

Experiences of newly qualified nurses at University of Limpopo, Turfloop Campus executing community services in Limpopo Province, South Africa

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Abstract

The purpose of the research was to explore and describe the experiences of newly qualified nurses who were trained in University of Limpopo, Turfloop Campus executing community services within public health establishments of Limpopo Province, South Africa. A qualitative, explorative, descriptive and contextual research design with a phenomenological approach was adopted. The study population included all newly qualified nurses of University of Limpopo: Turfloop Campus who completed their studies in 2009 and 2010, and were placed in Capricorn, Sekhukhune and Waterberg districts of Limpopo Province. Data were collected through semi-structured face to face interviews of newly qualified nurses who met the sampling criteria. purposive sampling was used for the study. Data were qualitatively analyzed according to Tesch's descriptive approach. Two main themes emerged; first was the negative factors that challenged community service nurses. Sub-themes that were in line with the first theme were poor orientation, lack of supervision, lack of team-work, low remunerations, shortage of human resource (staff) and shortage of material resources. The second theme was the positive factors that community nurses encountered. Results revealed that community service nurses encountered positive and negative factors in their new placements. It was concluded that community service nurses encountered challenges based on their subjective data. There is a need for stakeholders to professionally support community service nurses. Recommendations were suggested for relevant stakeholders to enable community service nurses to provide better quality nursing and midwifery care by creating a more positive and resourceful environment for them.

Keywords: Community service, experience, placement and newly qualified nurses.

How to cite this article:

Thopola, M.K., Kgole, J.C. & Mamogobo, P.M. (2013). Experiences of newly qualified nurses of University at Limpopo, Turfloop Campus executing community services in Limpopo Province, South Africa. *African Journal for Physical, Health Education, Recreation and Dance*, March (Supplement 1), 169-181.

Introduction

Community service is one of the important developmental health milestones in South Africa which was introduced in 1998 to medical doctors, dentists and pharmacists. According to the South African Nursing Council, Act No. R765 (2008), these health professionals were to be placed in public health establishments for one year prior to professional recognition and registration of the designated profession.

The Constitution of the Republic of South Africa (1996) stipulates that everyone has the right to health care. It is the responsibility of the government to ensure that basic health care is accessible to all its citizens irrespective of colour, gender, race and geographical area. Health care must be provided by competent professional nurses who have undergone a specified training as accredited with relevant health profession councils. The South African Nursing Council (SANC) is responsible for licensing and accreditation of Colleges/ Nursing Education Institutions and training in South Africa to protect the public in matters involving health executed by the nursing profession (Regulation No. R 3901 of 12 December 1969).

Regulation R425 of 22 February 1985 stipulates the requirements of a person training as a nurse (General, Psychiatry, Community) and Midwifery, that she will commence community service after completion. Community Service R765 of 24 August 2008 Nursing Act, No 33 of 2005 stipulates that nurses who are citizens of South Africa, trained under the South African Nursing Council Regulation, R 425 of 22 February 1985 (as amended) after completion of their training are obliged to perform remunerated community service for a period of one year at a public health facility. It is envisaged that community services will enhance newly qualified nurses' ability to strengthen their skills, acquire knowledge, behavior patterns and critical thinking that will help them in their professional development.

It is observed that during placement of newly qualified nurses of Turfloop Campus they met challenges in their respective public health establishments in Limpopo Province. Exploration of community nurses' experiences with regard to execution of community services at their placement in the public health establishments in Limpopo Province needed to be investigated. Community service is an overwhelming internship or extension of training for newly qualified nurses who trained under SANC Regulation R425 of 22 February 1985 (as amended).

Unstructured observations concerning the challenges encountered by the newly qualified nurses who cited that the community service is an extension of their training. Factors that challenged nurses in their placement are lack of support, poor orientation and shortage of resources. These challenges seemed to affect their professional development and growth that influenced their competence and skills pertaining to quality nursing care. Therefore, it was of paramount importance that their experiences are explored and recommendations formulated based on the findings to strengthen the community service strategy for nurses in South Africa.

