

Experiences of Community Service Nurses During their Transition from Student to Professional Nurse in Kwazulu-Natal

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Abstract

Background: Entering the profession as a Community service nurse is compounded by the fact that the practitioner is neither a student nor a professional because whereas the practitioner has completed training and graduated, he/she is not yet licensed to practice and the newly appointed Community service nurse still requires supervision, mentoring and support in assuming the new role. Hence the government of South Africa introduced community service placement for selected health professions in South Africa as a strategy by the National Department of Health to improve on the number of health workers more especially in previously under-served areas so as to ensure better access to quality healthcare.

Methods: The study employed a qualitative research design in its entirety, supported by contextual, explorative and descriptive approaches, these approaches to this chosen method were supported by the Schlossberg Transition theory which was utilized to undergird the whole study as its frame of reference. All data were collected through one-on-one semi-structured interviews with seven Community service nurses, five Professional nurses and five Operational Nurse Managers in 10 KwaZulu-Natal Hospitals between December 2024 and January 2025 following Ethics clearance (IREC NO 216/24) by the institutional Research committee for the relevant academic institution.

Results: Five themes emerged after data collection was completed, the themes were interpersonal relationship between community service nurse practitioners and their counterparts; clear community service practitioners' guidance and support; consistent clinical exposure during community service placement; resources availability in clinical settings during community service placement and availability of adequate incentives. all of which contributed to the experiences of Community service nurses during their transition from student to Professional Nurse.

Conclusions: The findings from the study revealed that the community service nurses experienced both challenges and good experiences which emanated from their period of transition from student to professional nurses.

Keywords: Community Service Nurse, Newly Qualified Nurse, Newly Graduated Nurse, Professional Nurse, Transition and Experience

Abbreviations

CSN	Community Service Nurse
CSP	Community Service Placement
ONM	Operational Nurse Manager
PN	Professional Nurse
SANC	South African Nursing Council

1. Background

Community service nurses are newly graduated professional nurses who are compelled by South African law to complete a remunerated 1-year clinical service practice in any health institutions that they find themselves allocated in. The CSN although already qualified and graduated is not however considered a fully-fledged PN, this

is also evidenced by the fact that the certificate they practice with has an expiry date and that their remuneration is not on a similar scale with that of a PN. During this time of practice, the CSN is compounded with plenty challenges such as poor supervision, thus, quality nursing care can be affected, this sentiment is shared by other authors who state that lack of supervision of nurses has an impact on quality nursing care [1]. This study was necessary to be conducted as it added a wealth of knowledge to already existing knowledge in the field of nursing, it laid down a foundation for future studies that researchers can conduct similarly along the same path to this one.

2. Methods

The overall aim of the study was to explore the experiences of the community service nurses during the transition period from student to professional nurse. An explorative, contextual, and descriptive approach to qualitative design was employed, critical analysis and interpretation of data collected from Community service nurses (CSN), Professional nurses (PNs) and Operational Nurse

Managers (ONMs). The data was obtained using semi-structured interviews, an interview guide developed by the researcher was utilized, the interview guide has not been published elsewhere (Appendix attached under supplementary documents). The study was conducted in KwaZulu-Natal (KZN) province which forms part of the eleven provinces in South Africa. KZN is located in the south-east of South Africa bordering the Indian Ocean. The study was conducted in the three out of the eleven health districts in KZN, in South Africa which are eThekweni, uGu and uMgungundlovu districts. These three districts took precedence over the other districts as they are a mixture of urban, semi urban and rural areas which yielded a wide variety of results as the CSNs might have gone through CSP period completely different from each of all these three districts due to a variety of reasons embedded in each district. The participants comprised 17 participants which were distributed into 7 CSNs, 5 PNs and 5 ONMs. A one-on-one semi structured interview data collection method was ensured for all the participants. Table 1 below lays down the demographic characteristics of the study participants.

