

Operational Nurse Managers' Perspectives towards Community Service Nurses' Transition into Professional Nurse Role

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Abstract

Background: Operational nurse managers play a significant role in community service nurses towards becoming fully fledged professional nurse, this is more so because the community service nurses are still neophytes and require guidance and support. Community service nurses still requires supervision, mentoring and support from operational nurse manager in assuming their new role. Hence the government of South Africa introduced community service placement for selected health professions in South Africa as 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: A qualitative study was followed, supported by cross-sectional, contextual, explorative and descriptive approaches, these approaches to this chosen method were supported by the Schlossberg Transition theory which was used to underpin the study as a whole. 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: The study gave birth to five themes after data collection was completed, the themes were interpersonal relationships, clear Community service nurse guidance and support, consistent clinical exposure, resource availability and adequate incentives all of which led to negative experiences of Community service nurses during their transition from student to Professional Nurse.

Conclusions: The findings from the study revealed that the operational nurse managers had a significant role to play in the transition of community service nurses from student to professional nurse.

Trial Registration: Not Applicable.

Keywords: Operational Nurse Managers, Community Service Nurse, Newly Qualified Nurse, Newly Graduated Nurse, Professional Nurse, Transition and Experiences

Abbreviations

CSN	Community service nurse
CSP	Community service placement
KZN	KwaZulu-Natal
ONM	Operational nurse manager
PN	Professional nurse
SANC	South African Nursing Council

1. Background

The ONMs provide direct oversight of healthcare delivery with the overall goal of achieving patient and staff outcomes. ONMs play a crucial role in coordination of quality patient care, managing staff schedules, payroll, performance review and decisions involving hiring and termination of staff [1]. They also play roles in facilitation of communication, strengthening professional relationships and

building and supporting team involvement. Job satisfaction and reduction of staff turnover also forms part of ONMs' roles [1]. Jeffery et al. (2023) are of the view that the graduate nurses face a number of challenges when they enter the profession for the first time such as adapting to the new ward environment and unfamiliar professional responsibilities and role ambiguities [2]. Therefore, ONMs have a pivotal role in supporting graduate nurse readiness to ensure both patient safety and sustain nurse workforce [2].

2. Methods

The 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, cross sectional and descriptive approaches to qualitative design was employed, critical analysis and interpretation of data collected from Community service nurses (CSN) and Operational Nurse Managers (ONMs). The data were collated utilising semi structured

interviews which were based on interview guide developed by the researcher, the interview guide has not been published elsewhere (Appendix attached under supplementary documents). The study took place in KwaZulu-Natal (KZN) province which forms part of the eleven provinces in South Africa. KZN is situated 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. The researcher chose these three districts as there are a mixture of rural, semi urban and urban areas which yielded a wild variety of results as the CSNs might have experienced Community Service Placement (CSP) differently. The participants consisted of 17 participants which were distributed into 7 CSNs, 5 Professional Nurses (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 study gave rise to 5 themes which also had some several sub-themes under them. The 5 themes that emerged were Interpersonal

relationships, Clear CSNs guidance and support, consistent clinical exposure, resources availability and adequate incentives. Table 2 below displays the themes and their sub-themes.

Themes	Subthemes
1. Interpersonal relationships	1.1 Respect 1.2 Communication
2. Clear CSNs' guidance and support	2.1 Setting of objectives for CSNs 2.2 Mentorship in hospitals 2.3 Facilitator's guidance 2.4 Lack of supervision
3. Consistent clinical exposure	3.1 Learning experience 3.2 Shadowing a Professional nurse 3.3 Lack of departmental exposure 3.4 Limitation with allocation variation
4. Resources availability	4.1 Lack of human resources 4.2 Lack of equipment resource
5. Adequate incentives	5.1 Chance of employability 5.2 Inadequate remuneration