Methodology

Research design

A qualitative, explorative, descriptive and contextual research design was utilized to conduct this study. Qualitative approach is used to study human action from the perspective of social factors. Language was found to be more appropriate and meaningful way of recording human experience (Burns & Grove, 2005). Words and sentences were used to qualify and record the life world of research participants as they shared their experience of the assigned community service duties (Babbie 2007; Bless, Hugson- Smith & Kagee, 2011). Phenomenological approach was adopted in order to understand the lived experiences of newly qualified nurses (de Vos, Strydom, Fouche & Delport, 2004), and describe what newly qualified nurses' experienced regarding their placement in public health establishments.

Population and sample

The target population included all newly qualified nurses at the University of Limpopo: Turfloop Campus who completed their studies in 2009 and 2010, and were placed in Limpopo public health establishments in Capricorn, Sekhukhune and Waterberg Districts. A purposive sample size of seven (7) female and one (1) male nurses ages ranging from 20- 25 years was recruited to participate in the study. All female participants rotated in Medical, Surgical, Maternity and Theatre for three months intervals whilst the male participant was placed in a Psychiatric hospital.

Ethical Consideration

The approval and permission to conduct the study was obtained from the University of Limpopo Ethics Committee, Department of Health Research Committee and the management of the hospitals. Ethical considerations were based on the ethical standards of Democratic Nurses Association of South Africa (DENOSA) for Nurse Researchers (DENOSA, 1998). To ensure voluntary participation, participants were given information about the research, and the informed consent of all participants was obtained. Data collected were stored and used in a manner that ensures confidentiality and anonymity as well as privacy of all participants. To ensure confidentiality and anonymity pseudo names were attached to the information given. Also participants were informed about their right to withdraw from the research at any time.

Procedure for data collection

Following ethical approval data were collected through tape- recorded. Semi-structured face to face interviews with individual participants was applied. Each interview lasted 40-60 minutes. Eight interviews were conducted with the aim of

exploring and describing the experiences of community service nurses in their new placement.

The central questions posed to participants during the phenomenological interviews were: “What are your experiences regarding your exposure at a new placement area?” and “How can a community service nurse be assisted to develop professionally?” Subsequent probing questions were asked to encourage the participant to elaborate and clarify their experiences at the new placement area. Ten face to face semi-structured interview sessions were conducted, in a secluded place to encourage free discussions without disturbances with mutual agreement of the interviewer and interviewees. Interviews were conducted in English, audio-taped and transcribed verbatim (Gerrish & Lacey, 2006; Burns & Grove, 2005; LoBiondo-Wood & Haber, 2010).

A range of trustworthiness criteria was adopted, as outlined in Guba & Lincoln (1985). Credibility was ensured by the researchers who had prolonged interaction with the community service nurses. Triangulation of data was enhanced by transcribing semi-structured interviews verbatim, taking field notes and conducting literature control based on findings. Member checks which was the last session, was conducted on completion of data analysis with the participants who were visited at work. This was done to validate the responses and confirm the results. With regard to this study transferability was ensured through a dense description of the research design process, methods opted for and supporting literature. The researchers collected dense descriptions of data in context (Babbie & Mouton, 2009)

Data Analysis

Data were analyzed qualitatively using the Tesch’s approach coding methods. After each interview the transcript was manually transcribed, providing opportunity for identifying of themes. Excerpts from participants were translated verbatim. Following transcription, a printout was obtained and the tape replayed. The transcripts carefully read to obtain a sense of the whole. Notes included the comments about recurrent themes, sub-themes and researchers own initial thoughts about nature and significance of the data. The codes that were similar in meaning were grouped together in the same themes. Themes were related to their sub-themes and results compared (De Vos et al., 2004; Creswell, 2003; Polit & Hungler, 2006).

