THE ROLE OF THE NURSE EDUCATOR WITHIN THE DYNAMICS OF EDUCATIONAL CHANGE IN SOUTH AFRICA

BY

THEMBEKILE MASANGO-MTETWA

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Promoter : Professor D. Nzimakwe
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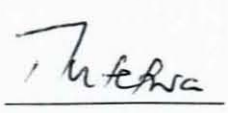
DECLARATION

I hereby declare that research on:

The role of the nurse educator within the dynamics of educational Change in South Africa

is my own study. All sources that I have used or quoted have been acknowledged by means of complete reference.



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"ABSTRACT"

The aim of this study was to pursue a qualitative, descriptive survey to study the role of the nurse educator within the dynamics of educational change in South Africa. Other aspects that were explored included the state of the general government was put in power and the implications thereof for nursing education. An in-depth discussion of the changes taking place both in the general education and nursing education systems was provided including the views of nurse educators regarding the change process.

A convenience sample was selected from a population of nurse educators currently employed in nursing colleges of regions B and F of the KwaZulu-Natal Province that offer the comprehensive four year diploma course. A questionnaire as well as a tape recorder were used to elicit information from nurse educators.

The findings revealed that nurse educators' of the change process were varied and divergent. The majority welcome the change and viewed it as a process that will bring nursing education in line with the general education system of the country and therefore acquire the necessary academic status. Others felt that the nursing standards will drop considerably if nursing education is transferred to universities and technikons because of perceived lack of focus on practica. Fear of loss of jobs due to inadequate academic qualifications for university/technkikon employment was also articulated by those against the change.

Factors such as lack of consultation and transparency between stakeholders, limited guidance and support, limited time available to effect changes, fear of the unknown and resistance to change deterred nurse educators from expediting the change process. Problems such as lack of finance, unsuitable venues for meetings and workshops, short notices for attending meetings and obtaining information from different

authorities were also identified as major drawbacks in fast tracking the change process.

On the basis of these findings, it is recommended that open communication and an interactive consultative approach involving all stakeholders should be adopted to keep everybody well informed of developments. Secondly, irrespective of who controls nursing education, nurse educators should be accorded the same status and remuneration offered to teachers across the board. They should be included in the proposed register for teachers and be register for teachers and be regarded as academics and not as professional nurses.

OPSOMMING

Die doelwit met hierdie studie was om 'n kwalititatiewe, deskriptiewe ondersoek te doen van die rol van die verplegingsopvoedkundige binne die dinamika van opvoedkungige veranderinge in Suid-Afrika. Ander aspekte wat ondersoek is, sluit die algemene onderwysstelsel in wat vir swartes in Suid-Afrika gegeld het tot en wat dit gehad het op die opleiding van verpleegsters. Die veranderinge in sowel algemene onderwys as verpleegstersopleiding is breedvoerig bespreek, met insluiting van die sienings van verplegingsopvoedkundiges oor die proses van verandering.

'n Gerieflikheidstoetsgroep is gekies uit 'n bevolking van verplegingsopvoedkundiges wat tans werksaam is in verpleegkolleges in Streke B en F van die Provinsie van KwaZulu-Natal, waar omvattende vierjarige diplomakursusse aangebied word. 'n Vraelys en bandopnemer is gebruik om die data te verkry.

Die bevindinge het aan die lig gebring dat verplegingsopvoedkundiges se persepsies van die proses van verandering uiteenlopend was. Die meerderheid het die veranderinge verwelkom en dit gesien as 'n proses wat verpleegtersopleiding op dieselfde grondslag sal plaas as algemene onderwys in die land en derhalwe sal lei tot 'n verbetering in akademiese status. Ander weer het gevoel data dit verplegingstandaarde aansienlik sal verlaag indien verpleegsteropleiding oorgedra word na universiteite en technikons waar die fokus nie op praktiese opleiding val nie. 'n Moonlikheid van werksverlies as gevolg van onvoldoende akademiese kwalifikasies vir toelating tot 'n universiteit of technikon is ook een van die aspekte wat genoem is deur diegene wat gekant was teen die beoogde veranderinge.

Faktore soos 'n gebrek aan konsultasie en deursigtigheid tussen rolspelers, beperkte riglyne en ondersteuning, onvoldoende tyd wat toegelaat is vir die verandering on tem uitvoer gebring te word, 'n vrees vir die onbekende en 'n die proses van verandering

te bespoedig. Probleme soos onvoldoende fondse, ontoereikende geriewe vir die hour van vergaderings, kort kennisgewing vir die bywoon van vergaderings en die verkryging van inligting van verskillende owerhede, is ook geïdentifiseer as struikelblokke in die bespoediging van die proses van verandering.

Op grond van hierdie bevindinge word aanbeveel dat 'n proses van oop kommunikasie en 'n interaktiewe benadering wat alle rolspelers betrek, ingestel moet word om al die belanghebbendes op hoogste te hou van verwikkelinge. Daar word ook aanbeveel dat, afgesien van wie in beheer staan van verpleegsteropleiding, verplegingsopvoedkundiges dieselfde status en vergoeding behoort te geniet as wat aan onderwysers gegee word en dat hulle in die voorgestelde register vir onderwysers ingesluit word as akademici en nie as professionele verpleegsters nie.