Table 2: Themes and Subthemes that Emerged from the Interviews

Interpersonal relationship theme had 2 sub-themes which were communication and respect, the participants of the study expressed their views with verbatim statements. The second theme of the study was clear CSNs guidance and support, this theme highlighted 4 sub-themes which were setting of objectives for CSNs, mentorship in hospitals, facilitator's guidance and lack of supervision. The third theme was clinical exposure, of which under it came 4 sub-themes which were learning experience, shadowing a professional nurse, lack of departmental exposure and limitation with allocation variation. The study also brought forth resources availability as another theme, this theme gave rise to 2 sub-themes which were lack of human resources and lack of equipment resources. The last theme that emanated from the study findings was adequate incentives which had 2 sub-themes being chance of employability and inadequate remuneration.

3.1. Interpersonal Relationship

Any health organization relies on good international relationship for it to work like a well-oiled machine, and in the nursing context the operational nurse manager is at the center of making this phenomenon a living value. Deficiency or poor interpersonal relationship can affect work output and functionality of all the logistics of the departments of the institution negatively or kill the spirit of workers completely. Respect and communication are at the center of the interpersonal relationship context.

3.1.1. Respect

Respect is a significant factor for any relationship to thrive, more especial in a work relationship where counterparts need each other for work flow. Work productivity is strongly reliant on nurse to nurse respect to some degree, lack of it thereof can course the productivity to suffer. Some of the participants stated that:

"At times there has been reports from the community service nurses that the subordinates hardly showed good demeanor or attitude with them especially when it came to issues like delegation, this has been seen to take place when I am not there." (ONM, female, 36 years old, 10 years work experience).

Another participant added:

"Some com servers have raised issues that when they tried to convey messages to their subordinates, especially messages concerning patient care, they will be met with answers such as I am busy, ask someone else." (ONM, female, 45 years, 20 years work experience).

3.1.2. Communication

The significance of communication in any organization cannot be emphasized enough, for an organization to function and thrive, good communication is required, this boils down to verbal and non-verbal communication. The operational nurse manager has a duty to ensure that adequate and appropriate communication is present in the work environment. Deficiency of good communication came with plenty of challenges that greatly affect the organization as a whole. One of the participants reiterated and said:

"I have come to observe that when the enrolled nurse or enrolled nursing assistant is delegated by a comm serve nurse she will either delay in doing that task or not do that task at all, as in almost like that an ENA was ignoring the commands of that com server." (ONM, female, 44 years, 10 years of experience).

Another participant added "I have heard reports of the comm servers complaining that whatever they have delegated to their subordinates was not done at all, as if the subordinate did not get the message of what was expected of her or the message was not conveyed at all." (ONM, female, 40 years old, 22 years of experience).

3.2. Clear CSNs' Guidance and Support

The operational nurse manager the responsibility of making sure that the CSNs are guided and supported efficiently in order for them to become fully fledged PNs in the near future. Lack of good guidance and support may bring about deficiency in skills proficiency and task mastery of the CSNs.

3.2.1. Setting of Objectives for CSNs

Setting of objectives is a crucial part of monitoring any element in any health care context, likewise in the nursing sphere, the operational nurses managers are ought to set objectives in order to monitor CSNs' growth in the profession. The setting of objectives also play an important role in the trajectory and development of the neophyte nurses towards their ultimate goal of becoming fully fledged. 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 a list of objectives or things for com servers to achieve so as to assess them in accordance with that." (CSN, male, 22 years old, 6 months experience).

In addition to this, some participants added: "I think to give com 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." (ONM, female, 52 years, 25 years of experience)

3.2.2. Mentorship in Hospitals

Mentorship forms one of the most significant roles of the operational nurse managers that is directed towards CSNs, especially during their first few weeks of CSP in the clinical areas. 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:

"Mentorship is needed to assist us, because a supervisor in the ward is not always there but if we had mentors which will be allocated to us it will help a great deal." (CSN, female, 22 years old, 12 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 help them improve their skills." (ONM, female, 40 years old, 22 years of experience).

