office. No no no, please wait she told me. And I got so impatient because I wanted to work the next day I'm losing out.

I: Yes, yes yes. I believe and I mean you were eager to start.

PA: Yes Mrs Roziers so then uhm I ask them to talk to Mr ____ (surname).

I: Mmm.

PA: And so Mr ____ (surname) was busy with the SRC

41. She was very angry. (See P139 & 141*)

42. She was unhappy with all the things that happened with her on her day of commencement in the new role. [Link with Unit 36]

and I had to wait for him and I got a bit impatient and eventually we went to go see him. My boyfriend wanted to go in with me just to support me and he chased my boyfriend out. He said no what are you of her, I'm not talking to you, go out go out go out.*

[*Link with Units 41 and 42]

I: Oh but that's not, that's not a nice way.

PA: And that was even rude as well.*

[*Link with Units 41 and 42]

I: No I I agree with you.

PA: So I told him as well it's fine, it's okay. I can handle this because he knew I *mos* now newly into this business of talking. I'm not going to talk maybe sense to them or whatever I was going to accept what they told me. Now he was like scared of that.

I: But I mean you know sometimes one goes into a situation and then you just need somebody to be with you. Irrespective if that person is going to chuck in while you speak. Which I think he wouldn't do [be]cause you said he's very professional.

PA: Yes.

I: It was maybe just to hold your hand.

PA: Yah.

I: Yah.

PA: And so we went in eventually. So I asking Mr ____ (surname) what happened and he said he's going to look into this. And I said, I don't have the time for you to go look into this. I need to go work.

I: Mmm. Mmm.

PA: And he was like, what did Mrs ____ (surname) told you and stuff. So I said this is what she told me, I must go rest and I must wait until they contact me and that is not what I'm prepared to do.

I: Mmm. Mmm.

PA: I need Head Office number now. And so Mrs ____ (surname) said it's not necessary to go there. It is already been sorted, she emailed the stuff and blah blah blah. And I was like not happy with the answers she gave me and I told her can you call head office and tell them I'm on my way to them please. I would appreciate that. So I don't know if she phoned or whatever but then me and my boyfriend drove until there.

I: Mmm.

PA: But before we drove out there, another student ____ (surname) [also same role status as participant] came in.

I: Mmm.

PA: And he asked me where am I'm going. What's happening and were you at work and stuff. So I said yah but I've been chased away because apparently my stuff and stuff ...

I: Shame you felt like you've been chased away?

PA: Yes. And so he said the same thing happen to him. He were also uhm. I went hours to this people and stuff. Anyway so I went to head office to ____ (name and surname of a lady). I spoke, I didn't even have an appointment with her I just went straight up and I got to ____ (name of lady).

I: Mmm. Mmm.

PA: And I explain to ____ (name of lady) why I am here now. Now I was so ...

I: Whoah.

PA: I told her...

I: Whoah, this young fishy (laughing).

PA: I told her (laughing) ____ (name of lady)...

43. She felt that she was chased away from the hospital of placement. [Link with Unit 40]

I: Tuna fishy.

PA: Everybody was on attention when I started talking because I was now tired of being shunting around.

I: Yah. Mmm.

PA: And I told her ___ (name of lady) I feel now so embarrassed this whole day. Listen here, people chased me away from ___ (hospital's name) because I don't have a contract while I passed it first time. So I don't understand there's no contract for me at at Western Cape of Nursing and there's no contract for me at Western Cape.

I: At ___ (hospital's name).

PA: At ___ (hospital's name) yes. And she told me they just email your stuff now to me, that's why you didn't have a contract.

I: Mmmm.

PA: Now you tell me where was the fault she ask, she told me. So I said oh okay, now I figured it out it was really management. And it happened during student years uhm as well. So that's why I was so angry in my first, my first...

I: day?

PA: No, my first interview with you.

I: Okay.

PA: Because of management that was neglected and they wanted to shifted the blame around. They want, they don't want to take responsibility their actions.*

I: Mmm, Mmm.

PA: And so eventually she ask, she said to me to cool down. She can understand how I feel like embarrassed and all that. But then I explain to her I passed the first time and I'm not going to wait for the others that must

44. Felt embarrassed on her first day.
45. (due to being) chased away from hospital of placement [Link with Unit 43].

46. Felt angry towards educational institution (She recalled that she felt angry towards management for the reason of neglecting them as students during their student years as well). [See below * supporting data]

[*Support Unit 46]

wait their time on and on and so forth. And so she said no she understand perfectly what I'm telling her but I must just gave her one day to make the stuff right and the following day that will be on the Wednesday then by then she would have my contract ready. So I said ___ (name of lady) I hear what you are saying but I'm going to lose out. Can I go on the Tuesday so long (laughing), you just phone ___ (hospital's name).

I: (laughing) Yah.

PA: (laughing) and she said ___ (hospital's name) won't allow you there without a contract and she explain to me and stuff. So I said I'm not happy with this staying away because I'm going to lose out on orientation.

I: Mmm. Mmm.

PA: And so she said uhm she's going to talk with them after she the send contract here but they must figure out something. And she said go home, go rest. And I like I like (laughing)...

I: Second person telling.

PA: Exactly, and I was like I'm not feeling like it but okay, I I have no other choice.

I: Mmm. Mmm.

PA: And so eventually it was sorted out there by her otherwise I would have maybe still waited but then eventually the other students they also started on the third that wrote second opportunity as well.

I: Oh did they?

PA: Yes, yes.

I: Did they. So there is at least one positive for them then.

PA: Yes.

I: But not for you, it wasn't for you.

PA: It wasn't for me.

I: Shame.

PA: And so we came back on the third and orientation was at its end. Only three days.

I: Mmm. Mmm.

PA: The orientation.

I: But you missed out. Obviously.

PA: We missed out. I didn't feel good on that because I wanted to attend that quality assurance meeting.

I: Mmmm.

PA: Even if they could have chased me away after that I'm fine but they chased me away earlier. (laughing) and yah so it happened. And then on the third we came here the three of us that were...

I: Mmm. Mmm.

PA: ...chased away. So we came back and they accepted us and they just took us like quickly now. This is now what's going to happen and we going to take you now modules now where you going to start and this is this is now the papers and blah blah blah. You have to go read through your papers and stuff that you don't understand*, go to personnel and they took us to personnel this is personnel. And then personnel explain to us okay this is your contract. But everything so fast because you 'mos' now behind it* and they got things to do.

I: Mmm, Mmm.

PA: And personnel explain quickly their stuff to us and uhm okay I did catch up there...

I: Mmm.

PA: but I said okay if I have any further more question I

47. She did not feel good about missing out on Orientation (Orientation was only three days due to her late commencement as a result of no contract at hospital).

[*Supporting Unit 47= her experience of the shortened Orientation]

would contact you by that and they said yes.

I: Mmm.

PA: And from there we were back to, they take us to our wards where we going to start.

I: Okay. Mmm and you started in the wards you're placed?

PA: Yes we started. We started on the third and I started in ___ (dept) and others mos now in their own modules.

I: Okay, okay.

PA: And well they dropped us off at our wards. We were like feeling a bit you know, how is the people going to accept us and it already didn't started off well and now we late already*. The others in their wards already you know that kind of stuff.

I: Mmm. Mmm.

PA: And so eventually they introduced us to the staff but as ___ ward is a busy ward, people didn't really taking note of you (laughing).

I: (laughing)

PA: They just said okay another new person and its finished and they did go on with their work.

I: Mmm. And what did you expect?

PA: I expect people to say uhm welcome, welcome.

I: And did they say?

PA: It's only one or two who said welcome.

I: Okay.

PA: And it was appreciated I I know. I did my training here so I know how their ward staff is. Right it was the third day and it went off okay. Uhm the following day

[*Support Unit 47 = effect of starting late due to the delayed Orientation period]

48. She noticed that people did not take note of them as they were introduced in the ward.

49. Her expectation was that people would welcome them warmly [verbatim people to say "welcome, welcome"]. Also see P151 * underlined sections supporting her experience of the ward orientation.

was okay because they sorted uhm uhm the unit manager there kind of plan an orientation programme.*

I: Okay, nice.

PA: But (smile), nice yes (laughing).

I: Nice yes. (smiling)

PA: (laughing) But they never get to what or they never showed us the stuff that was going to...*

I: On the programme?

PA: Yes on the programme. And they said okay it was the first time they were trying it out.

I: Mmm. Mmm.

PA: And I was supposed to to have, I had a mentor.

I: Okay.

PA: And I started with this one sister and she was a bit okay at that time. But then the mentoring thing didn't work so well because ___ ward is a I can say it ma nou straight out, there's no real delegation management in labour ward. You are on your own there as well.

I: Is that how you see it?

PA: Yes.

I: Or is it how you experienced it?

PA: That is how I experienced it.

I: Okay. So what do you mean with you are on your... you are alone there. What, what do you mean with that because I mean the mentoring didn't work out, how so?

PA: I'm getting to that point now.

I: Okay, okay.

[*Support Unit 49]

[*Support Unit 49]

50. Her perception was that the ward staff just left her on her own and that there was also no delegation in the ward.[= her current perception of the ward environment]

PA: Yes (laughing).

I: Okay, okay. I'm just like ooh all ears.

PA: Yes (laughing). I'm getting to that point. So uhm the Friday went by then I had to start on the Monday. The Monday started. I'm not quite sure was it on the tenth or at the Monday or Tuesday we had a meeting with the curator Mrs uhm ____ (surname).

I: Okay, okay.

PA: She scheduled for us like during the year a whole plan for meeting dates on there that.

I: Oh, what is she. What is her purpose in...

PA: She is one of the matrons on ____ (area mentioned).

I: Okay, you said?

PA: She's the curator then we have to meet with her and then she's like...

I: What does she call herself?

PA: A curator.

I: A curator?

PA: Yah, from the nursing school.

I: Okay, okay mmm.

PA: And then she, then she just uhm catching up on how you doing in the wards. Listen here, this is what the SANC fees is going to be about and the people that started in January told her asking her if they like apply at new hospitals or at the hospital did they find anything, did they received their,

I: Mmm. Mmm.

PA: She's like just...

I: Okay. Almost like your support in this time?

PA: Yes, yes. And now but I think, firstly I think people like (laughing)...

I: Okay.

PA: I think nowadays like people are are just doing their job in a rank. They not really care cared caring about a person as individual or as a staff member here at ____ (hospital). I'll get to that point now as well while telling you that. Uhm yah then we had that meeting with her on that day. I can't remember the date but it was just...

I: In the second week of your starting?

PA: Yes, in the second week of the starting. She was like asking, our new newly started at first of August, so was mostly like pointing out to us like, how do you coping in you wards, how do you feel, are there anything that you need to to tell to me or stuff like that.

I: Mmm. Mmm.

PA: Uhm. Can you tell me stuff like where uhm things can improve in nursing and stuff and so forth.

I: Okay, okay.

PA: And a few people didn't wanted to talk and as you know ____ (name and surname), he like talk from the bottom of his heart (laughing), how he felt what's happening and what happened to him and he wasn't scared of nobody. After that nobody said nothing.

I: Mmm.

PA: And I told her even, I'm going to talk to her in private because I was now like scared of talking in front of people, especially...

I: Were you scared or were you shy?

51. She perceived that people are just doing their job. [Perception of new work environment (meeting the real world of nursing)]. 52. It appears to her that people do not care about staff as people/individuals at this hospital where she is placed. [Perception of new work environment= a non-caring attitude displayed by staff].

<p>PA: I wasn't shy, I was scared.</p> <p>I: Okay, scared okay. No it's fine.</p> <p>PA: I was scared of talking in front of them because as you know the back stabbers...</p> <p>I: Mmm.</p> <p>PA: Is everywhere.</p> <p>I: Okay, okay.</p> <p>PA: And after ____ (name) speak out and then I thought to myself why should I be scared? He was feeling the same why that I felt on that time. So I'm going to talk now as well after I told her I want talk to her in private but anyway, so I started to talk. <u>I told her about the staff there in the ward that was taking teas forever. They have morning teas, they have uhm extended lunch times.* Whenever they say there is new people in the ward, a sister or new students, or new whatever you are there but when you placed in that ward they take you for a door mat.</u></p> <p>I: Mmm.</p> <p>PA: <u>They just go and do, they not don't even telling you what to do. You are just placed there and you know by yourself the observations must go on.</u></p> <p>I: Mmm. Mmm.</p> <p>PA: And even if you forgot how to give that kind of medication and that kind of thing. <u>They showed you just once here this is, where [is] that and that and that is and it goes fast*.[see P154: unit 56]</u></p> <p>I: And you didn't like it?</p> <p>PA: <u>I didn't like it*.</u></p> <p>I: Did you tell them it's too fast for you then?</p> <p>PA: <u>At that time I told them but then they told me,</u></p>	<p>[*Link with unit 57: her not liking the ward culture: "extended teas, lunch times"]</p> <p>53. She perceived that the new people are taken for a door mat in the ward [*= supports her view of the ward culture/environment. Link with 51 & 52].</p> <p>54. She perceived the permanent staff did not tell her what to do and she felt that she was placed in the ward all by herself. [limited guidance]. [= perception of lack of staff support]</p> <p>55. She perceived that the ward staff left her on her own and she had to rely on her own knowledge of continuing with basic nursing tasks (example of "observations must go on"). [Perception of lack of staff support]</p> <p>56. [Reflecting on the Orientation received] Staff showed her during orientation in the ward very fast where things are kept, which she didn't like. Their response to the fast pace of orientation was that the kind of ward</p>
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their response was "This was [name] ward. You have to think on your feet here girl!" (changing voice tone to indicate the other party's response).

I: Oh?

PA: Anyway (laughing). And so yah, I told her about the extended tea, extended lunches and I don't have problem at that time. Now I told her my problem was when the ward is busy especially I don't like it when they are doing that.

I: Mmm. Mmm.

PA: And especially when there is no supervising with experience left behind.*

I: For you, mmm.

PA: Yes.

I: Mmm. So they left you already alone?

PA: Yes. So I said this was not on, this is ___ ward I mean you work with a mother and a baby here.

I: Mmm. Mmm.

PA: You don't do this and uhm when the ward is like quiet I don't mind having them at teas or their quiet chats or whatever that is going to be extended, then I don't mind. But I mean when you when you uhm want help when you're uhm...

I: Busy

PA: ... and there is no help around, it it is frustrating I told her.

I: Mmm.

PA: And I told her it's about team work here, not about working alone or when you're new then you should just be thrown there to the deep sea.

I: Mmm, mmm.

requested that she must think on her feet.

[*Support Unit 56]

57. She did not like the perceived ward culture (taking extended tea breaks and lunch times and "when there is no supervising"*)

58. She found the perceived lack of support from staff frustrating (reference made to when there is no supervising person left with her in the ward). [Link with unit 57]

59. She perceived that there was no team work and that new staff were left alone to cope on their own [verbatim: "And I told her it's about team work here, not about working alone or when

PA: And so she understand. But with me was another CSP uhm sister that that was working with me in ___ward that time.

I: Mmm. Mmm.

PA: And she was complaining they always put her in theatre and she she don't learn in the ward.

I: Okay so she immediately started off there. Is that so?

PA: No she started in January but she rotated.

I: Oh, oh so she..... okay

PA: And she was, she was not that new new.

I: No, no I do understand.

PA: And eventually the meeting went on and everybody talk what's what was like '*kwelling*' [translated- bothering) them. And even when I got to the ward everything was quiet and I couldn't understand what was happening here in the ward. People are just walking up and down. Uhm eventually we went home, I went to go help out in in theatre. Another CSP, not another CSP, this this CSP that was with me at the meeting...

I: Mmm. Mmm.

PA: I went to go help her out and then it was at ten to seven I told her I'm going now, I had enough of this.

I: Mmm.

PA: And it was anyway *mos* now going home time.

I: Okay. Mmm.

PA: And I went to go undress me off theatre clothes and I put on my clothes and then then I go home. But at that time my aunt was also working in ___ward. She's doing her midwifery course now.

you're new then you should just be thrown there to the deep sea.']

I: Okay.

PA: She's at ___ (educational institution) but she's is doing now general sister now here at ___ (hospital).

I: Okay.

PA: And she was doing her practical in ___ ward. And during the second tea in the ward but she phoned me late the evening when I got uhm when I went home, that was on a Thursday. And I didn't got to my phone like my phone was laying in my room. And when I got to my room I saw she was trying to phone me the whole time. And I phoned her back say around about pass ten to eleven at night.

I: Mmm.