Demographic variable	Number	%
Gender		
Female	12	71
Male	05	29
Age group (years)		
< 35	05	29
> 35	12	71
Ethnicity		
Black	15	88
Coloured	00	00
White	00	00
Indian	00	12
Category		
Operational nurse managers	05	29
Professional nurses	05	29
CSNs	07	42
Experience as a nurse (years)		
< 2	0	0
> 2	17	100
Duration as an Operational nurse manager (months)		
< 5	01	20
> 5	04	80
Duration a Professional nurse (months)		
6- 12	01	20
> 12	04	80
Duration as a Community service nurse (months)		
< ≠ 6	01	0
6-12	04	80

Table 1: Demographic Characteristics of the study Participants (N = 17)

3. Results

The findings of the study revealed 5 themes which also gave rise to some several sub-themes under them. The 5 themes that emerged were interpersonal relationship between community service nurse practitioners and their counterparts; clear community service nurse

practitioners' guidance and support; consistent clinical exposure during community service placement; resources availability in clinical settings during community service placement and availability of adequate incentives. Table 2 below lays down the themes and their sub-themes.

Themes	Sub-themes
1. Interpersonal relationship between community service nurse practitioners and their counterparts.	1. Importance of good communication between community service nurse practitioners and their counterparts. 2. Respect between community service nurse practitioners and their counterparts.
2. Clear community service nurse practitioners' guidance and support.	1. Setting of objectives for community service nurse practitioners. 2. Presence of mentorship during community service placement. 3. Community service nurse practitioners' guidance by facilitators. 4. Lack of supervision of community service nurse practitioners during community service placement.
3. Consistent clinical exposure during community service placement.	1. Access to experiential learning. 2. Effect and opportunity of shadowing a professional nurse. 3. Lack of departmental exposure during community service placement. 4. Limitation with allocation variation during community service placement.
4. Resources availability in clinical settings during community service placement.	1. Lack of human resources to support community service nurse practitioners. 2. Lack of equipment resources to capacitate community service nurses.
5. Availability of adequate incentives.	1. Chance of community service nurse practitioners' employability after community service placement. 2. Inadequacy remuneration of community service nurses during community service placement.

Table 2: Themes and Subthemes that Emerged from the Interviews

The first theme which was interpersonal relationship between community service nurse practitioners and their counterparts, gave rise to 2 sub-themes which were importance of good communication between community service nurse practitioners and their counterparts, and respect between community service nurse practitioners and their counterparts, the participants of the study expressed these through their verbatim statements. The theme which emanated secondly from the study was clear community service nurse practitioners' guidance and support, this theme gave off 4 sub-themes which were setting of objectives for community service nurse practitioners, presence of mentorship during community service placement, community service nurse practitioners' guidance by facilitators and lack of supervision of community service nurse practitioners during community service placement. The third theme that emanated from the study was consistent clinical exposure during community service placement, of which under it came 4 sub-themes which were access to experiential learning, effect and opportunity of shadowing a professional nurse, lack of departmental exposure during community service placement, limitation with allocation variation

during community service placement. Resources availability in clinical settings during community service placement became the fourth theme of the study, with it came two sub-themes which were lack of human resources to support community service nurse practitioners and lack of equipment resources to capacitate community service nurses. The fifth and final theme that emerged from the study was availability of adequate incentives which had 2 sub-themes which were chance of community service nurse practitioners' employability after community service placement and inadequacy remuneration of community service nurses during community service placement.

3.1. Interpersonal Relationship between Community Service Nurse Practitioners and their Counterparts

Good interpersonal relationship plays a crucial role in the health care system, more especially when teaching and learning is involved, where by transferring of knowledge needs to happen. Lack of good interpersonal relationship in the workplace can be detrimental, especially when patients' safety and quality of care is involved and have to be maintained at utmost high level. The

deficiency of good interpersonal relationship can affect the work productivity and work output immensely which can prove dire if not corrected.

3.1.1. Importance of Good Communication between Community Service Nurse Practitioners and their Counterparts

Communication is the most important skill in any organization as without it not much can take place, both verbal and non-verbal communication play a significant role in any team that needs to yield productivity of some sort. Lack of communication or rather good communication can lead to detrimental results. One of the participants reiterated and stated:

“I think what is important is to have good communication with the team that you are working with. For an example, here in maternity when you deliver a baby you work as a team, so it does need you to communicate with each other for the team to function well.” (Female, 24 years old, 12 months experience).

Another participant was in congruence with this and elaborated: “The junior staff sometimes shy away from communicating with us in relation to patient care, and I think it is because there is an element of lack of trust in us as we are still junior.” (Male, 23 years, 6 months experience).

