

Professional Nurses Experiences' Working Side by Side with Community Service Nurses During Community Service Placement

Mthokozisi Zulu*, LA Snell-Hillermann and TSP Ngxongo

Department of Nursing, Faculty of Health Sciences,
Durban University of Technology, South Africa

*Corresponding Author

Mthokozisi Zulu, Department of Nursing, Faculty of Health Sciences, Durban University of Technology, South Africa.

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Abstract

Background: Professional nurses are significant role players in the community service nurses' lives as the community service nurses navigate their way in this new field they have chosen to embark on. The community service nurses need helping hands and personnel they can depend on, especially with task mastery and skills proficiency, thus professional nurses become a bridge to which a community service nurse can cross in order to get closer to their goal of being fully fledged in their profession.

Methods: A qualitative study design was carried out which had a support of 4 methods which were descriptive, explorative, contextual and cross-sectional, this study design was supported by the Schlossberg Transition theory as it was utilized to undergird the entire study. A one-on-one semi structured -interviews was utilized to collect and collate data, these data were collected from five Operational Nurse Managers, five Professional Nurses and seven Community Service Nurses in 10 KwaZulu-Natal hospitals between December 2024 and January 2025 after Ethics clearance (IREC no 216/24) by the institutional research committee granted the researcher permission.

Results: The study revealed five themes from the study when data collection was done, the themes were interpersonal relationships, clear Community service nurse guidance and support, consistent clinical exposure, resource availability and adequate incentives all of which revealed challenges between the community service nurses and professional nurses.

Conclusions: The study findings showed that the relationship between professional nurses and community service nurses during the community service placement period remain symbiotic although there may be challenges that exists between these two counterparts, the challenges are often beyond their power.

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

Abbreviations

CSN	Community service nurse
CSP	Community service placement
EN	Enrolled Nurse
ENA	Enrolled Nursing Assistant
ONM	Operational nurse manager

PN	Professional nurse
SANC	South African Nursing Council

1. Background

When CSNs enter the profession, they are usually allocated alongside PNs as their counter parts, the PNs more often than not

by that time have already gone through their community service placement. This by default makes them the best personnel that the CSNs can learn from in growing into the profession. These sentiments are shared who states that shadowing the PNs by CSNs makes them to come to a more definite understanding of their partner's roles in the clinical setting are [1]. The partnering of the PNs and CSNs also brings about team work and thus in turn patients' satisfaction and improved quality of care. Therefor in a long run the PNs get to see the potential of the CSN and get to guide and support where necessary in a long relationship building journey.

2. Methods

The study aimed to explore the experiences of CSNs during their transition period from students to professional nurses. The study employed descriptive, cross sectional, contextual and explorative approaches to a qualitative research design, an analysis was then followed up critically from CSNs, ONMs and PNs. The researcher developed an interview guide and utilized it to conduct a one-

on-one semi-structured interview with each of the participants, the researcher also made sure that the interview guide used for this study was not published elsewhere (appendix attached under supplementary documents). The KZN province which forms part of the 11 provinces under South Africa was the study setting designated for this study. The researcher only chose 3 health District to conduct the study in, namely the eThekweni, Ugu and Umgungundlovu health districts. The researcher chose these three districts with an aim of making sure variety of information will be gathered since these districts were not the same as they were a mixture of rural, semi urban and urban areas, with this in mind the researcher anticipated that the PNs partnering with these CSNs would have experienced the working relationships differently given the setting and positions in demarcation of these districts. The study participants were 17 in total, with 7 participants being 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

Five themes emerged from the study with several themes attached to 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 shows 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 gave rise to 2 sub-themes which were communication and respect, the participants of the study expressed their views with verbatim statements. The second theme that soon followed was clear CSNs guidance and support, this theme brought forth 4 sub-themes which were setting of objectives for CSNs, mentorship in hospitals, facilitator's guidance and lack of supervision. Clinical exposure became the fourth theme of the study, with it came 4 sub-themes which were learning experience, shadowing a professional nurse, lack of departmental exposure and limitation with allocation variation. The fourth theme of the study was resources availability, this theme gave rise to 2 sub-themes which were lack of human resources and lack of equipment resources. The fifth and final theme that emerged from the study findings was adequate incentives which had 2 sub-themes which were chance of employability and inadequate remuneration.