PA: And I speak with her and I asked her hi aunty ___ (name) I see you was phoning me and stuff. So she said: yes what are you doing. So I said no I'm just on my way to bed now but I first wanted to return your calls.

I: Mmm.

PA: And so I ask her how's the children and stuff. But anyway to get to the point is uhm then she told me, do you know what? They made a topic of you in the tea room the staff. Apparently somebody went back from the meeting and told them everything that you told Mrs ___ (surname).

I: Hhh? (sound of shock/surprise)

PA:about them having this tea and lunches. Oh yah sorry.

I: Okay. Mmm.

PA: Yah.

I: And she told you that somebody came back with information from the meeting?

PA: Yes they told one Sister somewhere but that uhm that person...

I: Is it that CSP that was with you?

PA: At that time I was assuming.

I: Okay.

PA: I wasn't quite sure about my my evidence. And uhm I told her yoh that's really unprofessional. Why why did they make of me a topic at at that tea room and that *nogal* in the tea room. So I told her don't worry. Thank you for the information but I I know at that, at that stage who it was. But now I said I only have a suspicion, I'm not quite sure.

I: Mmm, Mmm.

PA: And so she said, don't worry blah blah blah. Just do your work when you at work and stuff. So I said, no it is unfair. I am doing my work but now they are talking about me in the tea room which I think is very unprofessional. If they got a problem with me they should sort it out...

I: Approach you?

PA: ... in the office where professional people meet. So I said, don't worry, have a good night sleep, just go to bed. Okay. But on that weekend I was on my way to Pretoria. I *mos* in this Denosa union, I had a meeting on that weekend.

I: Okay, okay.

PA: And I was so anxious I was about to cancel that meeting because I wanted to sort out this that happened at work now.

I: Mmm.

PA: Because I must come back to work I think and then they're going to wait for me with sharp teeth. (laughing) And I was like now on my nervous. I was

60. She thought that it was very unprofessional of the staff to discuss her in the tea room.

like how could this happen.

I: Yah yah.

PA: I felt so bad and oh yah that morning before that meeting I put a Play a Play drink, energy drink in the fridge.

I: Okay

PA: Uhm the previous week before that was on a Wednesday. I also put a Play in the fridge but nothing happened to that but on that certain day my play just went gone. When I wanted to go and fetch it to eleven because I was a bit tired at that stage because I worked the previous week seven fours like awaking everyday and stuff.

I: Mmm.

PA: And I caught babies in that week that's why I was so tired. And I wanted to go fetch my Play before going to the meeting. Then I figured out my play was gone. And I asked the people that was sitting in the tea room, did you see anyone drinking my Play? Blah blah blah.

I: Mmm, mmm.

PA: Because the appletisers is laying aroud, everybody's cooldrink are there but my Play is gone. And they said yah, their response was uhm they didn't see anything. Do you know it's not the first time that people are stealing here and even... And this one answer my food was taken here. Somebody ate my lunch and everybody was like answering the thing. Not that I wanted to hear at that stage because I was looking for my play. Even checked the fridge again and I've checked my bag and it wasn't there. But I was so sure I put it in the fridge next to somebody's milk. The Play wasn't there. And after they said they didn't see it I went to the unit manager and I told her I'm very unhappy about uhm this uhm incident that happened. My Play is gone and nobody knows where it is.*

61. She felt bad that her colleagues discussed her without her being present.

[*Incident that relates to her perception of unprofessional etiquette= Support Unit 60]

I: Mmm.

PA: And I put it in the fridge. All the other people's cold drinks are there but my Play energy drink is now gone (frowning).

I: (laugh) yah.

PA: But I tell her I wanted to come down to is that you have to talk to your staff. I feel it's about the principle. The Play is just R19.00, R20.00 and it's not about the money value.

I: Mmm.

PA: It's about the principle you don't take of other people*.

I: Mmm

PA: Even if it's a sweet or a pen you don't take that is the principle.

I: Did you tell her that?

PA: Yes.

I: Wow.

PA: I'd tell her that.

I: You quite mature. It sounds as if "hey I'm now this com serve practitioner so listen to me" (laughing).

PA: (Laughing). So I told her that and I told her as well I would appreciate if you would call a meeting with your staff and talk to them about* this incident that happen and I don't, I'm not happy what happened.

I: Mmm, Mmm.

PA:but it happened. And so I'm done and went to the meeting *mos* now and then that stuff that was said there. And I even told that that uhm matron Mrs ____ (surname) that matron heard about the incident that happened and I wasn't happy about it.

[*Link with her perception of the unprofessional conduct and the fact that her energy drink got stolen = Unit 60]

[*Support Unit 60, with the focus on how she handled the situation]

I: Mmm. Mmm.

PA: And eventually she said *mos* now yah things like that happen in the wards and stuff. So I told her even, it's not about things should happen, it's about the principle. I don't know where people's ethics has gone to or whether the fact has gone to. So you must respect one another. She said yah she agree and it's difficult to to you know.

I: Yah, yah.

PA: ... to take the uhm uhm...

I: To handle the situation or?

PA: ... the bad one rubs the good one, yah. And yah to get back to the point. So I felt the Friday morning when I arrived, our flight was at six o' clock and we arrived there at eight o' clock just pass eight. I phoned Mrs ____ (surname) while driving on my way to Pretoria, I phoned her and I told her I'm in my ... going to a meeting but I just wanted to ask her a question. Did she perhaps speak with uhm the ward manager the unit manager there so about the meeting we had there on on on that day. So she said no she didn't talk to anybody yet about that. Why am I asking? So I told her that, I didn't told her who told me but I told her I got information that somebody told, went back and told the ward staff there what what I said in the meeting and I feel really upset about it and I was discussed in the tea room. That is even worse I told her and stuff. So she said: yah you know in meetings it's always like that. Somebody's go back to the wards and they they talk like everything. So I said to her, you know what Mrs ____ [surname], that is why people are scared of talking because of the back stabbers. So if we don't make uhm an example of somebody it is gonna stay forever in the system.

I: Continue.

PA: And this is not what we want. So she said: yes sister ____ [surname] I do understand and stuff and stuff. So I said I would appreciate when I come back

on Tuesday to work, can I have a meeting with you and with that sister that was uhm talking about me in the tea room.

I: Mmm.

PA: She said okay we *ma* leave the sister and then I must just come and she her then. I said ok fine but by then I was putting my act together uhm about who and how I'm going to handle this process now. Meeting went by and I couldn't wait to get back to Cape Town now. And eventually when I got back to work on Tuesday I first went to manager...

I: Okay.

PA: but when I got there she *somme* told me, hi ____ (participant's surname) I'm now I'm now glad I'm seeing you now. You have to go work for me in in in ____ (ward) here in ____ (ward). I was like *hene* Mrs ____ (surname) please just give me a breath.

I: Mmm.

PA: I want to speak with Sister ____ (surname) and I want to have you there as well. Please can that happen. Can we like talk into an office because we are professional people.*

I: Mmm. Mmm.

PA: And so she said yes is it is it very urgent. So I told her yes. I feel unhappy about something that happened so I think we have to have this meeting before we go on with this day.

I: Mmm. Mmm.

PA: As ____ (ward's name) the labour ward is forever busy because people are running away from their responsibility. They always there looking who must work, who's on duty and when is the teas going to be make out and where is where and they just don't want to be in the in the rooms.

[*Link with how she managed the situation of the perceived unprofessional conduct by staff= Unit 60]

I: Yah.

PA: Yes. And eventually that sister came by and I told her, I greet her morning Sister ____ (surname) I would like to see you please. And she was already in that attitude. And I was like okay you had a weekend from Thursday to discuss me already. You started *mos* on Thursday so you had lots of time.

I: Mmm.

PA: And so your mind is made up and your attitude is made up and whoever is made up against me now is made up. And eventually she came back. She went to uhh link to link a baby and then she came back and we went to this private room in the room just opposite the office. And then we sit there and I told her uhm I heard that you was [were] like discussing me in the tea room and I don't feel happy with it because I feel if she had a problem with that that she should had like contacted me and asked me about whatever she was like discussing me about. And she was like uhm "yah ____ (Nancy's surname) you know what you said in that meeting" and blah blah blah. So I said yes I know what I said in that meeting. Were you in that meeting? So she said, "No I had my informant there and I trust my informant."

I: Mmm. Mmm.

PA: And I was like keeping my mouth till afterwards and I was like okay so Sister ____ (surname) is going on hear say. You weren't even there at the meeting but you're going on hear say now.

I: Mmm. Mmm.

PA: And she was like yah I trust my confi... I trust my informant. My informant is really uhm not confidential, what is that word...

I: Trustworthy. Mmm.

PA: Yah trustworthy! She feels so and put it out like that. She told me that her informant was so

trustworthy. And I felt and she even said yah that her informant said you you went mos down to Mrs ____ (surname) and you told her even about the Play that was stolen here in the ward and you talked about the teas and the lunches and... [sarcastic voice tone of the person telling her this mimicked by Nancy].

I: In that attitude, in that voice.

PA: Yah in that voice. And you didn't even come to the unit manager. You went straight to the matrons.[Continued in aforementioned mimicking the voice of the person who is talking to her]. And so I said okay whoever told you did she also tell what who what the other other CSPs was talking about or was it just what I said and you believe her that is what I said.

I: Mmm. Mmm.

PA: And she said yes because I trust my informant.

I: Mmm.

PA: So I said okay you had an informant to the uhm to the meeting so were you then afraid of sending an informant to the meeting.

I: Yooh, you like a real tackling bull by it horns (laughing).

PA: And she was like yah I trust my informant and that was just it. And so Mrs ____ (surname) sat there. So I told her I'm going down to Mrs ____ (surname) now, I've made an appointment with her. You welcome to come with then you can hear from her mouth what I said in that meeting.

I: Mmm, Mmm.

PA: And I am going to tell you now also what I said. Yes I told her that here are extended teas and extended lunches. I didn't told [tell] her here was every morning early teas and at times, at times when the wards are busy. I told her even I want my new having extended teas or extended lunches when the

ward are quiet. Do your [Did your] informant tell you that as well? I didn't say that was happening everyday.

I: Mmm. Mmm.

PA: And she didn't wanted to to listen to me now because everybody had no *seke* now speculations about me and all that. I even went *mos* on my first day with a white dress into the ward.

I: (laughing)

PA: Now that was also a problem for them. Cause that...

I: (laughing) wait wait. You went with a uniform dress?

PA: A uniform white dress as a nurse (laughing) because I was so proud of going to work and all that.

I: Okay.

PA: And you know *mos* all that happen but blah blah blah.

I: It's good you tell. I don't even know. I'm glad you shared that with me.

PA: And the matrons was so made up and they said white might just coming back and you bring it somme back now. They all praised me, I got praises everywhere. But when I got to ward there was no praise you know? People was like telling my dress wasn't three centimeters.

I: Under you knee?

PA: Yah under my knee or but about three centimeters about my knee. But in the true sense it should be ten it shouldn't be more than ten centimeters. Then it is *mos* not acceptable.

I: Yah yah.

PA: And that one sister in the ward told me that dress

62. She felt very proud to start working in her new role, even went to work with a white nurses uniform dress.

63. Everybody praised her professional appearance except the staff in the ward where she was placed.

is too short for you. So I told her no sister this dress isn't too short. In principle it should be ten centimeters and mine is ten centimeters from my knee. You are more than welcome to come and take a measurement.

I: Measurement.

PA: And she said yah but it is too short. In our days our dresses was like there and there. So I told her you know what I'm still young. I going to let this dress drop down when I'm married (laughing).

I: (laughing)

PA: She didn't like me about saying and so it when on.

I: So you already started the first day and people uhm almost want to ask you do you think that first day people started already to put a lable on you.

PA: Yes this is how I felt. They labeled me immediately.

I: Mmm.

PA: Immediately when I started there. Everybody was given comments. Some say you look nice some say you it's good, some say in ward with a white dress, oh my goodness,* so forth. So it went on and it went on and it went on.

I: In front of you not even behind your back.

PA: Not even behind my back and they are passing me.

I: Yah.

PA: But I went through. I was like you can say whatever. Then I go to work and greet them again and I just go on with my life, do what I supposed to do. My job description. And anyway I'm off the point now. So we went back to Mrs ___ (surname) with the meeting. Sr ___ (surname) didn't wanted to go with....

64. She felt that she was labeled already from her first day of commencement (The comments about her uniform dress contributed to her perception of being labeled by staff).

[*Support Unit 64]

I: Okay.

PA: And the unit manager went with me to Mrs ____ (surname). So we were there having a chat and I told I told mos now on the front morning Mrs ____ (surname) what is what is the meeting going to be about. So I just went in greet her and we sat. And then the unit manager started talking and and ask Mrs ____ (surname) about what was happening and what was said the meeting and stuff. So Mrs ____ (surname) explained to the unit manager very nicely what was said in the meeting and we were talking about nursing in general. It wasn't specifically placed on ____ [name] ward but all the other wards were in general discussed and everybody was just saying how they feeling and how we can improve nursing care in general.

I: Mmm. Mmm

PA: So that was just it that was discussed in the meeting. So the matron tell now the unit manager I would appreciate if you can go back to your ward and inform your staff. So she accepted there. We even near to tears because the matron talked so very nicely and stuff anyway...

I: Mmm, Mmm.

PA:as we went out of the door, she say that she's now sorry about what happened and stuff.

I: Mmm. Mmm.

PA: So I said it's fine. I do understand how people minds work and stuff. So so we went back to the ward. She said she's going to call a meeting during the day so by eleven o clock and then she is going to call me now in as well. I said yah okay but when we went back to the wards, she told me mos now that morning I must go work in ____ (ward).

I: Yes.

PA: So I said now Mrs ____ (surname) what is this

about now. I was placed in labour ward now I must go work now in ____ (ward) but before that they ask me if I can uhm the unit manager of ____ (ward) asked me would I like to come work here. But starting from this month only from September.

I: Okay.

PA: So I said I've got no problem working there if it is now from September.

I: Mmm.

PA: Right. But that was still in August now the second week or the third week, the second week yah. And I was like, I'm so surprised because I made plans with my off duties what is going to happen because I have a life besides nursing as well. And so she said yah but ...

I: Okay.

PA: Yah so is said I didn't had a problem starting there the beginning of September. I got no problem with that but I have my plans for my off duties and she said okay okay ____ (participant's surname) I'm gonna do something for you. Nobody wants to work there and blah blah blah. So I said I don't have a problem to work there. I'm not scared to work there. I'm just saying this was planned for next month on and it's still in August but if my off duties is going to stay the same then I don't have a problem going there.

I: Mmm. Mmm.

PA: Then she said okay I'm going to see what I can do for you. And so she went around. She said not even the agencies wanted to work there and stuff and now not even her staff want to work there. And then she got back to me eventually and then she said it was fine she's going to get someone from moonlighting or whatever to fill in there.

I: Mmm. Mmm.

PA: So I said no it's its's okay I am going to work there.

I asked you just to look at my off duties just to let it stay the same and I don't have a problem going there.

I: Mmm.

PA: And she said fine ____ (participant's surname) I'm gonna see. And eventually it stayed *mos* now the same and I went to ____ (ward) at ____ (ward) yah. And the unit manager there told me, you know what they didn't want you in labour ward. They don't like you there, that's why they put you here. I said okay, well I'm not surprised. Anyway I'm not scared I'm actually glad to be hear. At least I can learn something here and blah blah blah. And so from there I went into ____ (ward). Learned a lot until now I don't want to even leave ____ (ward).

I: Really?

PA: Really, really.

I: So it's really uhm...

PA: It's tiring.

I: Is it a positive change?

PA: It's positive and it even gave my confidence another boost. Because the ____ (name) ward, the ____ (name) ward people don't have enough hope. Some in the sense of working and all that. Their skills went down the drain. They don't know the medication dosages anymore and CVP readings*.

I: Wow.

PA: So I am like really feeling good about that change.

I: Really! And how does it feel now you know. Because I think as a student weren't like allowed in the ____ (ward) High Care and now you like, I mean you just step into this role. To me it sounds then as if they trust you with that kind of responsibility. And how does that gel with you. How does that go down with you, the fact that they "trust me to go and work in

65. She heard from the Unit manager of the new ward the reason why she was asked to work in the new ward was because the staff of the ward where she commenced her community service did not like her.

66. She was glad for the opportunity to learn [professional development = an eagerness to develop professionally]

67. She sees the change as an opportunity to learn (verbatim: "at least I can learn something here")

68. She learned a lot (developed professionally as a result of placement in the new ward), she wants to stay on in the new ward.