3.1.2. Respect between Community Service Nurse Practitioners and their Counterparts

Respect between CSNs and their counterparts is an essential component that needs to be adhered to and maintained, especially when the employees need each other for the achievement of one common goal. Lack of respect becomes a stumbling block in emitting high quality care, thereby affecting patients’ livelihood in a long run. Some of the participants stated that:

“Respect for each other in the ward, as much I am young but there needs to be an element of respect, as you will find some junior staff talking to us anyhow, and even some of our counterparts do patronize us in some way when they address us.” (CSN, Female, 23 years, 6 months experience).

Another participant added: “Some other operational managers are good people and treat us with respect while others treat you like you are still a student and mistrust you in a way, and you find them scolding at you for very minor mistakes.” (CSN, Female, 27 years, 6 months experience).

3.2. Clear Community Service Nurses’ Guidance and Support

Guidance and support of neophyte nurses is an essential step in their development and growth into the profession, this phase is most crucial in transforming them to become the best fully-fledged Professional Nurses they ought to be. Without guidance and support a gap in knowledge and skill proficiency can erupt and lead to dire consequences such as mal-practice.

3.2.1. Setting of Objectives for Community Service Nurses

Setting of objectives to achieve is important in order to measure

and monitor progress of any target there is to reach or any development to see to fruition. In the nursing sphere, more importantly in the transition of the newly qualified nurses, this is much more imperative as the trajectory and direction of these young professionals need to be observed closely. With this in mind, some of the participants alluded:

“I think if OMs knew how to supervise the com servers constantly, or maybe if the management had list of objectives or things for comm servers to achieve so as to assess them in accordance with that.” (CSN, Male, 26 years, 12 months experience).

In addition to this, some participants added: “I think to give comm servers a clear objective before the start of their comm serves, maybe to have goals, as well as unit managers to follow on those goals whether achieved or not.” (CSN, Female, 23 years, 6 months).

3.2.2. Presence of Mentorship during Community Service Placement

Mentorship is crucial in any young professional’s life, this is even significant in the CSNs’ lives as they are experiencing transition towards being the PNs. Lack of mentorship for the CSNs that are still beginning their careers can lead to production of professionals who lack skill proficiency and mastery. Some participants shared their views:

“Maybe if we can get someone like a mentor to ask questions etc., as it will make our community service placement easier and smoother”. (CSN, Female, 23 years, 6 months experience).

Other participants shared their sentiments: “The thing that can improve the experiences of these com servers is the appointment of mentors that can address their queries and can mentor them from time to time and let them improve their skills.” (CSN, Male, 26 years, 12 months experience).

3.2.3. Community Service Nurse Practitioners’ Guidance by Facilitators

Facilitation of any program or project is of necessity for that program to be successful, the facilitators themselves need to come with impeccable guidance. The lack of facilitators or their guidance in transition of the CSNs can lead to a number of problems including lack of quality care. The participants of the study reiterated:

“We need facilitators to guide us and monitor us and offer skill development in the clinical setting.” (CSN, Female, 23 years, 6 months experience).

Some of the participants shared the similar sentiments: “Guidance is needed as in someone to elaborate or show us certain procedures, this can help a great deal as we are often thrown in the deep end” (CSN, Female, 27 years, 6 months experience).

3.2.4. Lack of Supervision of Community Service Nurse Practitioners during Community Service Placement

Lack of supervision is a big challenge in a lot of institutions, this is more problematic in areas where there are CSNs practicing towards becoming PNs. This impact can affect patient care at a big scale as the patients will be subjected to service delivery that is unsupervised, which in it can create a lot of problems. The study participants shared their views on this:

“We were expected to practice our profession with no supervision as it was always short staffed.” (CSN, Male, 26 years, 12 months experience).

Other participants supported this and stated:

“I can say supervision is crucial in the newly qualified nurses’ journey and it needs to be in place from the word go as they are a lot of things that are happening in the clinical area that can be detrimental to the patients’ lives. (ONM, Female, 39 years, 6 years, 25 years of experience)”

3.3. Consistent Clinical Exposure during Community Service Placement

Clinical exposure for the CSNs is necessary in their transition period, this helps in their mastery of skill and proficiency. The lack of clinical exposure in health institutions is usually habitual, thus depriving the CSNs a lot of attributes that are necessary for their growth in the profession.

3.3.1. Access to Experiential Learning

Learning during the CSP is crucial in the CSN’s life as it contribute to patients’ safety and quality patient care as they learn under the supervision of their counterparts. During CSP, the CSNs are afforded an opportunity to grow and learn. The participants had these excerpts to state:

“I can say that being exposed to community service placement has been a good experience and a learning experience especially because of the people I worked with, the way they treat you with respect and professionalism.” (CSN, Female, 24 years, 12-month experience).