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THE ROLE ON THE NURSE EDUCATOR WITHIN THE DYNAMICS OF EDUCATIONAL CHANGE IN SOUTH AFRICA

CHAPTER 1

OUTLINE OF THE STUDY

1.1 INTRODUCTION

Presently South Africa is in a stage of transition brought about by the democratic rule of the African National Congress put in power in April 1994. This government emphasises equity, human rights and equal education for all people irrespective of age, gender, race, colour, creed, religion, language or ability. This change was initiated by the Ministry of Education with the appointment of a Presidential Commission on Higher Education. The Commission will be handing in its final report to the Minister and President, after which processes of policy determination will begin in earnest with consultations on a Green Paper which will eventually culminate in the final adoption of a White Paper on Higher Education. This will be followed by the passing of consequential legislation (Gevers, 1998:3).

The new education and training system introduced a lifelong education system which was people centred. It aimed at integrating general education and vocational training into a coherent system. For the first time ever, high quality education was made be available for everyone in South Africa. At the heart of this change was the introduction of a new curriculum – Curriculum 2005. This was a new national curriculum for the twenty-first century. In December 1995, the curriculum framework which was to transform the entire education system by integrating education and training and enabling learners to have access to, and progression through and between different pathways, was announced. This was called the

National Qualifications Framework (NQF). The NQF has proposed eight levels of education and training which are divided into three broad bands. These were the General Education and Training band (GET), the Further Education and Training band (FET) and the Higher Education and Training band (HET). Subsequent to the establishment of the NQF, the South African Qualifications Authority (SAQA) was put in place to provide for the development and implementation of the NQF (SAQA Act of 1995, White Paper April 1997).

These changes are crucial and important to address the imbalances of the past, especially the education of the Black majority which is inferior and inadequate with many perceived flaws. For instance, most schools for Blacks lack electricity, facilities and equipment for offering the science subjects in a realistic manner to sufficiently large numbers of standard ten pupils. Other resources such as computers, libraries and laboratories are not available in most schools.

These changes in the general education system require radical changes in the tertiary education of which nursing education is a component. Although the system of nursing education in this country is standardised by the South African Nursing Council (SANC) in terms of the Nursing Act, No.50 of 1978 as amended, and therefore uniform for all race groups, prior to taking up nurses' training, the prospective student has to go through the general education system. Therefore this new system has a direct impact on the education and training of nurses. According to the researcher's opinion, changes in the role of nurse educator within these dynamics of educational change is inevitable and include *inter alia* re-designing programmes for nurses' education and training so that they fit with the NQF and meet the requirements of SAQA. Furthermore, prospective student nurses in the near future would probably have to undergo Outcomes-Based Education at primary and high school levels and nurse educators will therefore have to adjust their teaching strategies and move away from the conventional methods of teaching.

1.2 BACKGROUND TO THE PROBLEM

According to Mashaba & Brink (1994:27) the nurse educator is a professional nurse who has been prepared to teach nursing in a formalised manner. The nurse educator has an important role in the nursing profession because she is concerned with the preparation of responsible, efficient, competent, knowledgeable, independent, and thinking practitioners of nursing for the present as well as the future. This ideal has been extremely difficult to realise or achieve in students who have been educated under the old system of education because they lack independent learning and studying skills (Mashaba 1994:2). The student is completely dependent on the nurse educator to such an extent that prescribed assignments and other forms of extension work, are undertaken with a degree of resentment towards the nurse educator who is labeled as lazy to teach. This then put the nurse educator in an invidious position as she does not have time to ground the student in learning and studying skills, which the student should have acquired at school. The nurse-educator is harassed and anxious for good examination results and hardly finds time to experiment with the latest methods of teaching. She automatically resorts to gleaning facts and compiling notes for the students. The lecture method has become the best method of teaching and the nurse educator fails to vary her teaching approaches. The students never get weaned from dependence on the nurse educators and fail to practise as independent practitioners of nursing on completion of training.

The new curriculum approach grounds the pupil at all levels of general education to develop good learning and studying skills, to be an active participant during the teaching/learning process and an analytic thinker. A pupil of such caliber should not be subjected to a situation where the nurse educator will simply transfer information and compile notes for the student, thereby depriving her of the opportunity of becoming an active participant and an analytical thinker – skills which will be well-developed by the time she enrolls for nurses' education and training. There is thus a need for nurse educators to adopt approaches which are outcomes-based such as problem-based and community-based education so that students are not passive

recipients of knowledge but rather active participants in the acquisition of knowledge. Currently a student nurse is exposed mainly to the tertiary level and yet on completion she may function at any level (Mazaleni 1999:58).