69. She felt positive about the shifting to a new ward. [The change to a new ward boosted her confidence: Learning new things put her in a position to have more knowledge and skills (competence in skills) than staff who have been working there for longer than she has*]

70. She really feels good about the change of working in a new ward.

___ (ward).”

PA: At first I was like questioning that to myself as well so then I thought uhm people are then seeing about almost like okay maybe here are some nurse taking nursing seriously again.

I: Okay, okay.

PA: And then the unit manager in in in High Care she she likes to teach people that's want to learn.

I: Mmm. Mmm.

PA: She's like that and where she see[s] potential she's grabbing you.

I: Okay and that's what's happening to you?

PA: That's what happen[ed] [to me yes].

I: She is taking you by the hand.

PA: And now she don't want me to leave. She wants me to stay another two more months.

I: And are you willing to or?

PA: I'm willing to. I even went to the matron today. I did phone her last week but she wasn't *mos* available. She was on meetings and stuff. And I went to go ask her if it's okay. Even the the CSP that I wanted to turn out with, she was willing because she don't want to be there.

I: Okay.

PA: And so she said ok, the unit manager must give her reason through the matron and then through the head of nursing and if say said it's ok then I can stay there.

I: So Nancy to me it sound as if you tasted a little bit of nursing dynamics already. You know nursing dynamics in the sense of the dynamics of a ward, the dynamics of people accepting a person who's new.

71. She initially doubted herself but realized soon that maybe people perceive her as a nurse who takes nursing seriously.

And how did that, how did that make you feel? You know when you heard they, the Sister in ___ (ward) now told you they didn't want you there in labour ward? So how, how did you feel about that? I mean you weren't aware that the unit manager initially asked you to go work there because they don't want you there. How did you see that?

PA: I felt at that stage a bit angry because I felt like I didn't do anything unethical and I did nothing wrong. Why should I be chased away from the place that I was placed in?

I: Mmm. Mmm. Do you feel, do you feel it that's why, that you were actually chased away from ___ ward. I hear you say?

PA: Yah I felt that and the fact that I think I might be to uhm to cheeky for them, I don't know what's the word to say now.

I: Maybe to direct maybe to honest?

PA: Yes. Maybe too ethical or too professional for them and they can't deal with that.

I: Okay.

PA: They don't want to be watched, you know.

I: Mmm. Mmm. Mmm. So you...

PA: They don't want to work as a team, they don't face responsibility when something goes wrong.

I: You could address those things?

PA: Yes and now they were maybe scared of that.

I: Yah and could you address it just like that easily for you because it sounds as if you, on that first of August to me it sounds as if you just took on this role as if it's fitting for you? This glove, it's like a glove for you.

PA: I couldn't believe it. It felt like that.

72. She felt initially angry when she learned the reason for her being asked to work in a new ward, because she didn't do anything wrong (verbatim: "... did not do anything unethical") [Link with Unit 65]

73. She evaluated the situation of her being asked to rotate to the new ward as her maybe being too ethical or too professional and that the ward staff of her first placement could not deal with that.

74. She perceived the ward staff did not want to be watched;

75. She perceived that the ward staff did not want to work as a team;

76. They did not want to take responsibility and accept accountability.

77. She could not believe that she took ownership of her new role. It felt as if the role fit her like a glove.

<p>I: What what what contributed to that, to that all of a sudden even speaking with the Head of College?</p> <p>PA: <u>The fact that I had on my white dress...</u>* (laughing)</p> <p>I: Okay (laughing).</p> <p>PA: <u>It gave my confidence a boost</u> (laughing).</p> <p>I: Really!</p> <p>PA: Yes, yes, yes.</p> <p>I: Wow. Do you think the fact that you'd put on that white dress, it was a statement by you made "I'm a com serve nurse. I have my say to say. I must be heard"?</p> <p>PA: <u>I'm going to to do my things. I'm going to be ethical, I'm going to be professional so I want followers.</u></p> <p>I: Good. Wow. Wow (laughing) girl!</p> <p>PA: (laughing)</p> <p>I: No no no no. I must say your mind is on the right place. Yoh for somebody, I mean for somebody who doesn't really wanted to do nursing hey and now it's like this. I'm in it, I'm in it doing it.</p> <p>PA: Yes, <u>I'm going to make the best of it.</u>* Yah.</p> <p>I: Yah. Anything else uhm you know you've been a student. You worked hours as a student uhm now you also work hours but here there's something else at the end of the month awaiting you. So how how does that transition of you know... How did that happened. How does that make you feel? That role transition. I getting a cheque or what do you get direct...</p> <p>PA: A payslip. Paid into the bank.</p> <p>I: Yah a pay slip. I'm getting that whereas you've</p>	<p>[*Support Unit 78]</p> <p>78. She experienced that her uniform white dress escalated her confidence for dealing with situations that she encountered [verbatim: "<i>The fact that I had on my white dress...(laughing) It gave my confidence a boost (laughing)</i>"].</p> <p>79. The white uniform dress instilled in her that she will be: doing her things;</p> <p>80. Be ethical;</p> <p>81. Be Professional;</p> <p>*82. Making best of her career</p> <p>Sound professional values and norms</p>
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never received something like that as being a student. So how how how did that , how did you experience that?

PA: Uhm for me it was quite uhm (silence).

I: Or didn't it really play a role in your transition?

PA: No, no definitely not.

I: Is that? Not even the fact that...

PA: The only thing that that played a role in there as was like I don't have to go back to books when I'm finished with my long hours.

I: Okay.

PA: Yes that was the only reward that I have.*

I: (Laughing) Is that what you felt?

PA: That I felt because I was a bit tired of all the studying and long hours and I must go back to books and assignments and I didn't enjoyed it. Because at that stage when we didn't received any money *mos* now and payment and stuff. But I wasn't like thinking of the pay. I was like my twelve hours is done for the day. I'm going home, I'm going to relax. I'm going to give quality time to those around me and that is how I felt. Even when I first got the uniform allowance and my phone went of that morning. I was like what is this. I don't believe what is this. I went to my boyfriend and I ask him where does this money come from (laughing) and he now said this is your uniform allowance. It was R1700.00 before the monthly payment at the end of the month. Just a week before that. And that day on the Friday I was off and then the phone goes off again. And I saw another amount and I was like what is this (laughing). Oh my goodness!

I: So so did it feel like bonus to you or what. Did it just feel like a good feeling ooh to see money in my account?

83. She feels good about not having to go back to the books after a day's work [= part of her perceiving the role change as rewarding in her role transition*]

84. The role change contributed to her being finished with working long hours.

85. After a day's work she can go home;

86. She can go home to relax;

87. She can spend quality time with her family.

88. To see that money was paid into her bank account (uniform allowance, followed by her first monthly salary) caused disbelief at first.

PA: Yah I couldn't believe it and then again I was like getting to reality. And I was like hallo girl you deserve this (laughing loud), I mean you worked so many hours for this.

I: Yah.

PA: So enjoy it, do what you want to do.

I: Mmm. Mmm. Mmm.

PA: And you know and so I went.

I: Whoah man. No, no I'm I'm very happy for you and I can hear that you you settled in.

PA: I settled in now yes. I found my feet.

I: I was quite surprised how you basically sound so all of a sudden this adult, not adult... you know what I'm saying, but all of a sudden this grown up professional nurse. All of a sudden just like that.

PA: Just like that (nodding).

I: You know.

PA: Because...

I: Do you think, did the training contribute to you being this person?

PA: No.

I: And accepting this role like you did now?

PA: Yes. Part of the training about experiencing the people that are putting you down in the ward as a student and you was just going what you was supposed to do. You eat up whatever they telling you. You eat up their long hours, you were just like eating up everything that was like frustrating* you. And it was like now at the end of the day when you have to to have your say or when eventually at this point when people are going to listen to you you can talk now.

89. The disbelief was short-lived when she realized that she deserved the money because she worked long hours for that.

90. She settled in her new role and found her feet. [Evidence of a successful role transition. See underlined section of this page where she describes data wrt what she believed contributed to her being able to transition so soon to the new role*]

91. The role change evoked an awareness in her that people had to acknowledge her, they would have to listen to what she had to say [verbatim: "at this point where people are going to listen to you you can talk now"]

<p>I: Okay.</p> <p>PA: <u>Now you can talk.</u></p> <p>I: So you you...</p> <p>PA: <u>They are going to listen to you know*.</u></p> <p>I: Yah, yah because you are now, you feel in your perception that's like...</p> <p>PA: <u>I am in that position now where you have to listen to me now.*</u></p> <p>I: Mmm. Whereas you maybe think as a student they wouldn't have heard you?</p> <p>PA: Yah they wouldn't have. They would just go into like okay whatever.</p> <p>I: Okay.</p> <p>PA:you're just a student. You're going anyway away somewhere else.</p> <p>I: So you definitely, I can hear from that that you definitely feel because of you being in this community service nurse role that your voice is being heard and you make it heard?</p> <p>PA: Yes. Yes.</p> <p>I: Okay. Wow it's really a quick step in this big shoes and so easily, so smoothly.</p> <p>PA: I had to, otherwise they're going to like eat me up (laughing loud). <u>Listen I do not want to become of those robots that's going to be said going into this slow stupid sister.</u> Where management is not happening and people scared of talking, you know.</p> <p>I: Yah yah.</p> <p>PA: And then this one person is just talking and then you think like you were so surprised in that you are now so deep into this, <u>so if you don't talk you never</u></p>	<p>[*Support Unit 91]</p> <p>[*Support Unit 91]</p> <p>92. She has adopted a mind-set that she will not become stagnant in her new role.</p> <p>93. She has to speak up for herself</p>
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going to talk.

I: Mmm. Mmm. So if I can summarize it in one phrase it's like you told yourself it's either I do or I die.

PA: Yes, yes and I was not prepared to die now. (Both participant and interviewer laughing).

I: Or like or like we talking about adjusting so you would say adapt or die.

PA: Yes, yes. Adapt or die.*

I: Yah, yah adapt or die. Well uhm is there's anything else please I know our time is running out?

PA: If you are in a hurry then we can just answer the others but I'm okay to answer whatever you want to know now at this stage.

I: Mmm. Mmm.

PA: I have to get back to the point. Even after the meeting that unit manager told that she is going to talk to the staff.

I: Yah you haven't, yes you can tell.

PA: In the ward *mos* now.

I: In the ward?

PA: And so I went to go work in ___ (ward) and when their meeting start and she came and call me. And so she had this meeting and she said uhm staff this is now what happened at at Mrs ___(surname) office and this is what Mrs ___ (surname) said and she told them. Very kindly and softly and I can felt that she was like don't want to be in the bad books with her staff. She wasn't telling them directly [emphasis placed upon word] what was said. It's almost like she's leaving it over to them [emphasis placed upon word] to read between the lines what they want to read from that. And uhm so the meeting went on and uhm Mrs ___ (surname) told the staff that uhm Mrs ___ (surname) said the extended teas and lunches is, she told and it

already early in her new role otherwise she will never talk. [Link with 92]

94. She told herself that she had to adapt or die in the new role, and she was not prepared to "die" in the new role.

[*Support 94]

happened in every ward and it wasn't me that was like just...

I: Pointing them out.

PA: Pointing them out yes. She didn't mention any surnames or any ward and stuff and stuff. So I thought to myself I did mention the ward. I wasn't scared of saying it. I told them...

I: Yah.

PA:and I even stopped her and I I told her I told Mrs ____ (surname of the person) at that stage I don't mind taking that extended teas and lunches but not when the ward is busy.

I: Mmm.

PA: When the ward is quiet then everybody can do like have this quick tea, have this chat and whatever.

I: Mmm. Mmm.

PA: But when we busy we must work as a team here.

I: Mmm. Mmm.

PA: And they were just like all so and looking and stuff. And so the other Sister came up eventually and said yoh do you know what, she's actually right guys. We take [emphasis placed upon word] long hours, we take [emphasis placed upon word] long teas...

I: Wow.

PA:and when we sit at the tea room they are looking at us. So not even us [emphasis placed upon word] is a uhh uhh...

I: Example?

PA:example for them so what do you expect. "Yah ____ [surname] you can ma shut up because you know you guilty". So she said "Yes I know I'm guilty, I'm guilty" (Changing voice tone to mimick/indicate the

party's response). (Both participant and interviewer laugh) And and then somebody talked about yah and this Sister ____ (surname).

I: So it it was, I think what you actually start was there Nancy (pseudonym), is that you you basically set a a a platform where things that bothered some people for some time and because they also thought okay let's *ma* join the team, you know.

PA: Mmm. Mmm.

I: Let's *ma* join the team in doing the wrong. Maybe that that you created a platform for them to say to tell them I'm fed up of this.

PA: Yes. I was really sick of it Mrs Roziers. Ooh I couldn't take it* and yah so the other lady said yah you *mos* run to the matrons and tell them your play was stolen by our staff. So I said no I didn't tell Mrs ____ (surname) that. I told her I spoke with the unit manager and I told her that I was upset and I told her I'm talking about the principle. *"Do you understand that? About the principle"*.

[*Support Unit 60]

I: Mmm. Mmm.

PA: I was like I put it in that tone. I told her also the principle means you don't take from another person if it doesn't belong to you. If there's a pen or a sweet you either ask whose is this if you want or just leave it.

I: Mmm. Mmm.

PA: And so.

I: Wow this young person coming into the unit now teaching people.

PA: They wasn't [weren't] happy with me at that stage. Even Mrs this Sister ____ (surname) told uhm Mr no not Sister ____ (surname) at that stage. Sister ____ (surname) came in, was at the meeting, Sister ____ (surname) actually came late. Sister ____ (surname) said yah Mrs ____ (surname) her aunt

mos worked in this ward, how I told her what we said. So I said who told you that. I didn't say who told me anything. I've got friends in this ward. Yes my aunt was also practicioning here but it wasn't my aunt that told me. Who told you that it was my aunt? *"Who told you then?"* (Mimicking voice of other party who raised the question). So I said sorry I'm not going to tell you guys who told me before Sr ____ (surname) tells who told her. So it's either fair. And so _____ (Sister's surname) said she's not going to tell. (Interviewer laughs, participant smiles). So I said okay there you have it guys. She's not going to tell so I'm not going to tell. (Smiling whilst saying this).

I: Mmm. Mmm.

PA: It's out now either we get this [these] persons together or then we just go on.

I: Mmm.

PA: And they were not really happy with me and the unit manager was like trying to say come on guys. Uhm.

I: And how do you think the unit manager, do you think if you must now evaluate how the unit manager managed that.

PA: Ooh. Oh no, she's not unit manager worthy. She can't delegate.*

I: Why you're saying that?

PA: I can stand on my feet telling her that even into her face Mrs Roziers.

I: Why, why do you say that?

PA: She can't delegate her staff, she can't manage her staff*.

I: Okay.

PA: What she do there is only ordering, packing stock away and checking stock. That's the only thing. She

[*Support Unit 60= perception of management style in the ward]

[* Support Unit 60 = her view of the Unit manager. See also underlined section marked * below.]

[*Support Unit 96]

don't delegate the staff to tell them listen here this is what is happening today.* We've got so many patients here, this one and that one is going there. I'm telling you now that staff nurse is working with that sister and you are going to that room. And please take your teas on your times, please take your lunches on your times. And be strict on that times and blah blah blah, oh no.

I: So you observed that, that she...

PA: I observed that quickly quickly quickly. Because I was thinking why is [name] ward like a shebeen. It's busy, it's loud, it's not supposed to be like this! Here are sick women coming in here.

I: Yah.

PA: They don't need people talking about their weekends and their husbands and their children and who's going uhm to Disneyland now, and must moonlight for more money and buy sheep and stuff from uniform money.*

I: Oh my.

PA: The patients is not getting the attention that they need in there!

I: So you notice all these things in the past month? Like this is happening?

PA: All that, all that Mrs Roziers. And it it made me frustrated. I was like she is not worthy of that position.*

I: Yah. Yah. Yah. Well you're gonna I'm sure in your profession in your career you you're gonna see lots of things still. And you're gonna have maybe tough times dealing with that. You're gonna have a lot of enemies on your way because it's always the person doing the right thing or addressing the wrong thing that becomes the enemy. Nobody really looks at that person with that eyes of shoo it's a good leader or whatever, you know. Unless there's really like your new role model. I can immediately assume you will

95. She perceived the ward as loud and unacceptable (See sections * on P178-179 in support of her perception)

96. She made the observation that patients did not get the attention as supposed to be and the unit manager's leadership style frustrated her.[Perception of ward culture and management style: Link with Unit 60]

[*Support Unit 96]

learn a lot from this lady.

PA: Mmm. Definitely.

I: And yah. Yah.