Other participants were in consensus with this and alluded:

“Although community service is not adequately structured across the whole country, it does offer learning experience to the newly qualified nurse who is still finding her feet in the profession.” (PN, Female, 25 years, 3 years of experience).

3.3.2. Effect and opportunity of shadowing a Professional Nurse

The act of CSNs shadowing PNs in the hospital setting adds an element of teachable moments and increase the quality of care in service delivery and patients’ safety. It improves CSNs’ skill proficiency and assist with collegiality as they practice in close proximity with their counterparts, working hand in hand in delivering patient care. The participants of the study shared some

excerpts on this:

“Community service nurses should be buddied with a professional nurse when they first come into the hospital setting, they should stay buddied with this professional nurse for everything she/he does in order to be offered support and mentorship.” (PN, Female, 32 years, 2 years of experience).

Other participants also reinforced this notion:

“One of the strategies that can further equip a com serve is to pair them with a professional nurse as by this effort she/he will learn first-hand on how various certain things are done and what is expected. (CSN, Female, 23 years, 6 months experience).

3.3.3. Lack of Departmental Exposure during Community Service Placement

Exposure to different departments during the CSP is vital for the exposure of the CSNs during transition, it teaches them a wide variety of skill and different patient conditions, thus, lack of it hinder the growth of a CSN. The participants shared views on this:

“There needs to be more exposure in all the different departments in order to improve work experience.” (CSN, Female, 23 years, 6 months experience).

The next set of participants agreed to the above notions and stated:

“Sometimes the com servers are used as workforce due to shortage which ends up depriving them of the needed exposure they would have gained from rotating throughout different departments.” (PN, Female, 26 years, 4 years of experience).

3.3.4. Limitation with Allocation Variation during Community Service Placement

Variety in task allocation plays a significant role on the development of the CSN’s confidence, morale and growth. Its lack or inconsistent of it can therefore hamper the CSN’s experience, thus leading to an inadequately prepared CSN. The participants of the study shared their views on this:

“There are some inconsistencies with our allocation as sometimes we are not allowed to do certain things such as doctors’ rounds, this in turn limits our learning experience.” (CSN, Female, 24 years, 12 months experience).

Other participants stated that:

“My experience as a com server was partly not good as even inside the departments we did not have sufficient allocation that will warrant us to have an all-rounded work experience.” (CSN, Male, 23 years, 6 months experience).

3.4. Resources Availability in Clinical Setting During Community Service Placement

Resources availability is the foundation of any institution that provides teaching and learning for novice nurses requiring growth and development. The lack of resources, be it equipment or human

resources predisposes the newly qualified nurse to an environment that is not conducive for learning.

3.4.1. Lack of Human Resources to Support Community Service Nurses

Lack of human resources in hospitals that the CSNs are placed at place a huge burden on the shoulders of CSNs as they are now expected to function like they are already fully-fledged. It even subjects the patients that are cared for by the neophytes in jeopardy as they tend to nurse the patients without any form of reference who would have been their counterparts. The participants had some verbatim statements to share on this:

“Human resource, human resource... I say this in repetition because when you are coming from school you come with a mindset of exposure but come to a certain ward and you find out that it is short staffed and you are just thrown into a deep end” (PN, female, 25 years, 3 years of experience).

Other participants supported this as well:

“If the management can improve staffing, that can greatly improve the experience of the comm servers as it is always short staffed and you end up working without any supervision.” (CSN, Male, 23 years, 6 months experience).

3.4.2. Lack of Equipment Resources to Capacitate Community Service Nurses

Deficiency in equipment resource is another major hinderance in the development and growth of CSNs as they depend on equipment for the performance of skills with proficiency. The lack of equipment in the hospital settings that the CSNs practice in subjects them to poor development as they end up improvising when performing duties. The participants reiterated:

“The lack of resources e.g. there are times when we do not have syringes or the correct syringe like ten mills and therefore, we have to improvise and you do not get to practice in your full capacity” (CSN, Male, 25 years, 12 months of experience).

Other participants were in support of this verbatim statement and stated:

“Equipment and stock e.g. sanitary pads pose a challenge when we are working, we end up borrowing from other departments or other Hospitals which might be detrimental to the patients while we are still waiting for those supplies” (CSN, Male, 26 years, 12 months of experience).