1.3 MOTIVATION FOR THE STUDY

The researcher is a nurse educator and has been teaching and interacting with student nurses who have undergone the old system of education, and will probably in the very near future be interacting with students who have been educated through the new curriculum approach, namely curriculum 2005 and Outcomes-Based Education (OBE). The researcher has been motivated by the fact that changes in the education system have to take place to address imbalances of the past. The expectations of this change process by authorities in the ministry of education are high whereas there is stagnation in the progress being made. There is no actual collaboration of educators in institutions of higher learning. The direction that education should take to implement the change is still not clear. There is still separation of professionals such as nursing and teaching, with authorities in institutions of higher learning not knowing the curriculum content of the specific groups. The researcher is of the opinion that unless it is admitted that there is still much to be learned about each profession, progress will not be made. The researcher is also motivated by sheer curiosity, namely to find out how much preparation has been undertaken to ensure that nurse educators are able to deal and cope with the change process.

1.4 STATEMENT OF THE PROBLEM

Nurses' education and training in South Africa takes place unilaterally, i.e. not within the General Education Framework. In fact education and training of nurses is currently the responsibility of the provincial department of health. This is in contrast with the present need for amalgamation of all education systems into the National Department of Higher Education. The nurse educator now faces the problems i.e. problem of having to adjust to the proposed set up so that nurses' education fits into

the proposals of the National Qualifications Framework and to see that it meets the requirements of the South African Qualifications Authority.

Since nurses' education takes place outside the framework of the general education system the second problem facing the nurse educators is that of not being understood by the General Education System, while she, in turn, does not clearly understand the change process. This then requires commitment by both the nurse educators and authorities from the General Education System to work together and to develop strategies that will enable them to deal with the change, to plan the way forward and to implement aspects agreed upon for the benefit of the recipient of education, i.e. the student nurse and the nursing profession in general.

1.5 RESEARCH QUESTIONS

According to the researcher's opinion, there are four questions to be answered by this study, namely:

- What are the changes facing the nurse educator in South Africa?
- What is the impact of these changes on the role of the nurse educator?
- What are the implications of these educational changes on the education and training of nurses and on the nurse educators.
- What preparations have been made for and by the nurse educator to deal with the change process?

1.6 AIMS OF THE STUDY

The purpose of this study is to determine the role of the nurse educator within the dynamics of change in the general education system in South Africa, with the aim of identifying the nature, extent and the impact of these changes on the education and training of student nurses.

1.7 OBJECTIVES OF THE STUDY

The study is intended to achieve the following objectives:

- Identify the nature, extent and impact of educational changes on nursing education in South Africa.
- Determine the implications of the new education system on the education and training of student nurses.
- Determine if nurse educators are prepared for and coping with the changes.
- To investigate participants' perceptions about the change process.

1.8 SIGNIFICANCE OF THE STUDY

According to the new policy of the National Department of Education, all forms of education in South Africa should fall under the ambit of the Department of Education. This includes the education and training of nurses which has in the past few years been identified as belonging to tertiary education (with the exception of nursing schools) but is currently controlled by the Provincial Departments of Health. The tertiary education institutions have in place their own admission requirements for educators wanting to serve as teachers. These requirements are probably not the same as those of nursing colleges. It is here that the importance of this study comes in. It is intended to persuade the education authorities to identify strategies that will prevent

a situation where some nurse educators find themselves at present, either because of required academic credentials or lack of adequate research which is an important requirement in any academic institution. Secondly, the study will shed some light on the opinions of nurse educators regarding this change and whether they have been thoroughly prepared to deal and cope with the change. Thirdly, since this is probably the first study to be undertaken on this topic, it will form a firm foundation or basis for subsequent studies to be done in future.

1.9 RESEARCH METHODOLOGY

A qualitative, descriptive survey was selected for this study. An in-depth investigation of nursing colleges in regions F and B was done. Questionnaires were used to collect data. The sample comprised of nurse educators currently teaching at nursing colleges as they are the ones affected by the change. Nursing schools were excluded because they do not belong to tertiary education.

1.10 ELUCIDATION OF CONCEPTS

To facilitate clarity of content and to enable readers to have the same understanding as the researcher with regard to key concepts used in this study, the following operational definitions have been developed:

1.10.1 Issue

Where one gender is referred, the other gender is implied.

1.10.2 Nurse educator

Nurse educator is defined as a nurse who teaches in a formalised education setting (Dahomey, Cook & Stopper, 1988:26). Generally it means a professional nurse who has an additional qualification of nurse education as recognised by the South African

Nursing Council (SANC). Contextually it ill refer to a registered nurse educator who is directly engaged in the education and training of student nurses and is currently employed at a nursing college.

1.10.3 Student nurse

The Nursing Act, 1978 (Act No.50 of 1978) as amended, defines a student nurse as a person undergoing education and training at an approved nursing college, university or technikon and has complied with the prescribed conditions and has furnished the prescribed particulars. In this context, the student nurse will refer to a person doing the comprehensive four-year diploma course at one of the nursing colleges under study.

1.10.4 Comprehensive four year diploma course

This is a basic nursing course offered at nursing colleges which have entered into an agreement of association with a university that has a department of nursing science. Successful completion leads to registration as a nurse (general, psychiatric, community) and midwife in accordance with the provisions of the South African Nursing Council, R425 of February 1985, as amended. This will therefore exclude pupil auxiliaries, pupil nurses and students undergoing a bridging course.