Results and Discussion

Two themes emerged. One was categorized as the negative factors (poor orientation, lack of supervision, lack of team work and low remunerations versus debts and study loans). The shortage of human resources (staff) and material resources were the sub-themes identified. The second theme discussed was

positive factors. Encompassed within this theme was training added value to their competence.

Themes and sub-themes were identified and formulated based on the findings; Table 1 gives a summary of the findings.

Table 1: Community service nurses negative and positive experiences: Themes and sub-themes

Themes	Sub-Themes
1. Challenges of community service nurses in their new placements	1.1 Poor orientation 1.2 Poor supervision by senior and experienced personnel 1.3 Absence of team work 1.4 Low remuneration versus debts and study loans they were to settle 1.5 Shortage of human resources (staff) 1.6 Rejection by hospital staff in the ward 1.7 Absence of material resources
2 Positive factor	2.1 Training has added value to their competence

Theme 1: Challenges of community service nurses in their new placements

Challenges of the transition into clinical practice that the newly graduated community nurses encountered were real and numerous.

Poor orientation

Novice community service nurses could benefit from the opportunity of becoming acquainted with the policies and procedural aspects of the institution during orientation programmes. However, through the interview process, some participants expressed the feelings of being scarred to be left alone in a ward without orientation. This experience cuts across all districts. Predominantly, participants felt that they were not properly orientated as they were only showed the lay out of the ward. Therefore, they needed an intense informative orientation before they could be left alone in some of the allocated shifts. The following observations illustrate the findings:

Participants (1) and (7) said: *“I was shown the physical layout of the hospital then told to commence with work since I was there to curb the shortage and no person was available to orientate us appropriately. No proper orientation was done; induction was only done 6 weeks after arrival in the hospital”*

Furthermore five (5) participants responded by informing us that: “We do not receive appropriate orientation before we could commence with our duties and this hampered our professional growth due to trial and error we did.”

According to Hall (2006) if orientation and induction do not take place in time for the new nurses, especially with those starting their first job after their graduation they will not get the overview of the wards, staff including the services they are supposed to provide. They will also not be acquainted with the health facility. Park and Jones (2010) study revealed the effects of an orientation programme on newly qualified registered nurses confidence, competency and retention is enhanced. It is successful in improving newly qualified registered nurses' confidence in caring for patients and in enhancing their competencies such as knowledge and critical-thinking skills in a clinical environment.

Poor supervision by the experienced and senior personnel

During the interviews most participants indicated that they were neither supervised nor mentored by the experienced and senior personnel. They were informed that since they had completed their training, they were then expected to deliver. Most participants stated that : *“You are qualified now. You are no longer a student, yours is to deliver and to show your competence because you earn, you are not to be followed.”*

Supervision is defined as an intervention that is provided by a senior member of a profession to a junior one. It extends over time and has the simultaneous purpose of enhancing the professional functioning of the junior member(s). Management has to value the time commitment to be taken by the experienced nurses to undertake the role of mentorship and adjust their workloads (Di Ciccio, 2008; Hall, 2006).

The graduates who have the license of practicing as community service nurses, who have just entered the stream, need to be supervised, to monitor the quality of their professional services. It is of paramount importance for the senior, experienced professional nurses to supervise, mentor and monitor the novice community service nurses for the purpose of enhancing their professional duties. This view is supported by Kovner et al. (2007) who stated that a line management's task is clinical supervision for the purpose of monitoring the quality of professional service and enhancing of professional functioning of nurses. They are obliged to carry out this task because if it is not done, it may hamper the health of recipients of their care. Therefore the need for management support is paramount (Hall, 2006).

Absence of team work

Community service nurses also remarked about absence of team work from their colleagues and other categories of health care professionals when they were in charge because of their age and little experience despite being fully qualified as professional nurses.