PA: But she's a bit scared of talking out again as well. Now she wants to go down into this system and I spoke with her and I told her no man ____ (name of colleague) please don't become one of the robots. And she actually wants to leave now because the higher people is [are] scared of her. So she's very well educated, you know.

I: Okay. Okay.

PA: And they're not happy with her on that level as well. So they've got their own personal issues on that stage. But further on she's a very good leader. She teach you whatever you needs to know. Even more. She's even taking me now with her ____ (day of the week) with to a symposium there in in ____ (town).

I: Wonderful. Okay.

PA: Then she got another e-mail for the twenty-seventh at ____ (town) somewhere round about there. There's another training session where we're going to receive certificates and she e-mailed my name through again. And she said, she said I must just go with her.

I: Nice. Nice.

PA: And she's very, she's she's really.

I: And you're quite you're you're quite assumed... assumed this role? I I I call it assumed. You're quite uhm adapted, adjusted to this role?

PA: Yes.

I: You're open for learning, whatever's gonna happen now with you?

PA: Yes. Whatever's going to happen. I want to learn. (Laughing softly).

97. She is open for learning [an eagerness for advancing her professional development]

<p>I: Well, thank you so much and I think we're having absolutely more than enough with what happened to you in this past month (Participant laughs). Okay.</p>	
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University of Cape Town

APPENDIX 9.2: UNLABELLED CLUSTERS OF UNITS OF MEANING (PA)

A. Unlabelled heading

Units: 1, 2, 8, 9, 12, 13, 19, 24, 32, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47

B Unlabelled heading

Units: 18, 20

C. Unlabelled heading

Units: 4, 6, 7, 10, 11, 21, 26, 27, 28, 29, 30, 31

D. Unlabelled heading

Units: 3, 14, 16, 17, 22, 25

E. Unlabelled heading

Units: 5, 15, 34

F. Unlabelled heading

Units: 23, 33

G. Unlabelled heading

Units: 83, 84, 85, 86, 87, 88, 89

H. Unlabelled heading

Units: 48, 49, 50, 51, 52, 53, 56, 57, 60, 61, 63, 64, 65, 72, 74, 75, 76, 95, 96

I. Unlabelled heading

Units: 66, 67, 68, 69, 70, 97

J. Unlabelled heading

Units: 54, 55, 58, 59

K. Unlabelled heading

Units: 71, 73, 77, 79, 80, 81, 82, 91, 92, 93, 94

L. Unlabelled heading

Units: 78

M. Unlabelled heading

Units: 62, 90

APPENDIX 9.3: LABELLED CLUSTERS OF UNITS OF MEANING (PA)

A. Negative feelings towards educational institution

Units: 1, 2, 8, 9, 12, 13, 19, 24, 32, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47

B. Stressors prior to the new role

Units: 18, 20

C. Fear of the anticipated change in role/duties

Units: 4, 6, 7, 10, 11, 21, 26, 27, 28, 29, 30, 31

D. Uncertainty about the anticipated role change

Units: 3, 14, 16, 17, 22, 25

E. Level of confidence and preparedness for changing role

Units: 5, 15, 34

F. Self-reliance for preparation for the new role

Units: 23, 33

G. Rewarding aspects of the new role

Units: 83, 84, 85, 86, 87, 88, 89

H. Negative perception of the new work environment

Units: 48, 49, 50, 51, 52, 53, 56, 57, 60, 61, 63, 64, 65, 72, 74, 75, 76, 95, 96

I. Embracing professional development

Units: 66, 67, 68, 69, 70, 97

J. Poor support/guidance from ward staff

Units: 54, 55, 58, 59

K. A level of professional maturity

Units: 71, 73, 77, 79, 80, 81, 82, 91, 92, 93, 94

L. Sound level of confidence in the new role

Units: 78

M. A feeling of achievement

Units: 62, 90

APPENDIX 9.4: FULL RANGE OF CLUSTERS OF THEMES AND CENTRAL THEMES (PA)

Clusters of themes [Clusters of meaning have been replaced with “Clusters of themes” (Groenewald, 2004)]	Central themes
B. Stressors prior to the new role C. Fear of the anticipated change in role/duties D. Uncertainty about the anticipated role change	Uncertainty and fear in anticipation of the reality
A. Negative feelings towards educational institution F. Self-reliance for preparation for the new role J. Poor support/guidance from ward staff	A perceived lack of support
H. Negative perception of the new work environment	A reality shock
E. Confidence and preparedness for the changing role G. Rewarding aspects of the new role I. Embracing professional development K. A level of professional maturity L. Sound level of confidence in the new role M. A feeling of achievement	A sense of achievement

APPENDIX 9.5: SUMMARY OF PA'S CENTRAL THEMES EMERGING FROM INTERVIEW DATA

Participant A's summary of central themes

- 1) Uncertainty and fear in anticipation of the reality
- 2) A perceived lack of support
- 3) A sense of achievement
- 4) A reality shock

Theme 1: Uncertainty and fear in anticipation of the reality

Nancy's thoughts and feelings about her preparedness for the new role evoked uncertainty, anxiety and fear for the anticipated reality of practicing as a CSN.

She felt uncertain about her ability to recall the knowledge learned in her training. Her perception was that the training course had a lot of knowledge transferred to them in the four years, which required that they had to study and perform practical requirements. As a result of her perception she felt that she would need to revise her knowledge by reading up. This was evident in her verbalizing:

"But then again I do feel a bit uncertain on certain stuff again because this four year course was a bit crumped [sic] you know. You have to study and you have to do practica and you have to do a lotta things [sic] in four years' time. (Interviewer: "...Mmm"). So I mean some of the knowledge must be be be touch[ed] on again. So this means that I need to take my books again and start the reading again and retrieve some knowledge again."

She perceived that her knowledge about the essential nursing skills ("basics") such as the normal values of vital signs, record keeping and knowing her scope of practice was in place. She acknowledged that she would have to pay attention to her interpersonal skills in order to be able to delegate to staff in her new capacity that she would be assuming. She viewed herself as an "immature little girl" who would be taking on the role of the manager in the ward. This perception and the fact that she would have to delegate staff that would be older than her and who would be more experienced than her, scared her. Nancy said:

"But I think the basics is in place by by me and myself now personally, so I can't speak for everybody you know...but I am a bit scared, you know... Knowing what is the normal limits of blood pressure, temperatures, uhh... Know how to do an interim in the recording patients files uhhm know my scope of practice... I mean that that kind of basics. So it is just the thing I just need to work on my IPS [interpersonal skills] again about... I'm going to be this immature little girl starting in a place in a ward where I'm going to be the manager and I need to to touch on my IPS because I'm going to work with older people that are much older than me that have been there for many many more years and then I'm there to delegate them now on stuff so...Its going to be about I must think now... uhm... professionally and not about the age because the work has to be done in the end of the day."

So that is a bit just the other part that is scaring me. How am I going to attack [address] older people that have been there for many many more years...So... (silence) yah..."

Nancy observed during her student years of clinical placement that respect between nurses and nurses' respect for patients "is out of the door". Accompanying this observation was where she noticed that nurses estimated patients' vital signs and did not perform the actual measurement of the vital signs, such as measuring a patient's temperature by doing it:

Participant A: *"in and out and they put in a number there and even with the blood pressure if they must go manually they don't even hear [a sound]."*

She described these type of nurses as:

Participant A: *"like by being student at that time when we get to the hospitals you know ... nurses are still Sarah Gamping. They... when you come there..."*

Interviewer: What does that mean?

Participant A: *It means that they... they don't do the thing as they should should do it...*

Interviewer: Oh, okay. Mmm.

Participant A: *... like taking temperature for three minutes. They do it just in and out and they put in a number there... and even with the blood pressure if they must go manually they don't even hear uhm.*

Interviewer: ...sound?

Participant A: *Sound. Or they just look at you then they estimate you you are 120/60. Now I mean we have to advocate for that kind of patients now against that Sarah Gamp nurses. And we are scared [emphasis placed upon word] because they are going to victimize us at the end of the day. They're going ... This is what we saw there..."*

The perception of poor standards of nursing care in the clinical areas of which the above was an example from Nancy evoked fear in her for anticipating her role in patient advocacy where she might have to practice patient advocacy against nurses who would practice in the manner described. She knew that as novice CSNs they would not be able to change the anticipated unprofessional conduct of nurses in the hospital immediately. The fear for the anticipation of facing unprofessional conduct from nurses in the new workplace was a result of not having knowledge of the hierarchy and communication channel of the hospital where she was going to perform Community service. Nancy also felt that they were not prepared with regard to the communication that would need to be followed with regard to a situation like that. She stated:

Participant A: *"as students like going into Community role nursing... being there... we can't change immediately the hospital setting or the ward setting that is going... that is happening there. Even though we know confidentiality isn't taking place, even if we know advocating for patients isn't [sic] taking place. And that is also things that makes [sic] us scared because we don't know how to talk where we go, where we must start ... that hierarchy of needs or this people that is in the higher*

positions. They didn't even prepared [sic] us for this is the way that you must... here's the level of... of... of communication that you must. You start there and then you end up there. We don't even know as well. And it's also making us scared because we don't know can we talk about something that is... that is wrong there..."

She feared during the time awaiting the commencement of community service how she would cope with her ability "to deal with difficult doctors". A perceived theory-practice gap, the source of her fear which was a consequence of her perception of being exposed for a very limited time during training to the management function and also due to the educational programme having a lot of theory and practical requirements. She expressed that she would have liked to have that the educational programme provided for a stronger foundation in certain aspects like nursing legislation. She described her feeling as follows:

"We weren't exposed a lot on the responsibility really of being a manager. We were just placed for that for five weeks and I mean the responsibility is so huge for us now..."

"... the course is very crumbed but I mean if they [referring to lecturers] can like on the the legal aspects of this stuff just to give more knowledge for the students on that. It's going to help us a lot..."

"And we haven't had that exposure with doctors as well and that is also a bit scary."

Phrases describing her uncertainty about enacting her first position in the real world of nursing were exemplified in her stating "drives me crazy", "scared for what is awaiting" and "it's going to be a battle." An explicit feeling of fear for renouncing her professional norms and values becoming part of unethical practice was described:

"But I'm scared I'm going... I'm going to stagnate with them into that mentality of doing the things around the right thing."

Nancy reported her feeling of anxiety for doing tasks on her own and assuming responsibility and accountability as part of the role change. She stated that she felt:

Participant A: *"a bit anxious at the other... at the other side as well, because I don't know what to expect there. That is the part that is making me anxious for... for knowing this is what you're going to do now on your own and you must take the responsibility for it... and I'm not scared for responsibility as well, just a bit anxious [sic]."*

She continued describing her uncertainty and fear by comparing herself with a "tuna fish" when she thought about the reality of practicing in her new position as a CSN. She stated:

Participant A: *"I am still very vulnerable about thinking going there thrown into... thrown there by the deep fishes, by the... by the sharks as they say. I feel like a tuna fish now."*

Nancy reached a point while awaiting commencement of community service where she regarded herself as mature to go and face the reality of clinical practice relying on her belief that she would

be prepared for the new role as long as she took along all the knowledge and competence that she obtained throughout her training. She said:

Participant A: *"... I've reached this maturity level in my mind now to think like whatever you've got with you now take it with you along, as you go you will be fully prepared."*

The feelings of fear and uncertainty described above were not confirmed or mentioned by Nancy during her description of her experience during the first month in adjusting to the new role of CSN. However Nancy was surprised that she could face the challenging incidents that she dealt with during the first month as a CSN. She reported about an incident where her new colleagues discussed her in the tea room. She regarded their behavior as unprofessional. This incident and an incident where Nancy's energy drink disappeared from the ward's refrigerator caused that Nancy requested the Unit manager of the ward to call a meeting with the staff to address the matters. Nancy confronted the colleague who started the discussion of her in the tea room and handled the situation very professional. The aforementioned incident and how Nancy dealt with it will be discussed under the theme "A reality shock".

The way in which Nancy managed the situation described above countered her anticipated fear of *"that mentality of doing the things around the right thing."* A verbal expression of Nancy's experience of adjusting in the new role during the first month of practicing as a CSN explicitly conveyed that she overcame her anticipated uncertainty and fear of the reality described under 'a sense of achievement':

"I settled in now. I found my feet."

Theme 2: A perceived lack of support

This theme emerged from Nancy's perception of the inadequate support that she received in preparing her for the new role from the educational institution, followed on by her perception of inadequate guidance provided to new staff once she assumed her new role in the clinical facility.

A perceived lack of support from the educational institution:

The perceived lack of support by the educational institution for preparing her for the new role contributed to Nancy feeling mentally unprepared for assuming the new role. She felt:

Participant A: *"... we weren't even well prepared for this role to go out and to be like this professional nurse at the end of the day. They didn't prepare us mentally."*

Nancy questioned the perceived lack of support from the educational institution's teaching staff and clinical educators, whom she expected would be available to support them in their fourth year, especially during the time before they were to commence in the new role of CSN. Her expectation was that the teaching staff would have information sessions with them about the expectations pertaining to the role of the CSN, such as:

"This is what you must do and this is what you can't do and so. I mean they've mentioned it from first year but I mean we haven't had uhh, uhh, uhh... [sinc] a tool like on like okay this is now your final. You've, you've reached the end and this is what you are, this is what people are going to expect of you. We haven't had a session like that yet."

Nancy experienced stress due to her being unsure of her living arrangements and the possibility of travelling to work. She did not receive support from the educational institution in her arrangements pertaining to accommodation. She felt "angry" and "unhappy" towards the educational institution because she had to struggle in communicating with the contact persons at the hospital of placement and the new residence. The fact that she was not certain about her future accommodation contributed to feeling stressed about making alternative accommodation arrangements which might result in her travelling to work by herself, which she was not used to when she used to live in the students' residence. Her verbatim quotes:

Participant A: *"We struggled a lot with accommodation. We are not even sorted out with that accommodation itself at the hospitals*

but we struggle mos [sic] now with accommodation because we don't have uhm money for advance to pay for uhm a place to rent yes...

... it it did made us feel very angry because when we feel we feel it's a uhh... a management problem. They didn't manage this thing like they should have done it. I mean it is not our responsibility. It's our responsibility to look for accommodation, yes but I mean they didn't ca... give us stuff like in advance so that we could make uhh...uhm clear uhm preparations for our accommodation and now we sit with this. We must think now where are we going to get traveling money to... to our hospitals or are we going to get accommodation. Now we must phone around for... for people that is staying nearby the hospital until we get our...our... our... our yes or our no at this placement officers by the accommodation as well. And now you think of this you must still get new uniform and shoes and everything and at what time are you going to wake up. Are you going to be able to with all the stressors?[sic]"

She stated that she felt "frustrated" due to the fact that there were people available at the educational institution to prepare them for the new role and that these people did not fulfill her expectation. Her verbatim quotes:

"It is a bit frustrating by knowing there were people that... that... there are [were] people that can like [sic] lead us into the role to be prepared at the end of the day but none of them did nothing for for prepar... preparation [sic] for us to go there."

Nancy felt deprived of feeling excited and proud principally due to the perceived non-existent support from the educational institution, expressing herself as follows:

"They took that excitement away [emphasis placed upon word] from us. I don't know, maybe at our first pay cheque [sic] we will feel the excitement again but at this moment we feel so dead because of this unpreparedness for going into this new role now... I mean I wanted to feel proud of going to be a Community Sister at the end of the day... but they took that view away from us."

Nancy adopted a mental strategy to prepare herself for the anticipated transition to the new role. In times where she experienced that her thoughts evoked fear or uncertainty in her, she would mentally motivate herself, evident in the following excerpt from her interview:

“And then at another time I have to prepare myself by thinking you’ve come this far. You’ve finished your studies now, try to make it work for yourself. And then I have to like get myself into perspective again and mould myself around that feeling now. You’ve studied. You need this kind of money now to do the best of your ability and just do the right thing and you will be out of trouble. Even if people is going to hate you at the end of the day. And that is what make me calm and do like put that battlefield out of my mind.”

For Nancy the perceived lack of support from the educational institution continued once she commenced in her new role as CSN. Nancy was informed during the Orientation time in the hospital on her first day that she needed to leave the hospital because there was no contract for her. Nancy experienced anger after she heard the news of having no employment contract. She approached the educational institution immediately after she learned the news and spoke with the person at the educational institution who was responsible for the placement of the newly qualified CSNs. Initially when she arrived at the educational institution she was informed that she had no contract at the hospital because she was in arrear with practical hours. She informed the administrative official that she had evidence that she did not owe any practical hours. Nancy learned at the educational institution that her documentation had been sent off to the Department of Health with the students who wrote and passed their second opportunity examination. Nancy could not understand why that could have happened because she was successful in her first opportunity examination. Her recollection of that day was:

Participant A: *“But anyway to get back to that point on day one, she told me there’s nothing that she can do. Here’s no contract for me, here’s nothing and we have to leave.”*

Interviewer: Oh my word.