3.2.3. Facilitators' Guidance

Facilitators are necessary for driving any program to fruition, this is especially important in the health care sector where almost every year there are new staff members coming in from higher levels of institution. These new staff members that might be coming in the organization need their areas of focus facilitated, therefore the absence of facilitation might be detrimental. The participants of the study reiterated:

"If maybe the comm servers can be allocated a facilitator that will continually engage with them from time to time just to ease them into the profession and clarify all the misunderstandings they might have, that can boost their morale and sharpen their skills." (ONM, female, 44 years, 10 years of experience)

Some of the participants shared the similar sentiments: "As any other programs in the institution have facilitators, the period of com serve placements needs some sort of facilitation as well so as to monitor and offer continuous teaching." (ONM, female, 52 years, 25 years of experience).

3.2.4. Lack of supervision

CSN's supervision forms one of the pillars for their development and growth in the profession. The operational nurse managers are at the fore front of initiating and maintaining the supervisory role of CSNs to ensure they practice their profession safely and with dignity. The lack of supervision offered to CSNs has coursed a lot of challenges in their transition. The study participants share their views on this:

"We were expected to practice our profession with no supervision as it was always short staffed." (CSN, male, 21years, 6 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." (CSN, female, 22 years old, 12 months experience).

3.3. Consistent Clinical Exposure

Clinical exposure for any novice CSN is important, inconsistent, scanty or lack of it can deprive the CSN of the opportunity for them to learn during their transition period. The operational nurse managers are responsible for making clinical exposure adequate and appropriate for their scope of practice.

3.3.1. Learning Experience

Learning for any neophyte in any organisation is necessary for their growth and development, it affords them start and level field that act as a frame of reference for future. It is crucial for operational nurse managers to bear in mind that the opportunity for learning must be bestowed to the CSNs as they are still novice and lack the necessary experience required to stand firm on their own two feet. The participants had these excerpts to state:

"Com serve nurses tend to be in a way abused as their main mandate of what they came for becomes overlooked, they get to be treated as workforce instead of allowing them to soak in as much of learning opportunities as possible. Here in this hospital they came a time when matrons were fighting over the number of com servers allocated to them." (ONM, female, 52 years, 25 years of 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. Shadowing a Professional Nurse

Shadowing senior personnel by a junior one in the work environment forms a great learning strategy that combines neophytes learning with patients’ safety and quality work, this is due to the fact that the more experienced person is always there to lend a hand. The operational nurse managers of all health institutions should adopt this measure as it forms part of safe practice. 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: “They need to be included and allocated in everything a PN is allocated to do with no exception, they need more exposure and supervision.” (ONM, female, 52 years, 25 years of experience).

3.3.3. Lack of Departmental Exposure

Placement of CSNs in various departments is necessary for widening their exposure through different experiences, seeing different patients with their degrees of illness grows the CSNs into becoming a well-rounded PNs. This variation in different departments needs to be initiated by the ONMs of the facilities that these CSNs are placed at. 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, 22 years old, 12 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.” (ONM, female, 52 years, 25 years of experience).

3.3.4. Limitation with Allocation Variation

The community service placement for CSNs needs to be dynamic and varied constantly, this will ensure learning take place. The limitation of allocation variation limits the learning of the CSN that needs to take place, and this is sometimes beyond the powers of the operational nurse managers. 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, 22 years old, 12 months experience).

Other participants stated that: “Unfortunately, a com server does not get to have an all-round experience during clinical practice due to limited departmental allocations, if maybe this can be improved then their experience can be better and they can then acquire more knowledge.” (ONM, female, 40 years old, 22 years of experience).

3.4. Resources Availability

Resources availability forms a foundation for an environment equipped for teaching and learning, without resources the neophytes will not learn the required skills for becoming a PN. The operational nurse managers are responsible for ensuring that the environment is conducive for learning by making sure that resources are available.