1.10.5 Satellite campus

This is a branch of the main campus which although physically removed from it, is for all purposes regarded as part of the main campus.

1.10.6 National Qualifications Framework (NQF)

The NQF is a new approach to the education system in South Africa that will transform the entire education system by integrating education and training and

enabling learners to have access to and progression through and between different pathways. It is an administrative framework that proposes an eight-level education system (Seleti, 1997:27).

1.10.7 South African Qualifications Authority (SAQA)

SAQA, is a body that was established by the SAQA Act, No.58 of 1995, and is responsible for qualifications in the entire terrain of education and training in South Africa with respect to both standards setting and quality assurance (Gevers, 1999:14).

1.10.8 Outcomes-Based Education (OBE)

This is an educational approach which aims not only to increase the general knowledge of the learners, but to develop their skills, critical thinking, attitudes and understanding (Department of Education, 1997:8).

1.10.9 Curriculum 2005

This is a new national curriculum for the twenty-first century has as its basis the concept of lifelong learning. This means that adult and out-of-school youths with very little formal education can now benefit from the new system (Department of Education, 1997:3).

1.11 ORGANIZATION OF THE STUDY

Chapter 1

Chapter 1 presents an outline of the study. This includes introduction, background to the problem, motivation for the study, statement of the problem, aims and objectives of the study and its significance.

Chapter 2

Chapter 2 will present a review of literature, namely books, journals and reports on the changes taking place in the general education system in South Africa including the nursing education system and the role to be played by nurse educators in the change process.

Chapter 3

Chapter 3 will present a discussion of the theoretical framework of the study.

Chapter 4

Chapter 4 will present a discussion of the research methodology that will be used.

Chapter 5

Chapter 5 will present an analysis and interpretation of data collected from nurse educators.

Chapter 6

Chapter 6 will give a report on findings, the conclusion, limitations of the study, implications of the findings and recommendations.

1.12 CONCLUSION

This chapter outlined the orientation to the study, giving an indication of the core problem under investigation and the objectives to be realised. The next chapter gives an in-depth discussion of the general education system in South Africa during the apartheid era and its implications for nursing education.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focuses on the general education system for blacks in South Africa up until 1994 when the democratic government was put in power. The discussion includes implication of this education for nursing education. A brief exposition of the current status of professional education and training of nurses will be given. Since the researcher is looking at changes brought about by the democratic government of the National African Congress to ensure equal education for all racial groups, a broader perspective of the concept change will be provided, including an in-depth discussion of these changes both in the general education system, as well as the nursing education system. Views of nurse educators regarding the change process will be explored as well as the role of the nurse educator with in the change process.

2.2 HISTORICAL PERSPECTIVE ON GENERAL EDUCATION IN SOUTH AFRICA BEFORE 1994

Before the inauguration of the democratically elected government of the National African Congress (ANC) in 1994, education in South Africa was provided on a racially segregated and unequal quality basis. The former homelands and self-governing states, namely Transkei, Ciskei, Bophuthatswana, Venda, Gazankulu, KaNgwane, KwaZulu, Qwa-Qwa and Lebowa had their own departments of education responsible for education of blacks. This education was inferior and its flaws will be outlined in the forthcoming discussion. The House of Assembly catered for whites only education, which was obviously superior. The House of Delegates catered for Indian education and the House of Representatives for coloureds. The educational institutions for these three racial groups boasted adequate facilities such

as good classrooms, libraries, electricity, etc. which were non-existent in black institutions (Vlok, 1980:5).

Although major reforms were initially introduced in 1975, Bantu education (as it was called) still operated in educational institutions for black peoples. The legacy of apartheid persisted and education for blacks was systematically and structurally under –developed. That is why the then Honourable E. Mabuza, Chief Minister of former KaNgwane, at the graduation ceremony of the University of Zululand in 1985 stated that "Even after thirty years since advent, Bantu education remains entrenched in our statute books and the only improvement that it has undergone is its sophistication" (Mashaba, 1994:3).

2.2.1 Perceived flaws in the education system for black peoples in South Africa

The following are some of the factors perceived to be prevalent and therefore undermining the quality of school education for blacks and subsequently have a ripple effect on nurses' education and training.

School subjects

Most schools for blacks lack electricity facilities and equipment for offering the science subjects in a realistic manner to sufficiently large numbers of standard ten pupils.

Shortage of teachers

The countrywide shortage of teachers coupled with a degree of overcrowding of pupils, even in secondary schools, cannot be conducive to sound education. According to the Department of Education the statistics for teachers in 1984 were as follows:

Pretoria region had 8 396 teachers and 325 684 pupils; a ratio of 1:45. The Johannesburg region had 6 467 teachers and 225 571 pupils, a ration of 1:40. This is in contrast with the view of many educationist who regard an equitable ration as that of 1:20. If this is the case in the metropolitan areas, it can be assumed that it is also the case in rural areas and in the areas that are less populated and where there is very little to attract and retain school teachers.