Participant A: *“And I was so upset! So I asked her, personally what do you think I would [should] do now. And she said, personally she think[s] that I should go back to the college and go find out what’s going on there or go to Head Office. I was so cross and I felt like going straight to Head Office but then I thought again to myself go via the routes first.*

By then when I got to Mrs ____ (surname), I was like asking her, Mrs ____ (surname) I don’t understand. ____ (hospital’s name) said there’s no contract for me there but they stated that I was going to start on the first of August there and I passed the first time so I don’t understand why why was I chased away. And then she said that uhm apparently to them I owed some hours. So I said no I don’t owe any hours to you guys. I have got copies of my original hours that I’ve made and I can prove it to you right now.”

The person at the educational institution who was responsible for placing the newly qualified CSNs informed told her that she would only be starting the following month and that she should go home and rest. This in turn caused more anger in Nancy because she was worried of not having any money to pay the people by whom she stayed. She requested to speak with the manager of the educational institution about the matter. She perceived the manner in which the manager

spoke with her as rude, especially since he refused to speak with her while she was accompanied by a friend of hers. Nancy's verbatim quotes were:

Participant A: *"I ask[ed] them to talk with ___ [person at educational institution].*

My boyfriend wanted to go in with me just to support me and ___ [person at educational institution] chased my boyfriend out. And that was even rude as well [sic]."

Nancy was not happy with the response that she received from the educational institution and went to the Department of Health where she spoke with the person who was facilitating the community service of nurses in the Western Cape. Nancy informed the person at the Department of Health that she was very cross and felt embarrassed, which she did not anticipate, due to being sent from the new workplace while she did complete her studies successfully. The fact that the educational institution made a mistake with her documentation was affirmed at the Department of Health. The incident was attended to immediately by the person whom Nancy communicated with at the Head office after the educational institution at that time sent Nancy's documentation through to the Head office and it resulted in that Nancy started working the following day. Although the incident was resolved Nancy felt angry towards the management of the educational institution because similar problems happened during her student years as well. Her verbatim quotes:

Participant A: *"And I told her ___ (name of lady) I feel now so embarrassed this whole day. Listen here, people chased me away from ___ (hospital's name) because I don't have a contract while I passed it first time. So I don't understand there's no contract for me at ___ (educational institution) and there's no contract for me at ___ (area name).*

Interviewer: At ___ (hospital's name)?

Participant A: *At ___ (hospital's name) yes. And she told me they just email[ed] your stuff now to me, that's why you didn't have a contract.*

Interviewer: Mmm?

Participant A: *Now you tell me where was the fault she ask[ed], she told me. So I said oh okay, now I figured it out it was really management. And it happened during student years uhm as well. So that's why I was so angry..."*

Her verbatim quotes that reflected her feeling of anger were:

Participant A: *"And I was so so very cross and not happy with this whole day that was happening..."*

A perceived lack of support from the hospital staff:

A feeling of professional isolation was reported by Nancy as she described her perception of the lack of guidance given to her by her new colleagues once she assumed her new position in the hospital. She reported that the staff did not tell her what she must do in the ward and that she was just left on her own, having to rely on her own knowledge that the observations of patients need to be done. She described her experience:

Participant A: *"... they don't even telling [tell] you what to do. You are just placed there by yourself and you know by yourself the observations must go on.*

The support in the ward from her colleagues was perceived non-existent as she felt that she was on her own in her new workplace:

Participant A: *"You are on your own there as well."*

Theme 3: A sense of achievement

This theme prevailed throughout Nancy's description of her experience of role transition during the first month of practicing as a CSN. She entered into the new role with a firm level of confidence. She dressed in a white uniform dress on her first day because she felt very proud of being a CSN. She experienced that the white uniform dress "boosted" her sense of confidence to assume the role change. She said:

Participant A: *"I even went mos [sic] on my first day with a white dress into the ward. A uniform white dress as a nurse (laughing) because I was so proud of going to work and all that.*

The fact that I had on my white dress... (laughing). It gave my confidence a boost (laughing)."

For Nancy the role change brought along a feeling of being heard in her new position, which was perceived as opposite when she was a student nurse. She perceived that nursing staff treated student nurses in a sense of "putting [them] down". She was aware that the role change was commensurate to being listened to as opposed to the time when she was a student and not being listened to, and just following instructions irrespective of the frustration that it caused then. She described her experience as follows:

Participant A: *"Part of the training about experiencing the people that are putting you down in the ward as a student and you was just going to do what you was supposed to do [sic]. You eat up whatever they're telling you. You eat up their long hours, you were just like eating up everything that was like frustrating you. And it was like now at the end of the day when you have to to to have your say or when eventually at this point when people are going to listen to you you can talk now.*

Now you can talk.

They are going to listen to you know.

I am in that position now where you have to listen to me now."

For Nancy the role change rid her of certain onerous aspects of student life such as not having to study after a day's work. She valued the idea that she could relax after a day's work and spend "quality time" with her family instead of:

"... [having] have to go back to books and I'm finished with my long hours [sic]."

Nancy spontaneously spoke about the deserving feeling of receiving a salary as part of her role change. Nancy initially reacted with disbelief when her first payment, the uniform allowance, was paid into her bank account. At first she had to confirm the amount and whether it was really her money with an acquaintance in order to believe that she received a payment. Her disbelief was even greater when she saw an amount into her bank account reflecting her first monthly salary, but then she realized that the money being paid into her account was well deserved because she worked long hours for that. She realized then only that she earned the money. She described the experience as follows:

Participant A: "Even when I first got the uniform allowance and my phone went off that morning. I was like what is this. I don't believe what is this. I went to my boyfriend and I ask him where does this money come from (laughing) and he now said this is your uniform allowance. It was R1700.00 before the monthly payment at the end of the month. Just a week before that. And that day on the Friday I was off and then the phone goes off again. And I saw another amount and I was like what is this (laughing). Oh my goodness!

I couldn't believe it and then again I was like getting to reality. And I was like hallo girl you deserve this (laughing loud), I mean you worked so many hours for this."

Nancy experienced a moment of disbelief in the manner in which she managed a conflict situation that occurred during her first month practicing in her new role. Her disbelief was especially with regard to the outcome of a meeting in which the issue around the conflict was discussed. In the meeting one of the permanent employed registered nurses affirmed Nancy's observation of the ward culture of taking extended tea and lunch breaks did not portray a good example for new staff in the ward. This incident was described under the theme "A reality shock".

For Nancy the challenges that she faced and the fact that she could address those challenges (addressed under 'a reality shock) contributed to her evaluating herself as being "settled in". She felt that she found her feet in the new role. Her verbatim quotes were:

"I settled in now yes. I found my feet."

She adopted a positive mind-set of embracing the opportunity to learn as much as she can during the time of being a CSN. Nancy told herself that it was imperative that she had to speak up for herself as early as her first month of placement because she did not want to become:

Participant A: "like a robot..."

Her analogy "adapt or die" and that she "wasn't prepare to die now" sufficed as the appearance that she possessed an ability to advance professionally in her new role as a nurse who would be:

“doing my [her] things...[be] ethical...[and] professional. I want followers [She wants followers]. I want to learn as much as I can [She wants to learn as much as she can].”

During the first month of placement Nancy was approached by the Unit manager to rotate to a more complicated area of nursing care in the department. She agreed to the request and viewed the rotation as a positive change due to her becoming empowered with more knowledge and skills learned. Being placed in this specific ward caused her to feel that she possessed more knowledge than her nursing colleagues from the previous ward. In her view they did not know how to do nursing skills such as medication dosages and reading a central venous pressure reading, which she could do now as a result of being rotated to the new ward. This competency and the fact that she learned on a daily basis escalated her level of confidence and successful adjustment to the new role and the challenges within the new role:

“It’s positive and it even gave my confidence another boost. Because the ___ ward, the ___ ward people don’t have enough hope. Some in the sense of working and all that. Their skills went down the drain. They don’t know the medication dosages anymore and CVP readings.

So I am like really feeling good about that change.”

Nancy reported that she committed herself to be receptive for professional development. She stated:

Participant A: *“Whatever’s going to happen I want to learn.”*

Theme 4: A reality shock

Staff’s attitude:

An unpleasant experience that Nancy reported on was the staff’s attitude towards welcoming her when she commenced in her new role. She observed that personnel did not really take note of them who started as they were taken through the wards during the orientation period. She perceived that people at her new workplace appeared not to care about staff as people. For Nancy it appeared as if the personal dimension of caring for employees as human beings were absent in her new working environment. She verbalized her perception:

“They [did] not really care cared caring [sic] about a person as [an] individual or as a staff member.”

Nancy reported that she was not welcomed warmly in the ward where she commenced her first position as CSN. She recalled that the managers in the hospital praised her for wearing a white uniform dress on her first day and that she felt good about their praise. However when she arrived at her new ward the staff were commenting that her dress was too short. She perceived the staff’s attitude conveyed that they immediately “labeled” her. Her verbatim quotes:

Participant A: *“It’s only one or two who said welcome.”*

“They labeled me immediately immediately when I started there [sic].”

She perceived her orientation period as one where everything that was done was by the staff for them was done in a hurried fashion. She believed that this was the result of her commencing with Community Service at a later stage due to not being able to commence as it was originally planned for. She missed out on a session about quality assurance, which caused her to not feel good about that. The orientation in the ward was also experienced by Nancy as fast. When she informed the person in the ward who conducted the orientation, the response was:

"This was ___ (name) ward. You have to think on your feet here, girl."

The Unit manager of the ward informed her that they launched an orientation programme within the ward self for novice nurses. However this orientation programme never realized with the new CSNs that started in the time while Nancy worked there.

Nancy encountered an unfortunate event where an energy drink of hers disappeared from the ward's refrigerator. When she enquired from the staff whether any of them knew who might have taken her energy drink their response was that things get stolen every day and her incident was not a first time occurrence. She informed the Unit manager that she was unhappy with this incident and requested the Unit manager to call a meeting with the staff to inform the staff that the stolen energy drink was not what caused her unhappiness but rather the principle of *"you don't take from other people."*

Participant A: "And after they said they didn't see it I went to the Unit manager and I told her I'm very unhappy about uhm this uhm incident that happened. My play is gone and nobody knows where it is.

And I put it in the fridge. All the other people's cold drinks are there but my Play energy drink is now gone (frowning).

But I tell [told] her what I wanted to come down to is that you have to talk to your staff. I feel it's about the principle. The play is just R19.00, R20.00 and it's not about the money value.

It's about the principle you don't take of other people."

Following the incident where her energy drink was stolen, she faced a situation in the ward where staff discussed her in the tea room after the newly appointed CSNs had a joint meeting with the person in charge of their welfare. This person was referred to as the "Curator" at the hospital where Nancy was placed for her community service. At this meeting the Curator asked the newly CSNs if there were any problems that they experienced in their wards of placement. Initially she felt a bit scared to speak in front of the group of newly CSNs but eventually she spoke about how she experienced the new ward environment. She mentioned about nursing staff who took extended tea and lunch breaks and she perceived that the new nurses in the ward were left on their own, without an experienced person to provide supervision for them.

Nancy was afterwards informed by her aunt who also worked in the same ward where she was placed that somebody informed the ward staff of her feedback in the meeting about her perception of the ward's culture. Nancy had a suspicion that it might have been one of the CSNs

that worked in the same ward who informed the ward staff of her comments made in the meeting with the Curator. She identified the behaviour of her colleagues discussing her in the tea room unprofessional. Her verbatim quotes:

Participant A: *"I wasn't quite sure about my my evidence. And uhm I told her yoh that's really unprofessional. Why why did they make of me a topic at at that tea room and that nogal [Afrikaans term that could be translated in the context of the sentence as "actually"] in the tea room?"*

Nancy confronted the person who started the discussion about her in the tearoom. She communicated the facts to this person about what she mentioned in the meeting with the Curator and invited this person along to a meeting that she had scheduled with the Curator to discuss the unprofessional behaviour of the ward staff.

Participant A: *"... we went to this private room in the room just opposite the office. And then we sit [sat] there and I told her uhm I heard that you was [were] like [sic] discussing me in the tea room and I don't feel happy with it because I feel if she had a problem with that that she should had like contacted me and asked me about whatever she was like discussing me about.*

So I told her I'm going down to Mrs ____ (surname) now, I've made an appointment with her. You welcome to come with then you can hear from her mouth what I said in that meeting.

And I am going to tell you now also what I said. Yes I told her [referring to the Curator] that here are extended teas and extended lunches."

The outcome of this incident being perceived by participant A as unprofessional behaviour from the ward staff was that a ward meeting was called by the Unit manager to inform them about participant A's observations made in the ward. This resulted in that one of the ward staff Sisters affirmed the ward culture was indeed not right, because they did not portray a good example for new staff. Excerpts from participant A's interview as she described the conversation transpiring in the ward meeting:

"And they were just like all so [quiet] and looking and stuff. And so the other Sister came up eventually and said yoh do you know what, she's actually right guys. We take [emphasis placed upon word] long hours, we take [emphasis] long teas... And when we sit at the tea room they [referring to new CSNs] are looking at us. So not even us [emphasis placed upon word] is [sic] uhh uhh...

Interviewer: [An] Example [sic]?

Participant A: [an] example for them. So what do you expect?"

The health care environment:

Nancy's observation of the current work environment was appalling and unanticipated. She found the new workplace's ward culture in contrast with her professional values. She perceived that the Unit manager could not execute effective delegation. Her view of the Unit manager was that she was basically just ordering stock and unpacking stock. Her observations that she made with regard

to the ward environment during the first month practicing as a CSN was not what she expected. Her view of the unit manager was that the Unit manager:

Participant A: *"... was not worthy of that position".*

In Nancy's opinion the Unit manager basically just ordered and packed stock away. The Unit manager did not delegate tasks to staff or handed report over to what her expectations were of the staff. Nancy described her perception of the unit manager as follows:

Participant A: *"What she do [does] there is only ordering, packing stock away and checking stock. That's the only thing. She don't delegate the staff to tell them listen here this is what is happening today. We've got so many patients here, this one and that one is going there. I'm telling you now that staff nurse is working with that Sister and you are going to that room. And please take your teas on your times, please take your lunches on your times. And be strict on that times and blah blah blah, oh no. [sic]"*

Nancy perceived that there was no team work in the ward. Staff did not want to take responsibility for tasks. She observed that extended tea breaks and lunch breaks were a norm in the ward, irrespective of the demand of patient care that needed to be attended to. Nancy observed at some stage that the ward was loud and in her view it was not:

"supposed to be like this".

Her perception was that the patients did not receive the care that they were supposed to receive because nurses spoke about their personal matters/ household matters while attending to the patients. This in turn caused her to perceive that the patients did not receive *"the attention that they need[ed]."* Nancy's voice was louder whilst she communicated about this observation that she made. She mentioned that the observation of the non-conducive environment to patient care frustrated her, concomitantly the unit manager's leadership skills.

Participant A: *"Because I was thinking why is ___ ward like a shebeen [emphasis placed upon word]! It's busy, it's loud, it's not supposed to be like this. Here are sick ___ [referring to kind of patients] coming in here.*

They don't need people talking about their weekends and their husbands and their children and who's going uhm to Disneyland now, and must moonlight for more money and buy sheep and stuff from uniform money.

The patients [emphasis placed upon word] is not getting the attention that they need in there! [sic].

And it it made me frustrated. I was like she [referring to the Unit manager] is not worthy of that position."

APPENDIX 9.6: GENERAL AND UNIQUE THEMES THAT EMERGED FROM ALL PARTICIPANTS' INTERVIEW DATA

	THEME: Uncertainty and fear in anticipation of the reality	THEME: A sense of achievement	THEME: A reality shock	THEME: A perceived lack of support	THEME: Ambivalence: being a male Community Service nurse	THEME: Surviving the first month
Participant A	X	X	X	Y		
Participant B	X	X	X	Y	Y	
Participant C	X	X				
Participant D	X*	X	X	Y		Y
Participant E	X	X	X			
Participant F	X	X	X			
Participant G	X	X	X			
Participant H	X*	X		Y		Y

*These participants' interview data emerged in a central theme: Uncertainty in anticipation of the reality.

Once the summaries of all participants' interview data were read again, the general theme: Uncertainty and fear in anticipation of the reality emerged as the most common theme with describing the two participants' individual variations (which related more to uncertainty than fear for them) within this general theme.