3.4.1. Lack of Human Resources

Deficiency of human resource create challenges for both the CSNs and the ONM, this is due to the fact that both become in a dilemma of how to maneuver between covering the department’s placement and reaching the teaching and learning needs. The participants had some verbatim statements to share on this:

“The big challenge the com servers come across is that the hospitals or us as OMs tend to depend on them as work force which in turn deprive them of the learning experience that they came for” (ONM, female, 40 years old, 22 years of experience).

Other participants supported this as well: “The one that affect the com servers experience the most is the issue of staff shortage, the professional nurses that should be there supporting them are not there as we are always short staffed, this then puts the com server in a tight corner of being a professional nurse by default” (ONM, female, 52 years, 25 years of experience).

3.4.2. Lack of Equipment Resources

There has been a lot of challenges seen with the equipment deficiency in the practice arear where CSNs practice, this usually affect the ONMs as they are responsible for stocking the departments with equipment necessary for performing skills and procedures. The CSNs usually find it difficult to perform skills necessary for their learning experience when equipment is deficient. The participants reiterated:

“Shortage of equipment is some of the hinderance in the learning of com serve nurse practitioners during their journey into becoming professional nurses, so as you also know that equipment is deficient in government sector, so this affect the com server very much as they do not learn the right way of how some things ought to be done” (ONM, female, 40 years old, 22 years of experience).

Other participants were in support of this verbatim statement and stated: “If the health sector can improve things like equipment among other things, this can greatly improve the learning experience of com serve nurses as they will get the support of functional equipment” (ONM, female, 52 years, 25 years of experience).

3.5. Adequate Incentives

Job security and lack of adequate substantial incentives remains at the center of every employee and manager's relationship, a manager of any organization must be able to provide job security with good incentives to their employees. The reduction or cessation of incentives that were previously there usually make the relationship between the employer and employee strained. The lack of incentives kills the symbiotic relationship between the two, which furthermore produce a high staff turnover.

3.5.1. Chance of Employability

The decision by the South African department of health to cease the absorption of CSNs into the pool of employees soon after they were done with their studies took away the CSNs' advantage they had of being employed. With this challenge and looming disadvantage that takes place on a year basis usually leaves the ONMs struggling to maintain a nurse patient ratio that is acceptable due to the fact that the wards are short staffed of nurses. 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, 40 years old, 22 years of experience).

3.5.2. Adequate Remuneration

There is a discrepancy in the remuneration package between the PN and the CSN, with the PN earning far greater than their CSN counterparts. This more often than not creates some sort of animosity between the two, especially because they perform similar duties. 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 us 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

Interpersonal relationships between all counterparts of any organization is vital for the overall functioning of that organization, this is especially true in the health institutions as the patients' lives depend on it. The ONMs of the departments that the CSNs and PNs and other members of the disciplinary team are the key drivers that make sure that interpersonal relationships are good. The study findings revealed that the CSNs were having challenges with their transitions and the ONMs were at the center of it, this being due to the fact that it is the ONMs duty to facilitate good interpersonal relationships in the ward settings. These challenges further affected service delivery the CSNs offered to their patients. The deficiency

of interpersonal relationship does have an impact on patient care and service delivery [3]. The effects of interpersonal relationship are deeply embedded in communication and respect which are corner stones of the CSNs transition process. The CSNs mentioned that the communication between themselves their counterparts was poor; this poor communication was also noticed by the ONMs during the supervision of these CSNs as they were offering patient care. Stated that communication plays a significant role in patient healthcare, communication must be closely aligned with respect, both of which were observed by ONMs as lacking during the transition of CSNs [4]. Both CSNs and ONMs mentioned respect as being a challenge during the transition phase of CSNs, the CSNs felt that respect was not shown to them by their counterparts. The views that creating a culture of respect in the nursing profession improves the nursing image as a whole [5].