The education standards of Black teachers

Ideally the teacher should possess a higher academic qualification than his students. According to the annual report of the Department of Education and Training (1984), out of 18 485 qualified secondary school black teachers, only 1 702 possessed degrees, meaning only 9.21 percent were graduates. The shortage of black teachers qualified to teach science subjects was and still is grave.

Standard ten examination results

In the light of the aforementioned facts, standard 10 results have been and still are very poor although there has been some slight improvement in the past two years in other provinces. For instance, according to the Department of Education in 1983, students who obtained matric exemption were 4 952 (8,82%) and school leavers were 20 299 (36,16%). These percentages are extremely low and a cause for concern for many South Africans who are actively promoting the development of the black communities. These are some of the reasons that made the newly-elected government to institute drastic changes in the general education system of this country.

2.3 IMPLICATIONS OF THIS FLAWED EDUCATION FOR NURSING EDUCATION AND TRAINING

Recruitment

In the light of the above-mentioned flaws, recruitment of prospective nursing students is undermined by the fact that pupils lack career guidance in respect of nursing. Possibly those who get admitted to nurses' training get there more by chance than by informed intelligent choice. There is a possibility that nursing loses good prospective students to other professions and careers due to lack of effective guidance.

Methods of teaching

The black student nurse who is a product of the general education system, lacks independent learning and studying skills. She is completely dependent on the nurse educators to such an extent that prescribed assignments, reading, projects and other forms of extension work are taken with a degree of resentment towards the nurse educators who is labeled as lazy to teach.

The nurse educator on the other hand does not have time to ground the student in learning and studying skills, which the student should have acquired at school. She adheres to the lecture method and fails to vary her teaching approaches. These students never get weaned from dependence on the nurse educator. This is carried beyond post-basic nursing courses. The net result in untapped intellectual potential, dwarfed psycho-spiritual development and underdeveloped self-image (Mashaba, 1994:3).

Student wastage

The student nurse having come into the nurses' education programme more by chance than by choice and not knowing what to expect or having wrong expectations, is

faced with the training that is intellectually and physically demanding, finds herself trapped in a predicament and opts out (Mashaba & Brink, 1994:20).

Retarded development of higher nursing education

In 1973, the University of the North became the first to offer a B.Sc post-basic nursing degree for blacks. Unfortunately this course could not attract sufficient numbers of qualified nurses mainly because of its science component. The University of South Africa (UNISA) began to offer nursing degrees in 1975. Black nurses enrolled in large numbers. When it came to the final examinations, the black nurses' pass rate was comparatively lower. The figures were as follows:

	1978	1980
% of Black nurses passed	46,9%	33,8%
% of White nurses passed	83,2%	80,3%

It is obvious that the tele-tuition method for black nurses proved difficult. These nurses lacked adequate grounding and language proficiency to enable them to effectively attempt university studies (Mashaba, 1994:6).

2.4 NURSING EDUCATION IN THE POST SECONDARY EDUCATION IN SOUTH AFRICA: A SURVEY

For more than a century, the nursing profession has struggled to obtain the same privileges and status for nursing education as applies to the education of teachers. As far back as 1889, Sister Henrietta Stockdale aided by Dr. John McKenzie of Kimberley, made representations to the Superintendent General of Education in the Cape Colony to provide training grants for pupil nurses on the same lines as for pupil teachers, to accept nursing education as part of the general education system of the country, to prescribe the syllabus of training, to conduct examinations and to award certificates. Sister Stockdale clearly indicated that this would keep nursing education

related to the needs of the community. The aim was to separate the control of nursing education from the control of nursing service and to place nursing education within the sphere of influence of universities by linking nursing colleges with universities for education of professional nurses at diploma level.

From 1 January 1986 all students entering nurse training for the first time have been permitted to follow only the comprehensive four-year course leading to registration as a nurse (general, psychiatric and community) and midwife. This used to be a three-year diploma which was phased out. The course is also offered by universities with departments of nursing at a degree level. The nursing colleges offering the course have entered into an agreement of association with a university with a department of nursing. The university is responsible for maintenance of academic standards, has a say in all decisions regarding the college, assist in macro planning of the curriculum and moderates the theoretical and practical examinations conducted by the college (Paton, Botha, Durrheim, Wilson, Tjallinks & Van der Wal, 1989:142).

Control of the four-year comprehensive course and its curricula

The four-year comprehensive course is controlled by the South African Nursing Council (SANC), regulation R425 of 22 February, 1985 as amended. Nursing education institutions develop curricula based on the minimum guidelines from the SANC. Accreditation of the curricula is done by the SANC. Problems created by this arrangement are that it prevents a student moving from one nursing education institution to the other within the same province because different institutions have different curricula. According to Maqaqa (1989:49) a need therefore arises for a National Common and Core Curriculum.

Other problems related to the curriculum include the following:

- It is based on a curative model.

- It is fragmented.
- There is too much emphasis on hours of training rather than competencies.
- It is irrelevant to the needs of the community.
- It is very congested and the emphasis is not on principles but on detail and "nice to know."
- There is lack of academic support for weak students probably due to shortage of staff.
- There is lack of clinical accompaniment for students in the clinical area and a structured clinical guidance programme.
- Lack of cooperation between colleges and service areas because the focus of the service is provision of patient care and not the education of students.
- Unequal distribution of resources.