3.1. Interpersonal Relationship

Interpersonal relationships are a pivotal centerpiece in the lives of PNs and CSNs whenever and where ever the CSNs enter the CSP. This is critical and crucial more especially because the CSN has a long road ahead of her/himself where they are going to need the assistant and support of a PN who is more experienced and has walked the walk before. With this in mind respect and communication are of value and play a big role in the journey of the CSN which is largely influenced by their nearest counterpart who is a PN. Respect and communication are at the center of the interpersonal relationship context.

3.1.1. Respect

Respect is lays down a foundation for long standing relationship between counterparts, stakeholders and multidisciplinary team members, more especially when they are working in the same setting. Likewise, respect plays a centerpiece role between a CSN

and a PN during the CSP period in the health facility, this is even more so because these two counterparts need each other to achieve one goal that they came for which is patient care. Some of the participants stated that:

“Good interpersonal relationships can improve the work experience of a comm serve, by that I mean things like respect needs to be in place for a com server to be able to function and learn in a conducive environment.” (PN, female, 26 years old, 2 years work experience).

3.1.2. Communication

Communication is essential for the organization to function and to function smoothly as all the tasks and duties that needs to be performed requires clear communication. For the relationship between the PNs and CSNs to thrive, good communication skills need to be adhered to and maintained at a professional level. One of the participants reiterated and said:

“What I can remember from being a community service nurse is that at times you are somewhat invisible as when they communicate with each other it is like you are not even there, this goes as far as to decision making and problem-solving activities, you are almost not included.” (PN, female, 23 years old, 3 years work experience).

3.2. Clear CSNs' Guidance and Support

The guidance and support of the CSNs is usually not clear in almost all the health care settings that the CSNs are placed at, this is usually because the ONMs are usually inundated with a lot of work and they to not have time to direct their energy to the CSNs. The PNs therefore usually come into play in this regard, more especially because they are closest to CSNs in proximity because they are working hand on hand.

3.2.1. Setting of Objectives for CSNs

Setting of objectives for CSNs is a vital activity, especially because the CSNs' roles are slightly different than that of the PNs. By setting the objects for CSNs gives them a direction on how to navigate their way in this new environment, more especially because they are not working in silos but are working with PNs of which the multidisciplinary teams cannot tell them apart as they were the same distinguishing devices and uniform. With this in mind, some of the participants alluded:

"I think the com serves will be able to learn better or rather experience their placement better if there was a set guide of some sort to give them the way on what is expected of them." (PN, 27 years old, 4 years working experience).

Some of the participants stated:

"Funny enough when I was still a com serve nurse we did not have any form of support, but instead we were just thrown at the deep end and left to fend for ourselves. I think when com servers come in to the clinical settings they need support and guidance to assist them to grow in the profession." (PN, 24 years old, 3 years working experience).

3.2.2. Mentorship in Hospitals

Mentorship is duly needed by CSNs during their CSP but unfortunately it rarely happens as the ONMs are hardly there to mentor them, therefore an uninformal mentorship occurs at the hands of the PNs that are working side to side with these CSNs. These are some of the statements some participants shared on this:

"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." (PN, 24 years old, 3 years working experience).

3.2.3. Facilitators' Guidance

A guidance that is facilitated by a designated facilitator is needed by the CSNs during their early stages in the profession when they are still neophytes, this is crucial because it is the time when their brains are still fresh from university and it needs to absorb as much of the skills and knowledge as possible. However, there are no designated facilitators and the facilitation of their growth usually falls on the hands of the PNs. Some of the participants of the study raised this:

"I think comm servers need to be allocated a facilitator that they can meet with at certain times in order to discuss their experiences with." (PN, 24 years old, 3 years working experience).