The researcher employed phenomenological reduction throughout this process of explicitation of the interview data. During stage five the following themes emerged as most common to all of the interviews and were identified as general themes (Hycner, 1985):

- iv) Uncertainty and fear in anticipation of the reality
- v) A sense of achievement
- vi) A reality shock

Themes unique to the minority of the participants' interviews are called unique themes (Hycner, 1985). The unique themes were:

- iv) Disillusioned: perceived lack of support- Renamed to this theme after reading the summaries of the participants whose interview data in the central theme: perceived lack of support.
- v) Ambivalence: male's perspective Community Service Nurse- Renamed after reading the summary of the interview data
- vi) Surviving the first month

APPENDIX 10: ETHICAL APPROVAL FOR THE RESEARCH STUDY



UNIVERSITY OF CAPE TOWN

Faculty of Health Sciences
Human Research Ethics Committee
Room E52-24 Groote Schuur Hospital Old Main Building
Observatory 7925
Telephone [021] 406 6626 • Facsimile [021] 406 6411
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10 January 2011

HREC REF: 601/2010

Mrs R Roziers
c/o Mrs Una Kyriacos
Nursing & Midwifery
Health & Rehab
F Floor, OMB

Dear Mrs Roziers

PROJECT TITLE: NEWLY QUALIFIED NURSES' LIVED EXPERIENCES OF ROLE TRANSITION FROM STUDENT NURSE TO COMMUNITY SERVICE NURSE.

Thank you for submitting your new study to the Faculty of Health Sciences Human Research Ethics Committee.

It is a pleasure to inform you that the FHS HREC has formally approved the above-mentioned study.

Approval is granted for one year until 15 January 2012.

Please send us an annual progress report (website form FHS 016) if your research continues beyond the approval period. Alternatively, please send us a brief summary of your findings so that we can close the research file.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote the REC. REF in all your correspondence.

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, HSF HUMAN ETHICS

Federal Wide Assurance Number: FWA00001637.

lemjedi

APPENDIX 11: COMPREHENSIVE TABLE ILLUSTRATING GENERAL AND UNIQUE THEMES EMERGENT FROM CENTRAL THEMES AND CLUSTERS OF THEMES OF ALL PARTICIPANTS' INTERVIEW DATA

Clusters of themes	Central themes	General and Unique themes
<p>Fear of the anticipated role change</p> <p>Uncertainty about the anticipated role change</p> <p>Uncertainty about competence</p> <p>Anxiety about the new work environment</p> <p>Stressors prior to role change</p>	<p>Uncertainty and fear in anticipation of the reality [n= 6/8]</p> <p>Uncertainty in anticipation of the reality [n= 2/8]</p>	<p>General theme 1: Uncertainty and fear in anticipation of the reality</p> <p>Data in context:</p> <p>The responsibility of managing a ward [n= 6: A;PB;PC;PE;PF;PG]</p> <p>Inability to manage conflict [n=2: PF; PG] (uncertainty about ability to manage conflict between staff);</p> <p>Fear of expectations of the hospital staff about immediate competency [n=3: PB; PG; PE]; fear being left alone in the ward to manage a ward [n=1: PB];</p> <p>A perceived deficiency in the nursing curriculum [n=2]: fear communication with doctors; [n=1: PA]; fear managing a ward due to limited time of practice as "Acting Sister" [n=1: PB];</p> <p>Uncertainty and fear of delegation (fear and/or uncertain about ability in delegating staff who are older (age factor) or more experienced [n=3: PA; PF; PH];</p> <p>Observed unethical practice: fear victimization [n=2: PA; PE];</p> <p>Not knowing what to expect in the new workplace [n=5: PA; PB; PC; PE, PG]-anxiety about not knowing the area of placement [which ward, n=2: PC; PG];- the working environment (staff attitude: will staff teach them?; uncertain about being welcomed in the ward) [n=2: PB; PG];- feeling</p>

Clusters of themes	Central themes	General and Unique themes
		<p>anxious [n=3: PA; PE; PG] and fearful [n=2: PB; PE] about not knowing what to expect in new ward</p> <p>Doubting their competence [n=3], uncertainty about:- skills [n=2: PA; PE];- ability to recall practical skills [n=1: PD];- ability to deal with “stressors” [n=1:PA]</p>
<p>A feeling of achievement</p> <p>Excitement -about role change and - in new role</p> <p>Confidence and preparedness for the role change</p> <p>Rewarding aspects of the new role</p> <p>Embracing professional development</p> <p>Level of professional maturity</p> <p>Positive acceptance by the ward staff</p> <p>Sound level of confidence in the new role</p>	<p>A sense of achievement [n=8/8]</p>	<p>General theme 2: A sense of achievement</p> <p>Data in context:</p> <p>A feeling of achievement, excitement and eager anticipation: prior role change: feeling proud (-in anticipation of assuming the role [n=4: PD;PE; PF; PG]; looking forward to the new position [n=4: PC; PF; PG; PH]; excited about the future new status (“not being a student anymore”) [n=5: PC; PE; PF; PG; PH]; excited about changing responsibility [n=3; PE; PG; PH];</p> <p>Confidence and preparedness for the role change: feel prepared for the role change [n=8]; no negative thoughts about preparedness for role change; “no stress” [n=2: PC; PF; n=1: PG]; anticipates no fear asking questions in the new workplace [n=3: PB; PE; PG]; adopted a positive mind-set to anticipate readiness for the role change [n=5: PA; PB; PC; PE; PG]; a sound level of confidence in anticipation of the changing responsibility [n=6: PA; PB; PD; PF; PG; PH];</p>

Clusters of themes	Central themes	General and Unique themes
		<p>Rewarding aspects of the new role: good guidance/support received from health care staff [n=2: PB; PD]; earning a salary (a deserving feeling- the money was earned [n=4: PA; PB, PD, PF- PD, PF felt proud; PA, PF felt disbelief; PB “money’s a bonus”]; independence, personal advancement: PF]; -prospect of earning a salary on a monthly basis contributed to feeling mature and reassured [n=1: PG]; rewarding feeling (not a student anymore- after a day’s work no need to prepare for assignments [n=2: PA; PF]; can spend quality time with family/ can relax [n=1: PA]; positive feedback from management caused feelings like “stunned”, “getting stars.” [n=2: PC; PF]; experienced recognition and acknowledgement from ward staff [n=4; PB; PC; PE; PF];</p> <p>Positive acceptance by the ward staff: feeling part of the ward team [n=3: PB, PC; PF];</p> <p>Feelings of achievement, excitement and confidence in the new role: excited on the first day with taking report over during staff/shift rotation [n=1: PC]; feeling “ecstatic” being in the new role [n=1: PF]; feeling proud:- upon actual assumption of the role [n=5: PA; PB; PC; PD; PE; PF]; being able to provide input in/feedback about patient care [n=4:PB; PC;PD; PE]; a good feeling: feeling like a “real Sister” [n=4: PB; PD; PE; PF; PG]; sound level of confidence (with assuming responsibility of new role- managing a ward [n=3: PB; PC; PD]; asking questions in the new</p>

Clusters of themes	Central themes	General and Unique themes
		<p>role [n=3: PB;PD; PF]; wearing uniform: feeling proud, elated feeling of confidence in new role [n=2: PA; PD]; feel competent and capable in the new role [n=4: PB; PC; PF; PG]; adjusting to the new role [n= 6: PA; PB; PC; PD; PF; PG]: “found my feet” [PA]; “just change quickly” [PB]; “one month is enough” [PF]; “settled in comfortably” [PC]; “Really no problems... no shyness because I’m in charge” [PD]; “I won’t say I’ve mastered it but I’m getting there” [PG].</p> <p>A level of professional maturity: employ sound level of assertiveness, professional communication style [n=6: PA; PB; PC; PD; PE; PG]; prepared to face future challenges in the new role [n=5 : PB; PC; PD; PF; PG];</p> <p>Embracing professional development: eagerness to learn (professional development): already worked in other wards/areas not familiar to their placement [n=3: PA; PD;PE]; first month is all about learning [n=6: PA; PB; PC;PD;PF; PG]; working in a new ward different to clinical placement regarded as an opportunity to develop [n=3 : PA;PC;PE]</p>
<p>Negative perception of the new work environment (staff attitude; health care environment)</p> <p>A shocking reality: the disease profile of patients</p>	<p>A reality shock [n=6/8]</p>	<p>General theme 3: A reality shock</p> <p>Data in context:</p> <p>Staff attitudes: time of orientation was short, in contrast to normal length that orientation used to occur at other hospitals [n=1: PD]; quality of orientation inadequate</p>

Clusters of themes	Central themes	General and Unique themes
		<p>[n=1: PE]; pace of orientation fast (“people only show things once and expect one to remember”)</p> <p>[n=2: PA; PG]; felt unwelcome during ward orientation [n=3: PA: felt “labeled” by staff; PE; PG]; some nursing staff not wanting to acknowledge their role eg not referring to them as “Sister”) [n=3: PB, PE, PG]; tasks assigned which were not familiar tasks (caused frustration: perceived expectation of competency from person in charge [n=1: PF]); unprofessional conduct of nursing staff (resulting in conflict between CSN and staff member) [n=3: PA,PF, PG];</p> <p>The health care environment: ward climate not conducive to patient care (“busy... loud, ... not supposed to be like this”- data of PA; poor professional standards upheld in ward) [n=2: PA; PE]; hospital financial plan more important than shortage of staff [n=1: PE]; perception that the quality of patient care is determined by race (unethical practice; negative attitude towards patients with AIDS) [n=1: PE]; management perceived as disorganized [n=1: PE]; managed ward alone [n=2: PD, PE]: the inexperienced staff are there for guidance (answering questions are new CSNs due to shortage of staff) [n=1: PD]; reliant on telephonic communication (caused fear) [n=1: PE];</p> <p>The disease profile of patients: experienced a degree of distress w. r. t. young patients’ admitted with HIV,TB [n=1: PD]</p>

Clusters of themes	Central themes	General and Unique themes
<p>Negative feelings towards educational institution</p> <p>Poor support from ward staff</p>	<p>A perceived lack of support [n=4/8]</p>	<p>Unique theme 1: Disillusioned: perceived lack of support</p> <p>Data in context:</p> <p>Lack of support from the educational institution: not mentally prepared by educational institution for the new role- caused frustration [n=1: PA]; feelings of anger towards educational institution for not supporting them in accommodation arrangements [n=2: PA; PH]; no excitement and pride (due to perceived lack of support from people- lecturers and management- educational institution)[n=1: PA] ; feelings of anger, disappointment towards educational institution upon commencement in the new role (no contracts at the hospitals for them to start working) [n=3: PA; PB; PD]; feel embarrassed due to not having contract at new workplace [n=1: PA]; affected concentration in the first week (having no contract at workplace) [n=1: PD]; affected appetite (“no eating for three days”) [n=1: PB]; felt discouraged, disappointed (felt “incomplete”, not qualified according to the educational institution or the hospital management) [n=2: PD;PB]</p> <p>Lack of support from ward staff: left in the ward alone with no supervision when ward is busy (caused frustration, did not like the situation) [n=1: PA]</p>
<p>Fear of acceptance based on being a male CSN</p>	<p>Ambivalence: a male’s perspective [n= 1/8]</p>	<p>Unique theme 2: Ambivalence: a male’s perspective</p>

Clusters of themes	Central themes	General and Unique themes
		<p>Data in context:</p> <p>Fear in anticipation of being accepted as a male CSN: Scared of being treated indifferently because of being a male (perception borne from observations as a student nurse) [n=1: PB]</p>
<p>Uncertainty about financial resources</p> <p>Anxiety and uncertainty about adjusting to the new residence</p>	<p>Surviving the first month [n= 2/8]</p>	<p>Unique theme 3: Surviving the first month</p> <p>Data in context:</p> <p>Uncertainty about financial survival: uncertain about having money to “survive” until the end of the first month in the new role [n=2: PB; PH];</p> <p>Uncertainty and anxiety about adjusting to the new residence: uncertain (worry) about accommodation environment (sharing a room with a person; concern about personal belongings and possessions in the room with a stranger whilst being at work) [n=1: PH]; feeling anxious about residing in a new residence [n=1: PD]; disappointed with circumstances in the new residence [n=1: PD]</p>

APPENDIX 12.1: UNCERTAINTY AND FEAR IN ANTICIPATION OF THE REALITY

Findings reported by participants are described in this section in more detail according to their verbatim. The following data in context (Appendix 12.1 to 12.6) is additional to findings described in the themes in Chapter four. (P refers to participant and the letter following P refers to the code assigned to the participant. In some instances the pseudonyms reflect, followed at the end of the transcribed verbatim quotes by the assigned code of the specific participant).

General theme 1: Uncertainty and fear in anticipation of the reality

- a) The responsibility of managing a ward

Verbatim quotes of the three participants mentioned in Chapter four:

Sweetness: *"It's like [sic] a bit scary because now you ...you have to stand on your own two feet. You then had [sic] to take responsibility as witness sister [signing legal documents, etc] and then while on the other hand [while you were a student] you were just like under the wings of the of the, the operational managers in charge and the other nursing and staff around you but although there are support also, you had also had to bring up [sic] and stand up for your rights and to act now as in your scope of practice now [emphasis upon word 'now']."* (PC)

Daisy: *"But what I say is, you are the newcomer. Some people may and may not take advantage of you and of you being uhm... new and irrespective of the rank uhm... nurses feel you're invading or you're, you coming [sic] into their space and they feel threatened. And especially when you are younger than the people in the ward irrespective of rank they also feel that you can't give them duties as is expected of you... that is in that position. If I can make an example of how I did my Management and what the Unit manager uhm... told me what to do. When I come into the ward I must make out duties and whatever for the day and so forth and so on. And they [Interviewer established by asking who "they" refer to, that she meant the nurses in the ward] would come to me and they would ask me to change like, say for instance tea time, because they want to go together. They would ask me to change the duties that was [sic] set out for them. Even the students did that with me. And... uhm... she [referring to the Unit manager] called me in and she had a chat with me, because she was aware of what was happening and she didn't confront me [at] that moment. Uhm. She called me one side and she spoke to me about uhm... delegation yah. And said you can be strict, you can be firm and you can still be nice. . So yah, it was just things like that, that but other than that it was... She actually advised me to be more firm, to speak a bit louder and things like that, because otherwise uhm... nurses, fellow nurses or students will take advantage of that. That was just always my worry, even now that I'm at home."* (PG)

DJ's fear of being left alone in the ward to manage the ward once he assumes his new role was attributed to his observations that he made while he was a student and noticing how the newly qualified CSNs were left all on their own *"to struggle."* For DJ the anticipation of the reality of

CSNs that are left alone in the ward to manage the ward from four o'clock due to the Sister in charge finishing her day's duty hours, arouse fear. He feared for the time when he would be managing the ward and there would be new admissions of patients to the ward and other "complicated things", especially after four o'clock when the Sister in charge had already finished working. The anticipated fear related to the fact that he would have no support in the form of another registered nurse who would be there with him in the ward, supervising him.

He stated:

Participant B: *"I'm very scared of that period. And then maybe the next morning they're gonna complain I didn't do this and this and this. But they left me already in the department and they forget I'm a com serve. They have that mind oh he's prepared now, he's a he's a Sister although he is a com serve. And then they sometimes, they... As I was an Acting sister last year so I already experience that so they use that they are leaving the com serve [sic] there and the com serve [sic] are struggling, struggling, struggling... to get information. I don't like that, they just leave the com serve alone there. And it's happening about ... till first year up until now to be a fourth year. I'm always looking at that, always experiencing that. Com serve are very struggling [sic], even if..."*

Interviewer: Have your friends, previous friends uhm [told you that?]

Participant B (DJ): *"Yes, they told me that and I even saw [emphasis placed upon word "saw"] that, eish [sic]. It's a big problem that one."*

The other two participants' verbatim quotes:

"I am still very vulnerable about thinking going there thrown into... thrown there by the deep fishes, by the... by the sharks as they say. I feel like a tuna fish now." (PA)

"I'm a little scared but I mean it's your first year, it's your first year. You have never worked in this thing; everything that you supposed to that you supposed to know is, is supposed to materialize now. Everything that that that the stuff, the ward staff, the responsibilities and every uhh, ok let's go down to the basics." (PF)

b) Inability to manage conflict (n=2/8)

Daisy's verbatim quotes:

"I'm thinking a lot of things. Conflict between staff and things like that. How will I be able to manage it? Uhm. Will I be able to be assertive enough to say when, or to address an issue or whatever? But I think eventually... uhm I will get there." (PG)

c) Fear of expectations: immediate competency (n=3/8)

Comment from participant E:

"So that, those are some of the things that we encounter as students because even if you are a first year, a first year, second year whatever but they will say I mean how can you not know it because

you are a third year student already: "How can you not know it because you are a fourth year student?" [mimicking voice of another person].