4.2. Clear CSNs' Guidance and Support

The CSNs reported that the guidance and support that they expect to receive during their transition was scanty or in some instances totally absent, this was also supported by the ONMs themselves that were supposed to offer this support and guidance. The guidance and support is necessary for the development of CSNs during their transitioning phase into becoming PNs. States that the lack of support of the newly qualified nurses poses gaps in information and knowledge which might have been gained during the transition phase [6]. This theme gave birth to other sub-themes which were Setting of objectives for CSNs, Mentorship in hospitals, Facilitator's guidance and Lack of supervision. Some ONMs stated setting of objectives for the CSNs as a strategy to improve the overall experiences of CSNs during their transition phase. These sentiment are also shared and insisted by who mention that goal setting in any organisation is a vital element for tasks to be done and for productivity to be carried out [7]. The ONMs who participated in the study raised the fact that mentorship of CSNs during their transition was lacking, partly because they themselves did not know how to mentor these CSNs, and the fact that there is no designated, specific mentor to mentor the CSNs. To address this challenge of lack of mentorship state that newly qualified nurses requires extensive mentorship during clinical exposure as they are often overlooking a wide number of patients and the patients they are looking after are often severely ill [8]. Another theme that came up was Facilitator's guidance and lack of supervision, this also needs to be corrected and initiated by the ONMs, but in the clinical situation it did not occur as the ONMs and CSNs were in consensus of its deficiency, this affected the smooth transition of CSNs [9]. Attests to this with a study they conducted titled "Guidelines to support newly qualified professional nurses for effective clinical practice", the findings of the study revealed that newly qualified nurses worked better when they were offered guidance. Moreover, state quality of care in patients is better seen when the CSNs are supervised during their transition [10].

4.3. Consistent Clinical Exposure

The findings of the study showed that clinical exposure of the CSNs was not constant and uniform throughout the different hospitals in

the province of KwaZulu-Natal, this discrepancy meant that the CSNs were not having a similar experience during their transition. The ONMs noticed this as well and stated that it was beyond their power in making sure that the CSNs were allocated uniformly due to the fact that they are used as regular staff members to cover shortness of human resource. The 4 extra sub-themes which were attached to this theme were learning experience, shadowing a Professional nurse, lack of departmental exposure and limitation with allocation variation. Learning experience was mentioned both positively and negatively by the CSNs during their transition period. Some of the CSNs praised the CSP, they mentioned that it offered them a rare learning experience which they did not receive while they were still students, on the other hand some of the CSNs stated that their learning experience was hindered by a negative working environment they founded themselves in. According to learning experience of neophyte nurses can be good or bad depending on the environment, both these situations can affect quality health care offered to the patients and the transition experience of the CSNs themselves.

Learning experience was mentioned by some participants of the study as something that can be improved by shadowing a fellow PN who had walked the same path as the CSN. Shadowing provides an individual with a psychological feeling of wellbeing. Additionally, shadowing comes with benefits of workflow distribution and carrying of a large number of patients due to the increased workforce at play. Furthermore, it has shown to improve clear understanding of different roles and improvements in learning and communication [12]. Some participants raised the idea of shadowing a PN as a strategy to improve the CSN experience; this could be a strategy for a CSN to learn the work first hand as they would be teamed up with someone who had gone through the same experience as they were going through themselves. In a study the participants discovered that after shadowing their counterparts they came to a more definite understanding of their partner's roles in the clinical setting [13]. It was also discovered from this study that shadowing brought up improvement of teamwork and strengthened interprofessional relationships and thus increased patients' safety and quality of care. It has also been seen that after a period of shadowing, a newly qualified nurse is more at ease to ask questions from the person they have been shadowing [13].