Some of the participants shared similar sentiments:

"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." (PN, 27 years old, 4 years working experience).

3.2.4. Lack of Supervision

The supervision of the CSNs who are doing their CSP is paramount but there is deficiency of it in the hospital settings that the CSNs are usually practicing in. The lack of supervision of CSNs in this regard does not only affect CSNs but also affect the PNs who are supposed to be their counterparts but ends up taking the role of supervision just because they are in close proximity. The study participants share their views on this:

"During community service supervision will always be an issue as it was an issue when I myself was still doing my own community service, so for a com serve nurse to thrive and work according with precision and ethics they need to be supervised." (PN, 27 years old, 4 years working experience).

Some participants shared somewhat similar sentiments:

"I can say supervision is crucial in the newly qualified nurses' journey and it needs to be in place from the word go as there are a lots things that are happening in the clinical area that can be detrimental to the patients' lives." (PN, 24 years old, 3 years working experience).

3.3. Consistent Clinical Exposure

Consistent clinical exposure for CSNs is paramount in order for continuous learning to take place, lack of it becomes detrimental in their growth in the profession. This important phase of clinical exposure is usually not possible due to the fact that the PNs are usually not there and thus the CSNs take the PNs' role and are used as staff to cover shortage and thus are usually exposed in one department for a long time.

3.3.1. Learning Experience

Due to lack of clinical exposure in the clinical area, the learning experience of CSNs is usually compromised in some departments, however, in the few departments that are staffed adequately, especially staffed with PNs, learning does take place in those instances. The participants had these excerpts to state:

"Some of the challenges that I noticed when I was still a com serve was short clinical placements in the departments as we rotated from ward to ward but we were placed there for a very short time, so maybe if clinical placement can be made a bit longer it can assist a com serve to gain more experience." (PN, 27 years old, 4 years working 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 of senior personnel by neophytes has been seen to be effective in a lot of organizations because the transfer of knowledge and skill becomes easier. The PNs usually take this on their stride in making the CNS shadow them, even if the ONMs have not

allocated them to do so. 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).

3.3.3. Lack of Departmental Exposure

The CSNs need to be adequately placed in different department in order to obtain a full exposure to different department. This departmental exposure is essential in order for them to be fully fledged PNs going forward, but the challenge is that it usually does not occur that way. The exposure does not take place because the PNs themselves are usually deficient and therefore the CSNs are usually used as workforce to fill in gaps where the PNs should be. 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 because due to shortage which ends up depriving them of the needed exposure they would have gained from rotating throughout different departments.” (PN, female, 25 years, 3 years of experience).

3.3.4. Limitation with Allocation Variation

Allocation of CSNs are usually not varied due to the fact that they are used as workforce rather than being allocated for the purpose of learning and exposure to tasks and skills development. This usually occurs because the PNs are not that many to cover the department sufficiently, there for the allocation of CSNs is usually stagnant and rigid. Some participants raised the following statements, “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.” (PN, female, 32 years, 2 years of experience).

Other participants stated that:

“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).

3.4. Resources Availability

The resources are the driving force in creating a learning environment for the CSN and proving a teaching environment for the PN to cascade the information they have down to the CSN. The lack of the resources shifts the whole outlook, purpose and tractor of teaching and learning atmosphere that needs to be in place. The ONMs 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

The deficiency of human resources in the health care system is the worldwide phenomenon, it is also seen in African countries and in South Africa as a whole. The shortage of PNs in the South African health institutions poses a challenge for the CSNs as they become the first line of health personnel that they get to render care to patients. The participants had some verbatim statements to share on this:

“Deficiency in human resource affects the hospital as a whole, the shortage of nurses affects the com serve nurses as they are usually left to figure things on their own which might end up being detrimental to patients’ health and well-being.” (PN, female, 25 years, 3 years of experience).

Other participants supported this as well:

“Human resources, human resources ... 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).