I: So you're scared for that?

Participant E: *Yah, mmm. For that [emphasis placed upon "that"]."*

d) a perceived deficiency in the nursing curriculum

Nancy and DJ's respective verbatim quotes:

"...the course is very crumbed [sic] but I mean if they [referring to the lecturers] can like [concentrate] on the the legal aspects of this stuff just to give more knowledge for the students on that... It's going to help us a lot especially when we [sic] after this study years of going in to Community nursing. I mean if that preparation is is is going to be there it's going to be very very very helpful for us... Because, yah we just know the Nursing Act is there but what does it entail. The R387 is there but what does it entail? What does it really [emphasis placed upon word "really"] mean to you? And we don't know how to deal with difficult doctors as well. So I don't know. They mos [sic] expect you just to put on a drip and draw blood here and do that there. And we haven't had that exposure with doctors as well and that is also a bit scary. And yes... and mmm... if we would have know[n] our rights and that [sic] would have been easier for us to tell the doctor but this is the way it is supposed to be and we are just doing you a favour now by doing this and that and you know this is the right way and that is the right way." (PA)

"I'm a little bit scared because I didn't get enough time to be a acting sister last year.

The first reason, as we were not, we had a short period of time where we were doing our our Acting Sister because it's less than even three months full." (PB)

e) Uncertainty and fear of delegation

Mr T, Nancy and Tobie's transcribed verbatim:

Mr T: "Uhm... there's just one thing that I really really hate with our profession is that ... If you are a ordinary nurse if you are 40 years old and you have been working there for 20 years they have that mentality of telling us and that attitude that you are young, I'm here for longer than you ... The fact of the matter remains this, even if you're a student here and you're 70 years old and the lecturer in the class is 25 years old, that's a lecturer and you're a student. I'm just not a nurse, a sister and you're an ENA. They don't respect our... what do you call this now? Uhm..." (PH)

Interviewer (I): Status?

Mr T: "Our status, yes. And they always tell us, yah that nursing today is not the same as it was twenty years ago. Then I'm just telling them 20 years ago there wasn't even HIV. Everything change[s]. So, and at the end I'm finding it very difficult to... to deal with this thing of age and status. A nurse is a nurse." (PH)

Nancy: "I'm going to be this immature little girl starting in a place in a ward where I'm going to be the manager and I need to to to touch on my IPS because Im going to work with older people that are much older than me that have been there for many many more years and then I'm there to

delegate them now on stuff so...Its going to be about I must think now... uhm... professionally_and not about the age because the work has to be done in the end of the day. So that is a bit just the other part that is scaring me.” (PA)

Tobie: “I’m thinking now that a lot of people who have told me uhm, listen man I’ve worked there as a community com service sister. My friends did start with their work and these people have liked [sic] an attitude even when we were students. Like you were last year you were first year. Now you’re working with the ENA [enrolled nursing assistant] because it’s your first year. Now second year you’re working with the staff nurse and your duties change. And now there’s this sudden attitude from the staff it happens. There’s this certain sudden attitude which the staff develops towards you... So now I’m going with the attitude that if I might be the sister here, not might be, I’m going to be the sister in the hospital and now these people had obviously feel like, ok now you’ve worked here, I’ve told you I’m not going to allow you to tell me or delegate things anything to me because I’m here longer than you, I’ve been old staff [sic]. These things that happen, I’m afraid. I’m sorry that I’m going to have repeat myself like that but I have heard from numerous colleagues of mine that these things not necessarily to the com serve sisters or those staff in the hospital but more to the students. So I’m now I’m now thinking is it going to be the same with me.” (PF)

f) Observed unethical practice: fear of victimization

E perceived that some incidents that she observed during her early days of being a student nurse in the hospital were not reflective of ethical practice towards patient advocacy. She reflected on an incident where a doctor requested her to sign the consent for a patient’s surgical procedure when she was still a novice student nurse:

Participant E: On my first or second year. I don’t remember there was this patient. He was stabbed. And this doctor said no he must go to theatre and the patient was saying “No I don’t want to. No sis [sic], I don’t want to go to theatre. There’s nothing wrong with me. I’m gonna be alright” [sic]. And it was just a stab wound. I found out later he was... you know... Remember when you do Midwifery you have your objectives. Some of that, I must do five PV’s. I must do this. That doctor also you know had some of this things to do. So he was just cutting everyone. They [the registered nurses] were not going to sign the consent form but those doctors know [sic] they were taking advantage of us students.

I: So then you had to sign the consent?

Participant E: Yes. That is why I couldn’t sleep because I was signing their...

I: The consent?

Participant E: I was signing the consent. It was like I was doing our... I was giving the (mimicking signature signing on table). Because the doctor was saying (she waves a paper in front of her) “Sign here!” [mimic voice of the doctor]. He wasn’t asking me. And I wasn’t confident. I was new mos [sic]. I wasn’t sure whether I was doing first or second year. So you know if a doctor says something to you, you like “Oh my God, a doctor... I have to do it.”

g) Not knowing what to expect in the new workplace

Four participants' verbatim quotes:

"a bit anxious at the other... at the other side as well, because I don't know what to expect there. That is the part that is making me anxious for... for knowing this is what you're going to do now on your own and you must take the responsibility for it... and I'm not scared for responsibility as well, just a bit anxious [sic]." (PA)

"I'm just scared because I don't know what is going to happen there."

"I'm only scared for the permanent staff and people that are there for a long time. Other than that I'm not scared, I'm just scared for them." (PB)

"Actually through, what's going through my mind now is uhm I'm thinking now uhm the first thing that's going to come up is uhm where are they going to which unit are they going to place me now."

"Are they going to throw me now at at a ward which I've never been exposed to?" (PC)

"That is just the worry, where will I be going to and how will they welcome me. How will the shift be that uhm... the, the, the people, the nurses be and the in-charges be that I'll be working with. Will they make it bearable for me?" (PG)

h) Doubting their competence

Complete transcribed verbatim data of Participant A:

"And I do feel I personally for myself that I will be able to cope with whatever they had going to throw at me at that stage. But then again I do feel a bit uncertain on certain stuff again because this four year course was a bit crumped you know."

Two participants' descriptions follow which describe how they experienced their anticipated uncertainty and fear of reality upon their assumption of their new role. One participant (DJ) overtly stated that he did not experience any of the anticipating feelings of uncertainty and fear upon commencement in his new role. Even before the interview was digitally recorded he repeatedly informed me that he was surprised that his new colleagues treated him with respect and not as he initially anticipated. He anticipated fear that he might be treated differently because of him being a male nurse. This part of DJ's feelings will be discussed under the theme "Ambivalence: a male's perspective". His verbatim quotes:

"No last time I was so afraid but now what I experience [experienced was] that there was... it was supposed to be nothing to be afraid [I had nothing to be afraid of] because now as from that time until now I also saw I also saw myself that I'm surprising [sic]. I also didn't know that I can also have this feeling now because I saw that there was nothing I was afraid of. It's just because of I didn't I wasn't in the site [referring to hospital of placement] but after I was on the site... No [it] just only take [took] one day to be fine because I saw that the old staff like they they have a lot of experience [sic]. They know

they know how how do we feel and then they just take... they just put us on the way exactly according to our feelings.” (PB)

For Sweetness her anticipated fear of managing a ward did not realize during the first month of being a CSN. She described her experience of her first morning starting in her new workplace:

“Then I somma [sic] like uhm take over and which was to me it was like excited to know what did they what did the patients did [sic] now the previous night and then I can always like inform them what happened during the day. And uhm then I somma [sic] started with activities like start uhm let them [referring to the patients] wash...” (PC)

University of Cape Town

APPENDIX 12.2: A SENSE OF ACHIEVEMENT

General theme 2: A sense of achievement

- a) A feeling of achievement, excitement and eager anticipation: prior to role change

Achievement:

"I was very proud of myself. I came a very long way. And to tell you the truth I had so little faith in myself. And I really didn't think that I would get to where I am now. And being where I am now it just makes me feel that I can do anything." (PG)

"... finally I'm supposed to be where I what, what I came here for. You know what, I've been dragging this thing on for too long now and finally this thing has come along." (PF)

Excitement:

"I'm excited. The excitement goes along with the fear and whatever. It's coming like... I I just, for me it feels like I just can't wait for Thursday to come."

"Excited... uhm... to actually start working..." (PG)

Five participants shared the feeling of excitement, verbalized as "not being a student anymore", upon being successful in completing their studies:

"... it's reality now taking place that I'm going to be as a sister going to be placed there. So it's like uhm I can say it's exciting." (PC)

"Because now they will recognize you as Sister, but before you were a student."

I'm more qualified than a staff nurse. But that's how it is. So that is why I'm so excited because there is this role. I'm also scared of it, but I'm also excited." (PE)

"But in a nutshell itself I'm I'm just vrekby [translated – ecstatic] I'm here. (Both participant and interviewer laugh). I'm just vrekby [translated- ecstatic]!" (PF)

"I'm excited about it."

As I say I'm not gonna be the student anymore. Uhm. I'm gonna have to take re... some responsibility for my actions. I'm gonna have to take responsibility for my actions and take responsibility and almost grow up now..." (PG)

b) Confidence and preparedness for the role change

Comments shared by participants about their sound level of preparedness for the role change:

Interviewer: Uhm very often you might experience quite a challenge with lot of things put on your plate. So how do you feel about those possible challenges that might be coming your way?

Participant C: *"Well I just have to be prepared for it. I had to be on the lookout. And I think I will handle it in an assertive manner [sic]."*

Interviewer: Mmm. Ok. If you say assertive what comes to your mind immediately, what?

Participant C: *"I will not be angry of aggressive or so I will just be calm and myself..."*

E stated:

"So that's where I learnt no from now on I must have a back bone. If I don't feel comfortable, I mustn't do it. Because at the end of the day when that thing comes back, my signature is there [sic]." (PE)

Anticipating no fear in asking questions once the role change realizes (Daisy and E's verbatim quotes):

"But I thought about it, but my plan is to if I don't understand something I will go and I will ask and I will just say this is me and I don't know how to do this irrespective of the short period of time in the training that I maybe did it. I would like them to show me again before I do something. That is just what I'm gonna [sic] do. But I'm not gonna [sic] do something and then regret it afterwards and be afraid to ask. I will still ask. I'm not afraid to ask." (PG)

"I feel like I am prepared because I have this motto about that I must just ignore and go to someone who's gonna [sic] help me. Because at the end of the day if, if this person is doing this if I do that, it's not gonna [sic] be nice because you spend twelve hours at work." (PE)

c) Rewarding aspects of the new role

Positive support received from ward staff was described in the following way (Participant D and B, respectively):

"...the Staff nurses that are well experienced and they are very willing to assist, to assist the new com service nurses [sic]."

...we do [did] get the assistance even from doctors. The doctors here they know that all the Sisters the community service nurses coming here they are still new and then they are very willing to provide some kind of information and then they are not like so harsh on you." (PD)

Participant B gave a detailed description of all the tasks that he could perform during his first month in his new role. He verbalized his sense of accomplishing accountability for the increased responsibility of tasks as follows:

Participant B: Because they're challenging you. You can do things alone. And then sometimes you're just left alone. It's not like they're just leaving you and then like they're just ignoring you. It's like they're just giving you a chance to perform. Then you change very quick [quickly]. So now I also I'm surprised by myself."

Interviewer: How did you change? Tell me.

Participant B: It's like now I'm taking all the responsibilities of the ward now to do everything. And also go even to the computer, the management computer. Like in our ward say you discharge a patient, if you start a procedure there you start from scratch until you're finished. And then they just guide you somewhere if they see now maybe you're dealing somewhere somehow and then just are helping you, you see. And then I feel that now I'm a I'm a real Sister now (Laughing).

(Both participant and interviewer laugh). I'm a real professional nurse now.

Everything you must be... You must have you must accept any challenging [challenges] and then you must you must achieve any challenge neh [an expression used by participant]. [It] Doesn't matter how how challenge [challenging things are] is because you are the professional nurse there. And then as as I told you like even operational managers and uhh other[s] have a lot of experience [sic]. They give you that opportunity to perform, alone. They just watch you. So I did [emphasis placed upon word] get that opportunity and then I did [emphasis placed upon word] perform, continuous not only one day. For the whole month."

Earning a salary evoked a feeling of – pride:

"the good thing's is that I'm earning now [sic]. I'm earning the wages now./ Because you know now at the end of the month I'll, I'll be able to support my family." (PD)

"I was I was with my friend the other day. And we were sitting in the taxi and he wanted to pay for me, but I was like dude please do you know that I'm working? (smiling). (PF)

Disbelief:

"So I thought it's fine it's not like I'm gonna do anything major that day little knowing that I'm going to be earning (smiling) that day. But it was for me it was li... it was okay. I was like... okay I'm gonna tell you now I was I was sitting the alarm for... It was the twenty-fifth. I was setting the alarm for or... I'm now the thing for me it's like I just can't believe I'm here (smiling). It was like, no man I'm gonna check now because it's 'mos' my [emphasis placed upon "my"] money." (PF)

Independence:

"It gives you not not just the the money itself but it gives you opportunities to do stuff which you felt like doing, like I've always uhh I I'm a movie junky. So watching movies is is [are] one of my things but time was never, time was never available and the other thing I didn't have a TV either at the College (laughing, Interviewer: Okay). So I was able to [buy one]... that [emphasis upon word] came with the package" (PF)

A good feeling of being rid of student life and allowing time to spend with the family was experienced by Nancy. Nancy valued the idea that she could relax after a day's work and spend "quality time" with her family instead of:

"...[having] have to go back to books and I'm finished with my long hours [sic]." (PA)

Sweetness' experience of a sense of acknowledgement from hospital staff:

"... the in-charge just tell me here here Sweetness you must now do this and do that, delegation. And with everything it's fine and the staff, even I try to satisfy the staff also by asking them would you want to do this or that but I mean staff they are like very good with me." (PC)

d) Positive acceptance by ward staff

Refer to Chapter four 4.2.1.2.

e) feelings of excitement, achievement and confidence: in the new role

Participants' descriptions:

Excitement:

"To be honest experience is in the morning I was looking forward as I first when I first step (unidentified noise during recording) my foot in here.