The allocation of CSNs to different departments was mentioned as one of the challenges that occurred, the ONMs received the CSNs when the roster for them came, therefor the ONMs did not have a direct link in allocation of CSNs. The minister of health is responsible for the CSN allocation and further down the hierarchy it becomes the provincial department's responsibility and lastly the nursing management's responsibility [14]. Nevertheless CSNs' arrival in health facilities are usually not prepared for, and prior planning is usually not done for their arrival [14].

The ONMs who participated in this study mentioned lack of adequate clinical exposure as a challenge during their CSP, often attributed to the fact that their CSP is short thus they end up not

covering all the departments in the hospitals. Another factor that contributes to this phenomenon is the shortage of human resources, especially the shortage of PNs, which deprives them of the kind of clinical exposure which would have happened in the wards if they had been fully covered by the appropriate personnel. The inconsistency in rotation periods from department to department creates inconsistencies in clinical exposures amongst CSNs and is usually evident when they become fully fledged PNs [14]. The lack of adequate clinical exposure can be caused by lack of allocation variation. Point out that newly qualified nurses often feel uninterested if their allocation is unstructured [15]. The CSNs 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. This limited their perception of what nursing is as they saw practice from the eyes of what was given to them, which was short staffed wards. Another scholar shared these sentiments that allocation needs to be appropriate for the newly graduated nurse as it is directly linked to confidence in their skill [16]. When the newly graduate nurses are allocated to tasks or duties that are beyond their expertise they are more likely to develop feelings such as helplessness, guilt and frustration [16].

4.4. Resources Availability

The health care system as a whole, in actual fact almost all the organizations depend on resources availability to function. This is even more evident when there are novice personnel that needs to be nurtured by fellow counterpart for their growth and development. The view that shortage of mentors and material resource poses huge challenges that affect the newly qualified nurses' transition [17]. This in turn creates an unfavourable environment for neophytes to grow and develop into their transition. The resources 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 findings of the study revealed that staff shortage was a challenge in hospitals around KZN, staff shortage was affecting more the number of PNs and the ONMs were aware of this. The scanty numbers of PNs in the KZN hospitals meant that the CSNs had limited number of professionals that they can learn from. Furthermore, the CSNs end up multitasking and juggling a lot of things all at once as their nurse patient ratio is obscured due to shortage of staff and increased workload [18]. Increased workload therefor further becomes a major contributor to staff turnover as nurses become stressed and overwhelmed with their jobs, more often than not the ONMs hands are usually tied in this case [19]. Feelings of abandonment and frustration are sure to follow the CSNs as caused by short staffed departments that they are working in [18]. These sentiments are further supported by as they state that high nurse turnover is attributed to the lack of registered nurses which if they were sufficient would have assisted the newly graduated nurses in skill proficiency and task mastery, therefore, in a long run have an effect on staff retention [20].

Another resource deficiency was that of equipment resource, this was raised to be a challenge by both the ONMs and CSNs, although the ONMs are responsible for equipment in their departments, they can only do so much as this is attributed to the a much bigger issue like budget allocation and funds. Furthermore, study titled *Community service nurses' experiences at a public hospital in Tshwane District, South Africa* found that participants mentioned a lack of both material and human resources [21]. They expressed the lack of material and pharmaceuticals as one of their greatest challenges [21]. 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. Adequate Incentives

Providing the employees with incentives keeps staff retention at bay, it triggers the employees especially the neophytes interested in staying longer as they see it as an added bonus towards what has been initially offered to them. The lack of incentives of any kind makes the employees less likely to be keen in staying in a job [22]. Furthermore, they pointed out that newly qualified nurses experience challenges during the one-year clinical rotation such as finding their own accommodation, therefore lack of these incentives can drive the CSN to leave soon after their rotation obligation is over. These sentiments were partly shared by the CSNs of the current study, although they had accommodation they mentioned that the remuneration was not on par with their counterparts, and unfortunately although ONMs were aware of this but they had no power in adjusting their salaries as the salary scales are standardised across the country. The issues of financial and non-financial incentive programmes by virtue of taking residence in staff retention of health care services [23]. Some CSNs opt to go work in the rural areas as the government of South Africa has an incentive called “rural allowance” put aside for health care professionals working in rural areas, however, the challenge with rural areas is that of less departments and resources constraints thus affecting clinical exposure of CSNs [23]. Additionally, lack of incentives, stating that after graduation nurses find it hard to get employed at all [17]. Some of the CSNs pointed out that they have seen some significant changes within the profession as they are no longer absorbed soon after completion by the virtue that they have gone through CSP. They expressed that they are usually left unsure and stressed soon after their 1-year compulsory CSP as they are left jobless soon after. 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 [17].