3.5. Availability of Adequate Incentives

The availability of incentives between an employer and employee form a very important good relationship between the two, as it boosts the confident and morale of the employee while the employer gets to maintain and keep the employee in the system. The lack of incentives kills the symbiotic relationship between the two, which furthermore produce a high staff turnover.

3.5.1. Chance of Community Service Nurses' Employability after Community Service Placement

The CSNs had an incentive of becoming employed soon after they were done with their CSP in the past, but as time went on that incentive faded away. This took away the incentive that kept staff turnover at bay. The excerpt from participants were:

“If community service nurses can be assured of job security when they are finished to be absorbed into the system, that can improve their work experience” (ONM, Female, 42 years, 6 months of experience).

Other participants also alluded to state:

“Knowing that you have secured your job at the start of your placement will give you that morale, rather than finishing your com serve and you are jobless at the end of the com serve” (CSN, Male, 26 years, 12 months experience).

3.5.2. Inadequacy Remuneration of Community Service Nurses during Community Service Placement

The remuneration between the PNs and CSNs are marginally different, with the PNs earning far higher than their counterparts, this is important to state because the two are working the same hours and perform the same duties and tasks. This in turn can create some sort of conflict between the two. Some of the participants expressed their views:

“When you look at it you will notice that the com servers are pretty much doing the same job as PNs, so it is only fair that the wages are the same, I think the wages discrepancy is one of the issues that is a challenge” (ONM, female, 52 years, 25 years of experience).

Other participants added and stated:

“If maybe the government or department of health can try and meet the com serve half way in remuneration I think that can even improve performance in their part” (ONM, female, 45 years, 20 years work experience).

4. Discussion

4.1. Interpersonal Relationship between Community Service Nurses and their Counterparts

Interpersonal relationship plays a big role in any setting or sector where the individuals or colleagues have to interact or are dependent on each other for work productivity. The findings of the study revealed that the participants faced challenges which were centered around interpersonal relationships with their counterparts during the transition period. These challenges further affected service delivery they offered to their patients. These sentiments are also supported by Younas et al. (2023) who alluded that the deficiency of interpersonal relationship does have an impact on patient care and service delivery [2]. Thus, the effects of interpersonal relationship will give rise to challenges with communication and respect. The participants shared that the communication between themselves and their counterparts was poor, thus posed a challenge to their transition phase as it affected patient care. This is supported

by Tiwary et al (2019) who state that communication is pivotal in patient healthcare [3]. Furthermore, respect was also raised as a sub-theme of interpersonal relationship. The participants of this study mentioned respect as a challenge in the clinical practice as the CSNs felt that respect was not shown to them by their counterparts. Furthermore, it is vital to create a culture of respect in health care as the culture of respect in the nursing workplace improves nursing image as a whole [4].

4.2. Clear Community Service Nurses' Guidance and Support

The CSNs revealed that during their transition period there was not a lot of guidance and support offered to them. This posed a challenge during practice as the CSNs raised concerns that this lack of support and guidance left them unsure and with no confidence in certain areas during practice. The lack of support in terms of preceptorship and structured orientation of the newly qualified nurses subjects them to a big gap between linkage of clinical practice and theory [5]. Other sub-themes that were tied down to this main theme were setting of objectives for community service nurses, Presence of mentorship during community service placement, community service nurse practitioners' guidance by facilitators and lack of supervision of community service nurse practitioners during community service placement. Some of the participants mentioned setting of objectives for the CSNs as a strategy to improve the experiences of CSNs during their transition period. This notion is further supported by Ogbeiwu (2021) who state that goal setting in any organization is essential for tasks to be performed and for productivity to be achieved [6]. The mentorship of the CSNs was also noted as a challenge, the CSNs raised lack of it thereof, stating that they always go periods of time in performing tasks and skills unmentored, this therefore is very dangerous to the receiving end of the patients that are being served. To combat this, the newly qualified nurses need to be offered extensive mentorship during clinical practice as they are often over burdened with the number of patients and the severity of the conditions of patients they serve [7]. Facilitator's guidance and lack of supervision were some of the challenges that the CSNs faced during their transition from student to professional nurse, this impacted quality patient care. This is supported and attested by a study done by Hansen and Zuma (2024) which is titled "Guidelines to support newly qualified professional nurses for effective clinical practice", these authors found out that the newly qualified nurses worked better when they were offered guidance [8]. Additionally, supervision of newly qualified nurses is necessary for quality care delivery [9].