... it was like excited to know what did they what did the patients did now the previous night." (PC)

"I'm ecstatic. Having being done with the Course. [sic]" (PF)

Achievement:

"... I did achieve all the things they told me. Okay. So now I feel now I'm a real professional nurse now." (PB)

"I said to myself the other night yoh it's so amazing because at first I phoned my friend, that was that evening. I phoned her and I said to her yah you know it's so nice here. Everything is just great everything just falls into line and then she said to me yoh she's always working nicely in in Paediatrics. I said 'oh children'. Then I said to her but it's just the fact of Sister (emphasizing the word) taking that responsibilities, doing like your books and the like the uhh uhh off-duties and that stuff because the in-charge just tell me here here ____ (participant's surname) you must now do this and do that, delegation. And with everything it's fine and the staff." (PC)

"I said, no I'm not a student anymore (Both participant and interviewer laugh). I'm not a student so I'm not gonna use a student card." (PE)

"First of all it was nice, nice, nice, nice. Not having to bump into people asking you, are you

still not done [changing tone of voice to comic sound in the question, mimic the voice of another person] *yet?* (Interviewer laughs). *I thought you're done already* (still comic tone to voice) *and stuff like that. I can actually walk around with my thing* [showing to his ID tag] *and like Mr ____* (surname) *when last have I seen you, are you done yet?* (comic tone of voice, mimic the voice of another person asking him the question) *And then I just show them my ID tag and it's all like, oh you're done* (comic tone of voice, mimic voice of the person making the comment). (Smiling). *Today I saw Sister ____* (surname). *She came into our ward* [and said] *Mr ____* (surname) *I was like, yes Sister I'm done. And 'oh congratulations'* [mimic the Sister's voice] *and all of that. So for me it's like ehh a long anticipated feeling of I've achieved something.*" (PF)

Confidence:

"I'm so confidence now [sic]. *And then I'm prepared for any ward now after that ward* [referring to the current ward that he's been placed in]."*"* (PB)

"To be honest with you. I am ready, yes. I can take anything, whatever is happening I had to be there. I will stand on my feet. [sic]" (PC)

"Really no problems. No shyness because I'm in charge." (PD)

Feeling acknowledged for playing an active role in patient care was evident in the following verbatim quotes:

"It's very it's a very nice feeling cause even in the, some of them they [referring to families of patients] *don't have that assistance to come straight to hospital. They just phone us information about that patient. Then and you've got a enough knowledge about the patient, then it's very easy. You explain to them what is happening. This and this and this and then now what you are waiting for. Then what what is the outcome of the things* [sic]. *Then it's very easy even if they came maybe they come straight to hospital. It's very easy. Just chat with them close and then they... You see now they feeling well after you explain them to them. Not like when you're a student [be]cause when you were a student you didn't have enough information about the patient."* (PB)

"And people that is [sic] *discharged, I phoned their people and also to say they're discharged they can come and fetch them. It makes me felt that I was part of like like almost like it's part of the puzzle that you fit in.* [Responding to whether involvement in patient care was the same as during training:] *I couldn't be then too much involved because I'm a student then.* [The following describes her feeling when she attends the doctors' rounds:] *Then I will say doctor uhm the time that I'm now here and what I've experienced with this patient is fine. I think she is right for for she is ready for discharge. And it makes you feel hhh yoh you're like overwhelmed when you get out and then you say oh gosh I didn't know that they will take my* [emphasis placed upon word 'my'] *advice, you see* (smiling)."*"* (PC)

"And then you have to answer the phone calls and you must also you you develop that kind of uhh experience of knowing all your patients in the ward whereby if you're doing doctors' rounds you just keep record of all that is happening here, preparing yourself for answering the phones all that stuff. And also even you're preparing [your]self *for giving* [report over] *when the days off for giving the hand-over* [sic]. *So I, I, I fell so proud about that, yah."* (PD)

"It makes me happy because now like when I see something I'm [emphasis placed upon word] the one, who thinks, okay let me call a doctor. I don't think this is right. And then the doctor will give me whatever order and then I will do it and then the next day the baby is becoming better, you see [satisfying tone in her voice]." (PE)

f) A level of professional maturity

"But now [emphasis on "now"] if you are a professional nurse your responsibility is to you must work in the ward." (PB)

"I said the day when I step in here that morning with the in-charge and start doing this and showing me around and from that day onwards I was just said no just give your full co-operation here." (PC)

"Yah but because we knew it shoul[d] it should not be like that. We knew it should not be like that..."

...because now we, we are no longer student anymore and then even the mind set it tell, it just told us now that we're here to work and not to complain of unnecessary thing. Because you'll find out everyone who's working here is used of this like condition of this hospital. So we just told ourselves we must not be like the first one to complain of everything because sometimes even if you complain the the things not go right because of the condition. Because sometimes they the matron does not have a choice.

And then may be some other things could not be changed by us. They can just...we like do as the Romans do. [sic]" (PD)

"You know nursing is very dangerous thing because if me and you are fighting we are not gonna talk. We are not gonna communicate. Who's gonna suffer? You see. So I just tell myself when I see her. I'm friendly, we talk. If she feels that she have other issues, well I have nothing to do with that." (PE)

"Everything which I'm supposed to be doing like waking up early, all the responsible stuff waking up, having to wake up early, go the ward and do particular things and things like that. I'm I'm I'm doing [sic]." (PF)

"I feel more matured [sic] because now uhm I have to take responsibility for whatever, not that I didn't have to take responsibility before but there was always backup." (PG)

g) Embracing professional development

Participants' verbatim quotes (refer to Chapter four 4.2.1.2 (g) for participant A, D and G's comments):

"I'm learning a lot of skills..."

"Your test is is that what you they [referring to hospital staff] teach you now [emphasis on "now"] you do it now [emphasis on "now"] and tomorrow and tomorrow." (PB)

"I am [emphasis placed upon word] a Sister now and I am [emphasis placed upon word], one of these days I'm gonna [sic] stand alone on my leg[s] on my two feet. I had to run a

ward without them. So I might as well take the challenge opportunity [referring to help out/ work in an unfamiliar ward] now by doing it now.” (PC)

“I’m still in a position of learning. So for me the first month basically uhh basically [it’s] just all about learning, not the stuff [that] I do know the stuff I do [don’t know]... the stuff I know I would want to do more fast more better [sic].” (PF)

University of Cape Town

APPENDIX 12.3: A REALITY SHOCK

General theme 3: A reality shock

a) Staff attitudes

In addition to the findings described in Chapter four the following comments capture two of the three participants' negative perception about their experience of feeling unwelcome during orientation in their ward of placement:

"It's only one or two who said welcome. / They labeled me immediately immediately when I started there." (PA)

"First of all it was not as I expected because as a new Sister... In some places you are introduced neh [sic] this is Sister so and so... / They don't even greet you or anything." (PE)

Participant F's description of feeling frustrated with the Unit Manager who expected him to perform tasks which he felt ill-equipped for: At one time when he informed the Operational Manager that he did not know how to do something her response was that there was "no such [an] excuse" for not being able to perform a task. His verbatim quotes:

"...most of the other things is like stock count and uhh stuff like that which [sic] I am not familiar with. She like uhh expects you to do it the stuff and I do not have a clue how to do it and she didn't explain for me, so that's where the frustration actually comes in because how can you expect me to do these things if you haven't really taught me how to and especially when it's a busy ward [sic].

I: And you've informed her? And you've informed her "I can't do this, I've never been exposed", have you?

"You know what uhm okay I'm gonna be honest and tell you even if you do that uhh she's... I did that once and she said there's no such an excuse, you can't make excuses like that. And you're supposed know and there's a whole lot of other stuff she also says. Even because the day-to-day... There's a whole lot of other stuff she she asked us to do like the other day. I was supposed to run through the hospital because our HGT [hemogluco-test] meters and stuff is missing [sic]. So now I must supposed [sic] to leave whatever chores stuff I'm supposed to do in the ward, go there and then come back and do my own stuff again because as far as she is concerned we don't do anything in the ward because we're just running and walking around here looking busy." (PF)

Two (PA, PG) of the three participants' descriptions who faced conflict situations with their new colleagues follow.

Participant A encountered an unfortunate event where an energy drink of hers disappeared from the ward's refrigerator. When she enquired from the staff whether any of them knew who might have taken her energy drink their response was that things get stolen every day and her incident

was not a first time occurrence. Participant A informed the Unit manager that she was unhappy with this incident and requested the Unit manager to call a meeting with the staff to inform the staff that the stolen energy drink was not what caused her unhappiness but rather the principle of “you don’t take from other people”.

“And after they said they didn’t see it I went to the Unit manager and I told her I’m very unhappy about uhm this uhm incident that happened. My play is gone and nobody knows where it is.

And I put it in the fridge. All the other people’s cold drinks are there but my Play energy drink is now gone (frowning).

But I tell [told] her what I wanted to come down to is that you have to talk to your staff. I feel it’s about the principle. The play is just R19.00, R20.00 and it’s not about the money value.

It’s about the principle you don’t take of other people.” (PA)

Following the incident where participant A’s energy drink was stolen, she faced a situation in the ward where staff discussed her in the tea room after the newly appointed CSNs had a joint meeting with the person in charge of their welfare. This person was referred to as the “Curator” at the hospital where Participant A was placed for her community service. Her recollection of her experience:

“I wasn’t quite sure about my my evidence. And uhm I told her yoh that’s really unprofessional. Why why did they make of me a topic at at that tea room and that nogal [Afrikaans term that could be translated in the context of the sentence as “actually”] in the tea room?” (PA)

Participant A confronted the person who started the discussion about her in the tearoom. She communicated the facts to this person about what she mentioned in the meeting with the Curator and invited this person along to a meeting that she had scheduled with the Curator to discuss the unprofessional behaviour of the ward staff.

“... we went to this private room in the room just opposite the office. And then we sit [sat] there and I told her uhm I heard that you was [were] like [sic] discussing me in the tea room and I don’t feel happy with it because I feel if she had a problem with that that she should had like contacted me and asked me about whatever she was like discussing me about.

So I told her I’m going down to Mrs _____ (surname) now, I’ve made an appointment with her. You welcome to come with then you can hear from her mouth what I said in that meeting.

And I am going to tell you now also what I said. Yes I told her [referring to the Curator] that here are extended teas and extended lunches.” (PA)

Excerpts from participant A’s interview as she described the conversation transpiring in the ward meeting:

“And they were just like all so [quiet] and looking and stuff. And so the other Sister came up eventually and said ‘yoh do you know what, she’s actually right guys. We take [emphasis placed

upon word] *long hours, we take [emphasis] long teas... And when we sit at the tea room they [referring to new CSNs] are looking at us. So not even us [emphasis placed upon word] is [sic] uhh uhh...*'

I: [An] Example [sic]?

Participant A: ' [an] example for them. So what do you expect?' (mimic voice of the other person who commented)"

Daisy demonstrated professional maturity in how she communicated with a colleague whom she perceived went out of her way to "torment" the new CSNs in the department:

"... she's going on and on that I think she's making it a mission everyday to just torment us and uhm I'm handling it.

You have no right firstly to go to the unit manager with problems that could have been sorted out here.

And I said to her you are very unprofessional uhm I don't know how and where you did your management but that is not how you solve problems. You come to me and we try and sort that out or if we can't we go to the next level.

So I said to her you never make eye contact with me, so I didn't know you were speaking to me specifically. We had bad days with this woman...

I just feel she's had her time. It's my time and won't get me out of ___ (ward) unless my four months is finished. And she can do whatever she wanted because I feel I'm on her level you know [sic]." (PG)

b) The health care environment

E's perception of poor ethical values adhered to by health care staff in the new workplace:

Participant E: *"They (referring to nursing staff) don't care anymore.*

You know what I said to her (a friend) you know that they teach us, they used to tell us in class that you must treat a patient like you would have been treated. Like ___ (race) people really [emphasis placed upon word]. It's not about race but really it happens at the end of the day because they are saying that we are so sick of, so sick and tired of these ___ (hospital) people. They must go and this and this and that and then and then how do you feel as uhh... that [emphasis placed upon word] person is your colleague."

She heard from a colleague that one of the medical doctors commented that the patients who were admitted to the hospital where she performed community service should just "go." Her verbatim quotes:

"...she said when the other doctor was passing [he] said, hey these people must just go. They must get out this premises [sic]. I mean it's not about them, it's about the patient at the end of the day. Even if someone is sending a patient from ___ (hospital's name) to ___ (hospital's name). They will say, no we don't want this patients and we are sick and tired of ___ (hospital's name) patients because they all have ___ (diagnoses) [sic]. What is that? You see. And they said, no we don't want your patients because your patient's they come here and die. Obviously

they will come there and die because ___ (hospital's name) is a ___ (number) level hospital and ___ (hospital's name) is a more you see it's a tertiary so when they see okay this patient is really struggling must go to the other level but they don't want the ___ (hospital's name) people.” (PE)

Participant E's description of relying on telephonic support during the time of managing a ward alone:

“Sometimes I'm left alone. I'm the only Sister, so they have to take notice. Yoh. It's scary. I'm always on the phone because I don't want to make mistakes.” (PE)

Six participants' comments reflect that they felt fulfilled in their new role irrespective of the challenges that they faced during their first month of practice. Three participants' verbatim quotes are captured in Chapter four. The following are additional excerpts from the participants that clustered as themes, resulting in the general theme, “A sense of achievement”:

Participant B: *“One month is enough man you just change quick [quickly].” (PB)*

Participant D: *“... at the end when you are working you're working so smoothly. And working [for] something that you're learning for. So I mean it's [a] very nice experience.[Participant D answered on a question of how his experience of role transition affect his behaviour:]” (PD)*

Participant F: *“I'm going as I'm learning and learning as I'm going.” (PF)*

Interviewer: Do you think you needed longer than a month to be ready for this com

Serve nurse role?

Participant F: *“No I think I think uhh this month this was this was fine*

And whatever happens the bumps which you have, [you] eventually settle in and and so that's why I'm that's why I'm I'm actually just positive.” (PF)

APPENDIX 12.4: DISILLUSIONED: PERCEIVED LACK OF SUPPORT

Unique theme 1: Disillusioned: perceived lack of support

- a) Lack of support from the educational institution

Participant H's experience captured in the following verbatim quotes:

"When they gave us our, our our forms, our SANC forms they were supposed to give us phone numbers of the people, the residence phone numbers, people that we must phone. They only give us a list of phone numbers for hospitals..."

When you go out here in fourth year you don't get anything from them. Here you must do everything self. So things have changed. So to me they have done nothing except let me work my hours. So to me the College did not even, there was certain things that they were supposed to line out for us [sic]." (PH)

Two participants were grateful towards the manner in which the hospital's management dealt with their situation of having no work contracts sent to the hospitals. Leon perceived the management style of the hospital where he was placed effective and caring due to the role that they played during the time where he felt unsure about his commencement in the new role without having a contract at the hospital. The fact that he did not have a contract at the hospital affected his ability to concentrate negatively, because he was unsure about whether he was supposed to be at the hospital or not. The hospital manager reassured him in his unsettling feeling. He stated:

"I never concentrated that much because I was like not sure whether I [was] supposed to be here or not or is ___ [training institution's name] gonna [sic] phone but I just found out from the matron "No ___ [training institution's name] is like that", I must just relax. Otherwise if you know that you've passed anything everything they will just go to the Department of Health and collect our contracts because our contracts came after after we're working. The management is very organized. They take care of their com serve nurses." (PD)

APPENDIX 12.5: AMBIVALENCE: A MALE'S PERSPECTIVE

Unique theme 2: Ambivalence: a male's perspective

a) Fear in anticipation of being accepted as a male CSN

The following excerpt is one of the recollections of DJ as he perceived how indifferently female nurses treated male nurses, which he feared might be happening to him once he assumes his new role. His transcribed verbatim quotes:

“There’s that problem especially the nurses in charge in general [sic] there are a lot of females there. They are nurses in charge. So they they are having that attitude when they see us as a males [sic] okay, no I’m working with a Mister who and who. Everything, not everything is gonna [sic] be alright, so I must be there also. Sometimes they [at] shout us, but they don’t shout [at] females. I don’t know maybe females is [sic] scared of other females, afraid of another female but to the men they take advantages, a lot of advantages. And when you complain it’s like now, it’s like you’re not supposed to complain because you are a male but when you in case of a woman, they can’t treat a woman like that. And they, if a woman complains they’re just paying attention immediately. But us as a male they just take us for granted.” (PB)

APPENDIX 12.6: SURVIVING THE FIRST MONTH

Unique theme 3: Surviving the first month

- a) Uncertainty about financial survival

Leon's concern about surviving the first month:

"Yah, now. My preparedness is that now, now I have nothing now in my hand like in terms of financial [sic]. So that I can be able to adjust easier in the environment. So that is actually my thought[s] now. And I'm being through [sic] [thinking about] where am I [sic] going to get the money to, to sustain until the end of the month. You see? That is, that is what is in my mind. So that's what I'm thinking just right now but uhh... soon I'll be having the answer for that." (PD)

- b) Uncertainty and anxiety about adjusting to the new residence

For Mr T the idea of sharing a room with a person that he did not know and to have his personal possessions in a room with this stranger while he would be at work for twelve hours was causing him to feel uncomfortable when he thought about the idea. He stated his concern in the following phrases:

"I'm going to to share a room with another person. How will I go through the day knowing that somebody else, my stuff is staying with somebody else? I don't really know [sic]. Mmm. Who is this person, what's his attitude, what he's like, those things. What you do at night [sic]... those things... [the thought creates] uncomfortable feelings." (PH)

Leon felt a bit anxious to reside in a new accommodation environment in a completely new area which he was not familiar to. This anxiety, however, was quite vivid for Leon because he experienced some relief being aware that some of his friends were also residing at the new residence that he would be moving into. An excerpt from participant D's interview:

"To be honest is that I, I'm a little bit more like how you say that... Like more, like irritable, like, like being like, like some sense of anxiety to go into a new place. But in that place I, I also got their colleagues that were a student [sic] here in ___[educational institution's name]. There're quite, there're quite [a] number of them who are working there. So I think I will adapt easy because of them."

Interviewer: "Mmm. Mmm. So that is giving you a sense of peace of mind?"

Participant D: "Yah, at least give me because I, even now I told them that I, my placement there in ___ [area's name] then I made a call to them [referring to friends of his] I'll be coming there. So now they trying to assist me in terms of how the res [sic] [residence] look like (coughing once)... and then they even said they'll come and fetch me. They already have a cars [sic] to, so that I can see the view of ___ [hospital]. So at least in terms of that I am quite relieved."