3.4.2. Lack of Equipment Resources

Likewise, the availability of equipment resources is imperative for the functionality of the health care organization as a whole and the lack of it shows in the skills and task to be performed. This in turn affects both PNs and CSNs. The participants reiterated:

“The lack of resources e.g. there are times when we do not have syringes or the correct syringe like 10 mils and therefore we have to improvise and you do not get to practice in your full capacity.” (CSN, female, 22 years old, 12 months experience).

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

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 not learn the right way of how some things ought to be done. (ONM, female, 40 years old, 22 years of experience).

3.5. Adequate Incentives

The presence of incentives in any organization is a big driver of staff retention as the employees tend to feel valued and seen. The lack of incentives does the opposite for most organizations and employees employed under those organizations. 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 employment of CSNs after completing their CSP has an impact on the whole health care as the availability or lack of qualified nurses can either make the health system thrive or go down heel. The challenge of CSNs to not continue in the health care system soon after completing CSP is detrimental to the quality of care

rendered to the patients due to the shortage that the PNs that are left behind experience soon after their departure. 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.” (PN, female, 32 years, 2 years of experience).

3.5.2. Adequate Remuneration

The differences in remuneration between the CSNs and PNs is apparent but the duties they perform are the same. This is more often than not looked at by the CSNs as being unfair on their parts especially when them and their counterparts are working the same departments and doing the same tasks. 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.” (PN, female, 32 years, 2 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.” (PN, 27 years old, 4 years working experience).

4. Discussion

4.1. Interpersonal Relationship

Interpersonal relationships between the PNs and CSNs is important, it is as important as any counterparts' relationship in the organization. The relationship between these two counterparts is crucial for the benefit of the patient, patient's safety and quality care rendered to the patients. The study findings revealed that the CSNs were having challenges with counterparts such as junior nurses and ONMs, however the relationship with PNs was not noted nor was it raised during the study. These challenges the CSNs were having with ONMs and junior staff further affected service delivery the CSNs were offering to their patients. Consensus with the sentiments shared by the participants and are of the view that lack of interpersonal relationship has an impact on patient care and service delivery as a whole [2]. The effects of interpersonal relationship are deeply embedded in respect and communication of which both the CSN and PN need for good working relationship with each other. Communication and respect have been noted to be lacking between the CSNs and their counter parts such as ENs, ENAs and ONMs, however, not so much between themselves and PNs. Furthermore, communication is essential for quality patient healthcare, communication needs to be closely linked with respect, both of these variables which were noticed by CSNs to be lacking during their CSP period [3]. Both CSNs also raised the fact that respect that needs to be directed to them was not observed, infect disrespect, as subtle as it may have been shown was apparent. Moreover, there needs to be a culture of respect in the nursing profession as this culture can greatly uplift the image of nursing as a whole [4].

4.2. Clear CSNs' Guidance and Support

From the study findings it was apparent that the CSNs are not receiving enough support and guidance, support and guidance should be coming from the ONM but it is often not offered, the support and guidance that the CSNs end up receiving is from the PNs as they are usually in close proximity. For CSNs to transition into PNs a considerable amount of guidance and support is indeed needed. Lack of support of the newly qualified nurses subject the neophytes to gaps in information and knowledge that they might have gained during their CSP period [5]. The sub-themes that came from this theme 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 the CSP period. In addition, mentioning and goal setting in any organization is of utmost importance in tasks performance and in productivity to be carried out [6]. The CSNs raised the fact that mentorship that should be directed to them by ONMs during their CSP was lacking, the mentorship that they receive is usually from their PNs which are their immediate colleagues. The newly qualified nurses are in dire need of extensive mentorship during clinical rotation as they are the first line career of these patients which are usually overburdened with serious illnesses [7]. Another sub theme that came up was Facilitator's guidance and lack of supervision, according to CSNs of this requires attention as they stated that it was lacking, the ONMs that was supposed to supervise them did not but instead they received some sort of supervision from the PNs. This statement is supported by a study conducted by titled “Guidelines to support newly qualified professional nurses for effective clinical practice”, the study revealed that newly qualified nurses worked better when they were offered guidance [8]. Moreover, when CSNs are supervised there is better quality in patient care [9].