4.3. Consistent Clinical Exposure during Community Service Placement

The study revealed that clinical exposure of the CSNs was not consistent through-out different hospitals in the province of KwaZulu-Natal, this in turn made the CSNs to experience their transition differently depending on where they were placed at the time. This major theme branched out to give birth to 4 extra sub-themes which were access to experiential learning, effect and opportunity of shadowing a professional nurse, lack of departmental exposure during community service placement and limitation

with allocation variation during community service placement. Access to experiential learning was flagged both positively and negatively by the CSNs during their transition period. Some of the CSNs praised the CSP, stating that it has offered them a good learning experience, allowing them to tune their skills, on the other hand some of the participants stated that their learning experience was hindered by a negative working environment they founded themselves in. Learning experience of neophyte nurses can be good or bad depending on the environment, both these situations can affect quality health care [10]. Quality health care can also be affected by a nurse's proficiency, hence a need for CSN to shadow a Professional nurse, shadowing a professional nurse was also raised by the participants of the study as a strategy that can improve the experiences of the CSNs during the CSP. Furthermore, shadowing is linked to improved understanding of interprofessional team members, thus improving patient care, it also improves quality which in itself improve patient care [11]. The CSNs further raised lack of departmental exposure during community service as one of the challenges they face. According to Scheepers (2020) the minister of health is responsible for the CSNs' allocation and further down the hierarchy it becomes the provincial department's responsibility and lastly the nursing management's responsibility. Nevertheless CSNs' arrival in health facilities are usually not prepared for and prior planning is usually not done for their arrival [12]. This further leads to limitation with allocation variation which was stressed by CSNs as another challenge they face during CSP. Participants in the current study stated that allocation was not varied but almost monotonous as they were placed based on where there was a shortage rather than based on what they could learn. Baharum et al. (2023) shared sentiments that allocation needs to be appropriate for the newly graduated nurse as it is directly linked to confidence in their skill [13].

4.4. Resources Availability in Clinical Settings during Community Service Placement

Resources availability is a significant entity in the health care system as a whole, be it time, human, equipment or even financial resources. This significance is amplified even more when there are novice personnel who are dependent on the resources for acquiring knowledge and skills. In a study that was conducted by Mtegha et al (2022) titled "Challenges experienced by newly qualified nurse-midwives transitioning to practice in selected midwifery settings in northern Malawi", the authors found that a shortage of nurse-midwives, mentors and material resource posed huge challenges that affected the newly qualified nurse midwives' transition [14]. This in turn subjected the newly qualified nurse midwives to shortages, leaving them stressed in an unpleasant environment. This was the case in the current study as other units of the hospitals were subjected to this. These shortages were seen across all types of resources but the themes that were strongly reinforced were that of human resource and equipment resource shortage.

The current study revealed that staff shortage is a big problem in hospitals around KZN, especially the shortage of PNs. This shortage of PNs posed a problem for CSNs who came into the

profession for their CSP. The challenge was that the CSNs tended to be allocated where they were expected to practice their profession as if they were fully-fledged, but this deprived them of the learning opportunities that should have been afforded to them during this period. Limited resources like shortage of staff in the healthcare facilities is overwhelming to an extent that a nurse end up multitasking in order for them to complete the necessary duties allocated to them [15]. Furthermore, increased workload is a major contributor to staff shortage as staff will be dissatisfied with their jobs and will be highly stressed [16]. When nurses are dissatisfied with their jobs they are more likely to leave their stressful jobs which perpetuates the cycle of staff shortages. For the CSNs staff shortages cause a feeling of abandonment as they have to carry out nurse duties alone, evoking feelings of frustration [17]. This was mentioned by many participants in the current study as being a big challenge as almost all the units were short staffed. This was a big challenge for CSNs as they ended up filling short staffed spaces rather than coming into the hospital for learning and honing their skills. Moreover, lack of experienced registered nurses and high nurse turnover have an impact on newly graduate registered nurses in subjecting them to performance of complex tasks without any supervision [18].