The researcher would like to conclude this historical survey on nursing education by stating that the efforts made as far back as 1889 by Sister Stockdale of ensuring that nursing education is accepted as part of the general education system of the country, are beginning to bear some positive results. Schedule 4 of the Constitution of the Republic of South Africa, Act No.108 of 1996, states that all higher education colleges fall under the jurisdiction of the Ministry of Education and that higher education will be planned, governed and funded as part of the single coordinated higher education system. this is indeed a great milestone for the nurse and the nursing profession in general (Department of Education, 1996).

2.5 ANALYSIS OF THE CONCEPT CHANGE: A THEORETICAL PERSPECTIVE

General education in South Africa, as has been stated earlier on, is experiencing tremendous changes brought about by the new government. Since the study is on educational changes in education and how they impact on nurses education and

training, the researcher deemed it appropriate to give a thorough analysis of the concept "change."

Brookfield, as quoted by Grohor-Murray and Di Croce (1977:268), describes changes as a societal constant evident in relationships, in work settings and in the political process. It is a dynamic process by which an alteration is brought about that makes a distinct difference. Change is either managed or it occurs haphazardly. A change agent on the other hand, is someone who initiates an idea for a goal directed change or direct stages of the change process, or both.

2.5.1 Strategies of planned change theory

Three strategies can be identified within the planned change theory, namely the empirical-rational, power-coercive and normative-re-educative strategies.

Strategy 1: Empirical-rational strategy

This is based on the philosophy that rational human being s will follow their own self interest. If a person perceives some personal benefit or gain from an innovation, he or she will support the change effort, and conversely will resist the change if the innovation causes a person inconvenience or loss.

Strategy 2: Power coercive strategy

This strategy is an option that is adopted when there is a belief that power lies with the most powerful individual. There is an assumption that a group will comply with the plans, directions and leadership of power figures. Loyalty is given to a person who occupies a position and it shifts when a new person assumes the position. In any setting, therefore, cooperation is dependent on the groups' perception of whoever is in the position of most authority.

Rational-empirical and power-coercive strategies are not appropriate for nursing as they neither foster the professional purpose nor perspective of the discipline.

Strategy 3: Normative-re-educative strategy

This strategy is based on the philosophy that humans are driven by commitment to norms and values. Nurses' primary concern for professional standards and values motivates them to either support or resist change based on the kind of consequence and values. Re-education ensures opportunities to gain knowledge about the substance of change and to formulate new values and attitudes. This strategy is the most appropriate for nursing because it is mostly likely to advance the profession (Grohor-Murray & Di Croce, 1997:269). Therefore, nurse educators should have been re-educated about the change process in education and consequently to nursing education so as to accept the changes positively.

2.5.2 The change process

Changes occurs as a process and can be analyzed, studied, understood and to some extent controlled. Lutjens and tiffany (1994:54) state that planned change provides a way to induce structural innovation designed to make operational adjustments in order to meet situational demands. Planned change is based on the following:

- empiric evidence of a need,
- aims at improving a system of operation,
- involves others in decisions, and
- provides time for re-education of those affected by the change.

The effects of change are on a continuum of minor to major, predictable or unpredictable, and positive or negative. Success of a change effort is partially dependent on maintaining connections with what is valued. Risk and opportunity are

presented simultaneously. There is a loss of familiarity and a venture into uncertainty. Risk-taking and vision are two characteristics that are highly desirable qualities of participants in the change process.

- **Problem identification**

The impetus of change has its root in some perceived conflict. The conflict can take a variety of forms such as not enough of something, too much of something, a practice that should be and is not, or a practice that is and should not be. It is important that whatever the perceived need, the thought process must be accompanied by a strong feeling that change must occur. A well thought-out problem is not sufficient for action. What is not felt and what is not seen as improvement will certainly produce resistance. An important part of problem identification is to envision alternatives, i.e. consider a variety of alternatives to the current practice or state of affairs. Clarification and interpretation of how each alternative could improve the situation should be done, therefore the implications of OBE and curriculum 2005 should be accentuated to nurse educators and how this warrant change of the teaching strategies used in the nursing education institutions.

- **Gaining support**

Gaining support for change cannot be left to chance. The leadership behaviour of selling is an important strategy to use when resistance threatens the progress in making a needed change. Selling is done by sharing with the group all known information surrounding the changing situation so that the decision to proceed becomes a shared decision. Gaining allies early on is important if resources are to be used to the best advantage. Some allies might come forth from the beginning while others have to be won.

2.5.3 Stages of change

There are three stages in the change process, namely the unfreezing, moving and refreezing stages. .