Most participants highlighted that: *“Some colleagues think that we are incompetent though having a degree, so when you delegate them when you are in charge they do not cooperate and work as a team. They refuse when you send them, saying that you are too junior to send them on errands.”*

Brabant, Lavoie-Tremblay, Viens and Lefrancois (2007) reported in their study that communication within the teams was deemed difficult and lacking; lack of team spirit resulted in interpersonal problems which affected employee and patient satisfaction. However, the results of Kalisch, Lee and Rochman (2010) pointed out the need to enhance nursing teamwork in patient care units.

Low remunerations versus debts and study loans they had to settle

Remuneration seems to be low and inconsistent amongst other community service nurses. In South Africa the strategy of payment is designed according to occupation dispensation. The Department of Health (Mahlathi, 2006) acknowledged that low remunerations of nurses are a major cause of staff loss.

Some participants felt that their remuneration after they had submitted the university certificate was low. They earned professional nurses' salary before submission of the university certificates. This posed challenges to participants as they were expected to repay their study loans and provide for their families, siblings and for themselves.

Five (5) participants stated: *“We are placed at different units, even when you are working in the specialty unit the salary is very little. When we found out, we were told that we are still on the community service level despite the work we do and the type of unit that we are placed in. This is not fair thus depresses us. This possesses dissatisfaction to us university graduates because we have to pay back the study loans since at the university we were not entitled to a for stipend though we are made to do community service.”*

Low remunerations was among many reasons behind burnout of nurses which lead to lack of motivation, job dissatisfaction and low retention rate (Buchan, 2000; ILO, 2000). In support of a need for adequate remuneration, Parsons et al. (2003) reiterated the importance of adequate wages for nurses.

Shortage of human resources (staff)

Participants indicated that there was serious shortage of staff in their allocated wards since they did not have any senior professional nurse to support them during their shifts. Participants felt that they learned by trial and error which did not contribute much to the expected professional development envisaged in community service.

Shortage of human resources is supported by World Health Organization (WHO 2006) which estimates a shortage of almost 4.3 million nurses, physicians and other health human resources worldwide - reported to be the result of decades of underinvestment in health worker education, training, wages, working environment and management. This shortage of staff predisposes nurses who are left behind, community service nurses included, to being over worked. Staff shortages are a crisis to professional nurses that decrease the quality of care (DPSA, 2006). They had to assess, plan, implement, evaluate the progress and prognosis as well as record all actions taken according to nursing process. To meet this challenge they sacrifice by caring for more patients despite the wrong ratio and by working long hours. At the end they become overworked and exhausted (DPSA, 2006).

Participant 4 stated: *“You are now a professional nurse, you can notice that we are short staffed. We are leaving you with the ward so yours is to cope and work despite the workload.”*

Another participant (5) said: *“Come on, you need to care for these ten female patients who are very ill, no complaints to be raised because you are no longer a student now.”*

Participant 8 reported: *“Tomorrow you will be in- charge of the ward because the two seniors will be off- duty, so we expect you to do your best, no room for medico legal hazards.”*

In support of the existing challenge of shortages of professional nurses, Itano (2002), Steenkamp (2007), West, Griffith and Iphofen (2007) stated that the nursing profession is experiencing an unendurable shortage of nurses. Without a sufficient number of nurses, patient care and safety may become compromised while nurses themselves may be overworked. However, patients always expect the best care and treatment, no matter what the staffing situation is. Literature focusing on factors related to adequate staffing indicated that it promotes job satisfaction (Aiken, Clarke & Sloane, 2002; Aiken et al., 2003; Cherry et al., 2007).

Absence of material resources

Absence of medicines and stock make nursing unsafe. Participants perceived the absence of material resources as their greatest challenge; a challenge that required them to use their thinking skills and improvise, which was taxing on their part. Absence of material resources affected the provision of quality nursing and midwifery care.

Seven participants expressed their concern and said: *“This challenge put us into a predicament since you don’t even know how to improvise. No gloves, you end up delivering babies with bare hands and that is wrong according to infection*

control. Sometime I deliver women on top of plastic since there is no linen in the ward. No soap to wash hands and paper towels to dry our hands as well as sometimes no treatments to give to patients.”