Additionally, lack of equipment resources was raised by the CSNs as being a concern, this causes a problem when certain procedures have to be done and if the equipment required is not available. Furthermore, a study conducted by Nkoane and Mavhandu-Mudzusi (2020) titled “CSNs' experiences at a public hospital in Tshwane District, South Africa”, found that their participants mentioned a lack of both material and human resources [19]. They expressed the lack of material and pharmaceuticals as one of their greatest challenges [19]. These challenges were raised by the participants of the current study especially those working in maternity with constant deficiencies of material such as delivery packs, sanitary pads, scalpel blades for cutting episiotomies, and that they sometimes had to borrow suturing material from nearby hospitals.

4.5. Availability of Adequate Incentives

Incentives provision is the backbone for any organization in order for it to keep the personnel interested in staying within that organization. This former mentioned notion also aligns with newly qualified nurses experiencing challenges during their one-year clinical rotation such as finding their own accommodation [20]. This can pose difficulties even resulting in having to borrow money from friends and relatives to pay for transportation, accommodation and other bills. This was partly shared by the participants of this current study as although they had accommodation they mentioned that the remuneration was not enough. Matlhaba (2020) supports these sentiments stating that financial and non-financial incentive programs play a significant role in staff retention of health care services (21). In addition, some CSNs end up choosing to practice their CSP in rural areas over urban areas due to higher incentive value offered there, but the challenge is that rural areas have less departments and resources thus affecting clinical exposure

of CSNs [21]. Additionally, Mtegha et al (2022) bring to light other sentiments connected with inadequate incentives such as lack of employment opportunities, stating that there is a lack of employment opportunities after graduation [14]. Some participants of the current study had concerns for their future in the profession, saying that the profession has changed since they are no longer absorbed by the system immediately after they are done studying. They stated that this made them stressed as they knew after the 1-year community service was up they would be left jobless and will be subjected to job hunting. This is evidenced by a study that was conducted in Malawi as the participants stated that they waited from 8 to 13 months after graduation to find jobs, leading them to feel less confident in their own skills [14].

The current study found that CSNs were concerned about job security as they were only placed for community service for a period of one year and thereafter they had to go out into the world and look for jobs themselves without the department absorbing them into the system. They stated that even before looking for jobs they face the challenges of what is called “status change” whereby the SANC have to reregister them as PNs changing their status from CSNs which might take a while before getting a new certificate which will be written ‘PN’ rather than ‘CSN’. During this interim period, they are unemployable, even the nursing agencies that they apply to for temporary jobs wait for this change in status, in other words these nurses are in limbo during this period. In addition, Pauw, Oosthuizen and Van Der Westhuizen (2008) conducted a study titled “Graduate unemployment in the face of skills shortage: A labour market paradox” and coined the term “graduate unemployment problem” [22]. The authors state that this is a paradox in an already skills-constrained country such as South Africa. This persistent problem may disillusion the youth of South Africa, as they come with their qualifications into the corporate world only to discover that they are unemployable. As much as the economy of South Africa is in dire need of skilled graduates, these graduates suffer from unemployability, which, in the long run, affects South Africa’s economic growth. Some of the CSNs raised the fact that the remuneration that they were receiving was small and did not sustain them in any way. Such a small incentive negatively affects their morale and working spirit as they feel that their duties are the same as those of their counterparts but incentives are different. They suggested that if the incentives were on par with each other, their joy for working and spirit for working would be uplifted.

5. Conclusions

It was evident from the findings of the current study that the CSNs who are transitioning from being students towards becoming professional nurses were experiencing a lot of challenges during the community service placement.

Declarations

Ethics Approval and Consent to Participate

Data collection commenced only after full ethics approval had been granted by the Durban University of Technology Institutional

Research Ethics Committee (IREC 216/24) and gatekeeper's permission granted by the Provincial and District Department of Health Research Committees, and the Hospital Chief Executive Officer. All participants had to sign informed consent after being fully orientated about the study.

The research was carried out in accordance with Helsinki declaration, there were no animal involvements in the study, with regards to human participants they were offered free consent to participate in the study.

Consent for Publication

Not applicable.

Trial Registration

Not Applicable

Availability of Data and Materials

The data that support the findings of this study are available from the corresponding author, M Zulu upon reasonable request.

Competing Interests

Authors have declared that no competing interests exist.

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Authors' Contributions

This work was carried out in collaboration among all authors. Author MZ wrote the manuscript from the initial draft to the final version for publication, while author MZ was responsible for the conception and design, acquisition, analysis, and interpretation of data under the guidance of author TSPN and LAS as supervisors. All authors read and approved the final manuscript.

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