(i) Unfreezing

Unfreezing is essentially a preparation for institutional activities to facilitate change. During this stage, letting go of established and familiar practices takes place. Adequate time is needed for gradual introduction of new ideas, along with information that can serve as positive motivation for those who are going to be affected by change. Information should include reasons why change is needed and how the organization and individuals will benefit from it. Projecting a realistic time-frame for the change to take place, giving explanations of how workers will be affected throughout the process, and being honest about temporary inconveniences can give them some sense of control. Greater control can be provided by encouraging group input through a formal feedback mechanism. Objectivity of feedback review and action taken can be ensured through representation from the group on a review committee. It also serves as testimony of flexibility in the change plan. Besset, as quoted by Bower (2000:176), propounds that the most important element in the change process is belief in and commitment to success. Even with the best efforts to do everything right, defensive responses to being told that a system is inefficient, unnecessary, too costly or ineffective are likely to occur. Change agents must be prepared to deal with defensiveness. All interactive processes of leadership, communication, group dynamics, decision-making and conflict management assist change agents in overcoming obstacles to change.

(ii) Moving

This is the second stage of the change process. The primary activity during moving is re-education. Knowing exactly what is expected during this transitional stage and

how it contributes to the new system reduces insecurity that accompanies uncertainty. Ideally the second stage does not begin until a road map checklist is complete. He checklist implies that there is supporting evidence that the proposed change is:

- purposeful,
- task specific,
- integrated,
- time sequenced,
- adaptable,
- cost-effective, and
- has approval.

The transition stage is a pilot of the larger plan and has its own temporary arrangement structure so that there is no interference with established day-to-day operations. Participants in the pilot project must be adequately informed as to its purpose and re-educated to be able to function proficiently. They should share the perception that the change will potentially be an improvement over current practices. A report of the pilot project should provide information on ways to avoid problems during implementation of the larger plan. Therefore, nurse educators should have been informed well in advance of the changes in the general education system and how it affects the education and training of student nurses in the 21st century.

(iii) Refreezing

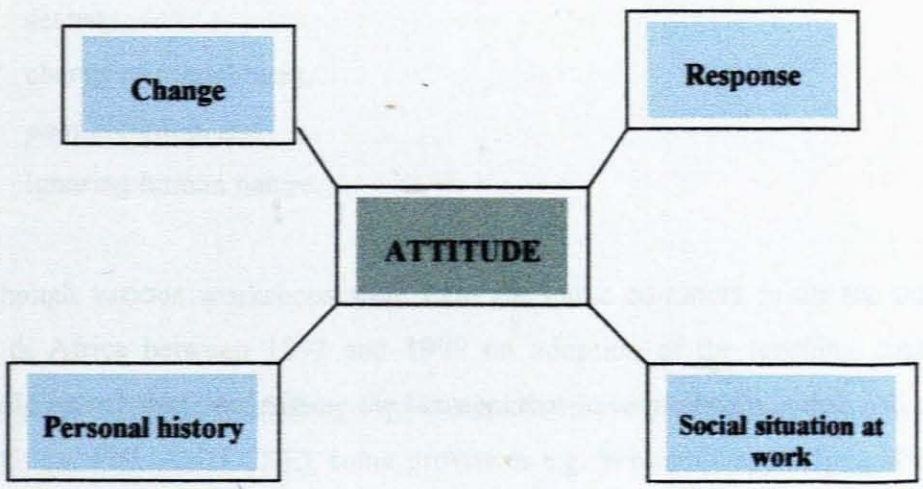
This is the third stage of the change process. It occurs when there is consistent evidence that the new practice is stabilized, integrated and internalized by those affected by change. Ongoing monitoring for continued quality must follow refreezing since it provides valuable information about ongoing effectiveness of the change. The process is only as good as its users and follow-up findings allow for analysis to replicate success and connect errors for the future (Grohor-Murray & Di Croce, 1997:277).

2.5.4 Response to change

Lewin, as quoted by Grohar-Murray and Di Croce (1997:281) states that there are two opposing forces during the change process, i.e. driving forces and restraining forces. Driving forces generate planned change and restraining forces generate resistance to change. Planning change can be more successful when the effects of restraining forces are explored and managed. Force-field analysis is a technique used to determine the two opposing forces.

According to Bessett and Metzger (1986:94) resistance to change lies in human attitudes. Lewin (1990), the founder of the group dynamics movement in the 1930s, created the X-rated chart to show the relationship of attitudes and response to change. Attitudes toward change are formed by a combination of the change itself; the personal history of individuals who will be affected by the change and the social situation at work. This is illustrated in figure 2.1 below.

Figure 2.1 Formulation of attitude toward change. Response is determined by attitude



- **Resistance to change**

Being shown a better way of doing things implies that current performance is not acceptable, resulting in embarrassment, insecurity and resistance. One group of persons who cannot be neglected if the change is to be effective are those who will participate in the programme. For example, if the change involved an educational programme, educators must be involved in the planning process. The most important element in reducing resistance is establishing trust by:

- requesting input,
- acknowledging concerns,
- making changes in small doses,
- explaining benefits, and
- acknowledging success.

Conversely, ingredients for resistance are listed as:

- mystery,
- secrecy,
- change as punishment,
- poor planning, and
- ignoring human nature.