The CSNs raised concerns of job security, the CSNs stated that this is a challenge across the whole province of KZN as policies have changed regarding their absorption into the health care institutions soon after they have done their CSP. They brought to the forefront a term called “Status Change”, of which they mentioned it as a period when they have done their CSP but cannot be

employed nor even do sessional work because SANC has not yet registered them as PNs. This is synonymous with the study titled *Graduate unemployment in the face of skills shortage: A labour market paradox, on their study they coined the term “graduate unemployment problem”* [24]. The authors state that although South Africa is already short of skilled and professional personnel more especially in the health field, the newly qualified nurses face a huge challenge of unemployability. The unemployable newly graduated nurses furthermore debilitate the situation of various understaffed departments and as much as the ONMs are aware of these challenges but solving them is beyond their power as they only receive the roster for CSNs when they are allocated to them.

5. Conclusions

The findings revealed that the ONMs are facing challenges with the transition of the CSNs placed in their responsibility to monitor and supervise. The transition as a design has a well thought out plan and is clear but the actual execution of it is a big challenge due to plenty elements that are beyond both the CSNs and ONMs power.

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 were offered free consent to participate in the study.

Consent for Publication

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 LAH as a supervisor.

All authors read and approved the final manuscript.

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References

1. Penconek, T., Tate, K., Bernardes, A., Lee, S., Micaroni, S. P., Balsanelli, A. P., ... & Cummings, G. G. (2021). Determinants of nurse manager job satisfaction: A systematic review. *International Journal of Nursing Studies*, *118*, 103906.
2. Jeffery, J., Rogers, S., Redley, B., & Searby, A. (2023). Nurse manager support of graduate nurse development of work readiness: An integrative review. *Journal of clinical nursing*, *32*(17-18), 5712-5736.
3. Younas, A., Inayat, S., Dal Molin, A., & Durante, A. (2023). Nurses' challenges to developing interpersonal relationships during integrated care for complex patients. *Western journal of nursing research*, *45*(10), 894-901.
4. Tiwary, A., Rimal, A., Paudyal, B., Sigdel, K. R., & Basnyat, B. (2019). Poor communication by health care professionals may lead to life-threatening complications: examples from two case reports. *Wellcome open research*, *4*, 7.
5. Nouri, A., Sanagoo, A., Jouybari, L., & Taleghani, F. (2019). Challenges of respect as promoting healthy work environment in nursing: A qualitative study. *Journal of Education and Health Promotion*, *8*(1), 261.
6. Zondi, M., & Mkhize, S. W. (2025, September). Barriers to Effective Clinical Experiences Among Newly Qualified Registered Nurses: A Descriptive Qualitative Study. In *Healthcare* (Vol. 13, No. 18, p. 2343). MDPI.
7. Ogbeiwi, O. (2021). General concepts of goals and goal-setting in healthcare: A narrative review. *Journal of Management & Organization*, *27*(2), 324-341.
8. Moon, S. H., Jeong, H. W., & Jung, U. S. (2024). Exploring the impact of the mentoring new nurses for transition and empowerment program led by clinical nurse educators in South Korea: a mixed-methods study. *Nurse Education Today*, *140*, 106251.