4.3. Consistent Clinical Exposure

According to the study findings, clinical exposure of the CSNs was not consistent, this was partly due to the fact that PNs were not adequate to cover the department, thus, when CSNs came for their CSP they were placed with the intension of covering the departments not with the intension of improving their learning experience. The 4 sub-themes that came out of this theme were learning experience, shadowing a Professional nurse, lack of departmental exposure and limitation with allocation variation. Learning experience was both praised and denied to be present by both the CSNs and PNs in the clinical arears. Both the CSNs and PNs had both positive and negative experiences with regards to learning experience during CSP, others mentioned that CSP offered learning experience while others mentioned that learning did not occur at all as they were inundated with a lot of workload. learning experience of novice nurses who are coming in the profession can either be good or bad, and it all depends of the environment that these nurses finds themselves in, both these situations affect patient care and quality of care overall [10].

CSNs and PNs stated that the learning experience of CSNs can be greatly improved by CSNs shadowing the PNs during the CSP

period. Sarver, support this notion and state that shadowing gives an individual some sort of psychological feeling of wellbeing [11]. Shadowing brings forth benefits of workflow distribution that is associate with carrying of a large number of patients which is supported by increased workforce. Additionally, Sarver, state that there is improved understanding of different roles, there is also improved learning and communication [11]. In a study it was revealed that the personnel who was shadowing the other had a clear understanding of the other personnel's role in the clinical setting [1]. 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 [1].

Another challenge that the CSNs came across was that of allocation to different departments during their CSP, the ONMs defended this statement stating that the allocation was beyond their power as they just receive the roster and they do not have any say on the roster and the duration of the CSN in a particular department. The challenge of allocation was supported by who stated the minister of health is responsible for the CSN allocation, the allocation further goes down chronologically to provinces, there on it goes to districts and lastly it reaches nurse managers [12]. With all this in mind the arrival of CSNs is usually not planned for and no preparation is sot before their arrival [12].

Adequate clinical exposure was flagged by both the PNs and CSNs as being a challenge during CSP, therefore the CSNs end up not covering all the departments in that given health care institution. They stated that this phenomenon is usually attributed by the shortage of PNs which then make them to be used as workforce, thus, subjecting them to be deprived of clinical exposure. The view that limited and inconsistent rotation of CSNs in different departments creates obscure clinical exposures with different CSNs and this is usually evident when they become fully fledged PNs [12]. The lack of allocation variation is usually caused by inadequate clinical. Points out unstructured allocation usually cause the newly qualified nurses to be uninterested in their clinical placement [13]. 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. Stated that allocation requires appropriateness in order for the newly graduated nurse to be directly linked to confidence in their skill [14]. Feelings of helplessness, guilt and frustration are more likely to develop from a neophyte nurse when their allocated to care for a patient that is beyond their expertise [14].

4.4. Resources Availability

Resources availability are a necessity for functionality of a health institution, this includes the capacitation of PNs and CSNs in performance of their duties. The nurturing and growing of CSNs by PNs in the field depend on the availability of resources of it to be teaching aids that are tangible. The lack of resources poses a challenge for the neophyte nurses during their CSP period [15].

Thus, this makes the environment not conducive for PNs to transfer knowledge to CSNs and for CSNs to actually learn the correct ways of performing certain skills. Shortage in resources echoed in a loud voice across all three districts that the study was conducted in and across all 3 categories that were interviewed, the most prominent sub themes that emerged were that of human and equipment resources.