This view is supported by Hassan- Bitar and Narrainen (2011) who asserted that women were seen giving birth on plastic bags when sheets were not available in the delivery rooms. However, the Department of Health expect nurses and midwives to have tools in order to execute their care with ease and without any major challenges, though this was not possible based on the experiences of the community service nurses. It is the responsibility of the hospital management to ensure that nurses have resources to enable them to practice in a safe and efficient ways (Oosthuizen, 2005).

Rejection by the ward staff

The 9th and 10th participants felt that they were rejected by the staff members in the wards. The community service nurses felt side-lined when working with other community nurses from the colleges. The 9th and 10th nurses said: *“The hospital cared for the college community nurses because they organised a welcome party for them and excluded us .We requested days off to attend graduation. We were not given the off duties whereas students from the college were given off duties for the graduation.*

New graduates were full of hope and excitements but were often thrown into impossible situations. All barriers to learning and marginalization should be avoided and some students should not be excluded from the group because this may affect their learning and mental health (Edelman & Ficorelli, 2005)

Theme 2: Positive factor

The positive factor regarding community service was its constructiveness. Participants indicated that it was important and should continue as it gives them time to grow and develop professionally.

Training has added value to their competence.

In general, the participants expressed overall satisfaction with the training they received during their preparation of becoming professional nurses. They felt that they had been offered the standard training that added value to their competence. They further indicated that community service is a good strategy if well planned because it gives them a platform to develop further and sharpen their skills. A participant said: *“I am placed in Midwifery section and I delivered high risk patients without complications. These are good incidents that the supervisor wrote a good report for me and said I must capture them as evidence of my performance appraisal for future references for performance bonuses.”*

Pearson et al. (2006) also shared a similar view in their findings which indicated that there is a growing consensus that baccalaureate- educated nurses are able to function at more complex levels. Furthermore, Hoffer (2008) asserted that in order to make a transition successful hospital management needs to include the opportunity of monetary reward as a strategy. This will assist in recruitment and retention of nurses.

Two participants reported that they were orientated in each unit in which they were allocated. Week two was used for support with work in the unit followed by allocation to management duties in week three wherein they would delegate subordinates, order and keep the key for scheduled drugs. Park and Jones (2010) acknowledge that appropriate orientation and inductions maximizes experiences, minimize culture shock and contribute to a smooth transition into new professional roles.

Recommendations

In creating a workplace environment and working conditions that could enhance quality nursing care and patient safety, the following recommendations are made based on the results of the study:

- Orientation programmes for new staff members should be developed in cases where it is not available and where it is available it should be reviewed. The orientation programme should be implemented so that the staff becomes acquainted with the critical needs of the institution.
- In-service education, workshops and seminars must be planned and conducted to strengthen and enable quality improvements, patient safety and promotion of professional development and ethics.
- Team work spirit should also be cascaded to all members of staff by providing them a forum for the interchanges of ideas and professionals to facilitate free exchange of information.
- The Department of Health should address challenges of shortage of staff and material resources addressed in order to improve the quality of nursing and midwifery care.
- The Department's remuneration policy should be re-considered and implemented as stipulated by Occupation Specific Dispensation.
- Further researches can be conducted on a bigger scale that will include other South African provinces.

Conclusion

Community service nurses encounter challenges in their placement at hospitals. Lack of proper resources and equipment makes it difficult for newly qualified nurses to render effective service; hence shortage of professional nurses resulted in heavy workloads, unsatisfactory physical state of hospitals without resources and equipment. However, a number of lessons can be drawn from this study.

Evidence suggests that the support of community service nurses was inadequate, this needs to be improved. Furthermore, the nursing and midwifery care is based on the adequate supply of material resources and enough trained nurses and midwives to deliver quality care and prevent medico-legal hazards. This is necessary to ensure achievement of Millennium Development Goals numbers 4 and 5 targeted at reducing child mortality and maternal mortality rates.

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Experiences of newly qualified nurses executing community services 181

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