9. Hansen, W., & Zuma, S. M. (2024). Guidelines to support newly qualified professional nurses for effective clinical practice. *Curationis*, *47*(1), 2527.
10. Brás Baptista Sérgio, M. S. S., Rodrigues Faria de Carvalho, A. L., & Correia Barroso Pinto, C. M. (2023). Clinical Supervision in Improving the Quality of Nursing Care: Empowerment of Medical-Surgical Hospitalization Teams. In *Nursing Forum* (Vol. 2023, No. 1, p. 5820168). Hindawi.
11. Baloyi, T. S., Ramathuba, D. U., & Netshisaulu, K. G. (2024). Experiences of Newly Qualified Registered Nurses (R. 683) regarding negative workplace environment in selected hospitals of Limpopo Province, South Africa. *SA Journal of Human Resource Management*, *22*, 11.
12. Sarver, W. L., Seabold, K., & Kline, M. (2020). Shadowing to Improve Teamwork and Communication:: a potential strategy for Surge staffing. *Nurse Leader*, *18*(6), 597-603.
13. Monroe, K. K., Kelley, J. L., Unaka, N., Burrows, H. L., Marshall, T., Lichner, K., ... & Herrmann, L. E. (2021). Nurse/resident reciprocal shadowing to improve interprofessional communication. *Hospital Pediatrics*, *11*(5), 435-445.
14. Scheepers, N. (2020). *A transition to practice programme for community service nurses* (Doctoral dissertation, North-West University (South Africa)).
15. Adatara, P., & Boni, G. S. (2022). New Graduate Nurses' Experiences and Challenges during a One-Year Clinical Rotation Programme in the Volta Region of Ghana: Implications for Nursing Management and Nursing Workforce Retention. *BioMed Research International*, *2022*(1), 5023419.
16. Baharum, H., Ismail, A., McKenna, L., Mohamed, Z., Ibrahim, R., & Hassan, N. H. (2023). Success factors in adaptation of newly graduated nurses: a scoping review. *BMC nursing*, *22*(1), 125.
17. Mtegha, M. B., Chodzaza, E., Chirwa, E., Kalembo, F. W., & Zgambo, M. (2022). Challenges experienced by newly qualified nurse-midwives transitioning to practice in selected midwifery settings in northern Malawi. *BMC nursing*, *21*(1), 236.
18. Madolo, A. N., & Hloba, S. P. (2023). Bullying, shortage of staff and resources in workplace: Qualitative experience of newly qualified nurses. *Curationis*, *46*(1), 2407.
19. Nakweenda, M., Anthonie, R., & van der Heever, M. (2022). Staff shortages in critical care units: Critical care nurses experiences. *International Journal of Africa Nursing Sciences*, *17*, 100412.
20. Willman, A., Bjuresäter, K., & Nilsson, J. (2021). Insufficiently supported in handling responsibility and demands: Findings from a qualitative study of newly graduated nurses. *Journal of clinical nursing*, *30*(1-2), 83-92.
21. Nkoane, N., & Mavhandu-Mudzusi, A. (2020). Community service nurses' experiences at a public hospital in Tshwane District, South Africa. *Africa Journal of Nursing and Midwifery*, *22*(2), 15-pages.
22. Adatara, P., & Boni, G. S. (2022). New Graduate Nurses' Experiences and Challenges during a One-Year Clinical Rotation Programme in the Volta Region of Ghana: Implications for Nursing Management and Nursing Workforce Retention. *BioMed Research International*, *2022*(1), 5023419.
23. Matlhaba, K. L. (2020). *Development of an evaluation tool for clinical competence of community service nurses in North West Province, South Africa* (Doctoral dissertation, North-West University (South-Africa)).

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24. Pauw, K., Oosthuizen, M., & Van Der Westhuizen, C. (2008). Graduate unemployment in the face of skills shortages: A labour market paradox 1. *South African journal of economics*, 76(1), 45-57.

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