The results of the study revealed that there was great shortage of staff, more specifically PNs were scanty with that what is required for nursing care to run smoothly, this meant that the CSNs had very limited number of immediate counterparts to learn from if any. the CSNs faces a challenge of multitasking caused by the shortage of PNs, thus they are subjected to increase workload, which in itself comes with a lot of challenges like poor service delivery and increased medico legal hazards [16]. Furthermore, increased workload comes with other challenges such as increased staff turnover as the CSNs and PNs will be burnt out and stressed of the work environment [17]. Additionally, feelings of abandonment and frustration usually follow suit as the staff shortage does not improve and therefore the PNs and CSNs will most like fall in that pit of frustration [16]. The high turnover of CSNs is linked to the shortage of PNs as skill proficiency and task mastery will not occur smoothly or not occur at all for the CSNs as they will be scanty or no PNs at all to cascade the skill to theses neophytes [18].

Another major challenge was that of equipment resource shortage, it created a lot of problems as when it came to tasks performance it meant that the CSNs and PNs needed to improvise, this affected the transference of knowledge as well as no skill can be taught the correct way with not correct equipment available. Furthermore, there was a study conducted in KZN, South Africa titled CSNs' experiences at a public hospital in Tshwane District, South Africa found that participants of their study mentioned lack of both equipment and human resource, this means that this is a long-standing issue and it does not only affect KZN but other provinces as well [19]. The lack of pharmaceutical and material resources was at the fore front of their challenges [19]. In the current study as well, the lack of these resources was a big challenge that was beyond the participants' control.

4.5. Adequate Incentives

Incentive provision is the key to staff retention in any organization, it creates some sort of staff morale and feelings of being seen and appreciated. The lack of it thereof does the opposite and usually creates a mentality of doing the job for the sake of doing it because there is no driving force behind to make an employee go an extra mile in performing his duties. In a study they pointed out that newly qualified nurses experience challenges during the one-year clinical rotation such as finding their own accommodation, thus, this concludes that the CSNs can live soon after their rotation is over when simple incentives are not there [20]. The same sentiments were shared by the CSNs and PNs of the current study, the CSNs had an outcry stating that they notice that their remuneration is not on par with their PN counterpart, while the PNs also confirmed this and stated that if the remuneration was corrected maybe the

CSNs will have an increased staff morale. The issues of financial remuneration take presidency out of all the issues that the CSNs raised to be a challenge during their CSP [21]. To try an bit the systems, some CSNs have opted to go work in rural areas because there is what is called “rural allowance”, an incentive put aside by the government for those CSNs willing to work in rural areas [21]. Additionally, the incentive of CSNs being absorbed soon after they have completed their CSP have been halted by the government of South Africa [15]. Some of the CSNs pointed out that they have been some significant changes within the profession, the fact that the health system does not take the initiative of absorbing them like they used to before soon after the completion of their CSP. This change in itself creates a string of problems for the health system as a whole and the staff that are permanently employed which are left behind; the first problem it create is that the few PNs that are left behind do not get the staff added to them in order to improve working condition by the added number of employees; the second problem with this phenomenon is that of constant shortage of nurses especially the qualified nurses with expertise as the when the CSNs have completed their CSP they are always subjected to leave soon after. The CSNs stated that they are left jobless after the 1-year compulsory CSP period, this was supported by the PNs when they stated that even during their CSP they were subjected to this non-absorption into the health care system soon after completing their CSP. This is synonymous with a study that was conducted in Malawi as the participants stated that they waited from 8 to 13 months after graduation to secure jobs, which lead them to feel less confident in their own skills [15].

The CSNs dwelled deeper in the issue on non-absorption into the health care system, stating that it is not only the challenge they face during this period. They brought to the forth a term known as “Status Change”, they explained this as a period when they have already gone through their CSP but cannot secure employment not even 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”* [22]. The authors reiterated in stating 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 linked to unemployability. The unemployable newly qualified nurses furthermore debilitate the situation of various under staffed departments, although this is obvious and evident to the senior management of various health institutions, it is however beyond the management of these institutions as they are only given CSNs as per allocation from higher up at provincial level.

5. Conclusions

The findings revealed that all though the CSNs face a lot of challenges during their CSP period, the relationship between them and PNs remain symbiotic and smooth. The challenges are more related to logistics that encompass the CSP as whole.

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

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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