Although various workshops were held for nurse educators in all the provinces in South Africa between 1997 and 1999 on adoption of the teaching strategies that would be suitable for teaching the learners that have undergone OBE and curriculum 2005 (i.e. PBL AND CBE), some provinces e.g. Western Cape, Mpumalanga, North West, Free State and Northern Cape had not yet implemented these strategies. This might probably due to the fact that nurse educators have had a long established relationship with the traditional nursing curriculum and moving clinical experiences

to the community gives rise to painful feelings associated with loosing a curriculum that many view as their life's work. Such actions could be interpreted as sheer resistance to change.

- **Types of resistance**

Davis (1997:180) defines three types of resistance i.e. logical-rational psychologic-emotional and sociological.

- **Logical-rational objections**

This includes:

- the time it takes to adjust,
- the extra efforts it takes,
- the possibility of less desirable outcomes,
- cost, and
- questionable feasibility.

All these points have merit and it is wise to exercise patience with logical objectors.

- **Psychologic-emotional objections**

These include:

- fear of the unknown,
- low tolerance for change,
- dislike of the change agent,
- lack of trust, and
- high need for security.

Non-risk-takers hold tenaciously to their objections. Diluting resistors among more adventurous peers might help them grow and overcome some of their fears.

- **Sociological objections**

Sociological objections include:

- parochial narrow views,
- vested interest,
- a wish to retain existing relationships,
- opposing group values, and
- political coalitions.

Some resistance will linger regardless of correct approaches and the best efforts of competent change agents. Human behaviour and interaction is far too complex to be able to gain total support for a change. According to Seleti (1997:6) the other threat to change comes from the old ruling bloc who are not willing to change or give up any of their former privileges. However, it is important to continue to work hard toward increasing group support in order to minimize resistance, since in the long run the strength of group influence is the most promising force in modifying resistors' behavior. The workshops that were conducted for nurse educator were aimed at informing them about the changes necessary in the education and training of student nurses and thereby minimizing resistance.

2.6 EDUCATIONAL CHANGES TAKING PLACE IN SOUTH AFRICA

Education is always the key to change. For South Africa, this is not different. The values and attitudes of most South Africans were formed in the old divided South Africa. Education is the key to changing many of these old commonly held values and beliefs. Critical and rational thinking and deeper understanding which are the

central principles of the new education system will soon begin to break down class, race and gender stereotypes (Department of Education, 1997:3).

The new curriculum framework launched in early 1997 will totally transform the pre and post-tertiary education and training system. It is seen as a vehicle for empowering the people of South Africa for effective participation in a democratic society, particularly in fields like human and natural resource development. The new education and training system introduces a lifelong education which is people-centred. For the first time ever, high quality education will be available for everyone, irrespective of age, gender, race, colour, religion, ability or language (Seleti, 1997:4).

Outcomes-based education is a flexible, empowerment-oriented approach to learning. It aims at equipping learners with knowledge, competencies and orientations needed to face life challenge and the ability o solve problems encountered.

2.6.1 The Government and curriculum formation

The process of curriculum formation is both an academic and a political activity. For the government, the process of curriculum formulation is both a process of domination and legitimization. All governments contest the control of the curriculum. In South Africa, under apartheid, the state provided a syllabus which was not negotiated with different stakeholders. No attempt was made to generate consent among the many interested parties even though the curriculum was contested. The state did not allow for a negotiated approach to curriculum formulation.

The leaders of the new democratic government quickly realized that it was beyond the state's power to enforce the school curriculum without putting up a semblance of consensus politics that would legitimise the new curriculum in the eyes of the contending interest groups. That is why the curriculum framework policy document articulates the need for a partnership between parents, teachers, the private sector and the government.

2.6.1.1 Phases of curriculum formation during the change process

The process of curriculum formation according to Seleti (1997:9) was divided into two phases, i.e. the interim core syllabi and the shift to the National Qualifications Framework and the Curriculum Framework.

Phase I: Interim core syllabi

This phase was concerned with working out a short-term solution to the curriculum framework. In this phase the process of legitimization of the curriculum reforms initiated by the National Minister of Education after April 1994 came to rely on the advice and instrumentation of the National Education and Training Forum (NETF). The NETF was created in 1993 as a bargaining forum for all stakeholders in education. The stakeholders involved in the negotiations that led to the formation of the NETF comprised education departments, the business sector, parents, teachers and student organizations. The mission of the NETF was to end unilateral restructuring of education and to allow all stakeholders to participate in the reform of the education system. The pattern of tackling issues of national importance through bargaining chambers had already been put in place in other sectors, and by the time the new government came into power the NETF had won recognition nationwide as a legitimate interim body acting as a gatekeeper on education matters. This is the reason why the new Department of Education settled on NETF as a partner in the curriculum review process, as it wanted to legitimize the process.

The composition of the NETF reflected different political and group interests including, *inter alia*, the Department of Education, the then Government of National Unity (GNU) which represented some interests from the old regime, the National Education Conference, the Committee of Heads of Education Departments (HEDCOM), the South African Democratic Teachers' Union (SADTU), the South African Students' Congress (SADCO), the Congress of South African Students (COSAS), the Union of Teachers' Association of South Africa (UTASA), the

National Association of Professional Teachers of South Africa (NAPTOSA) and the Teachers' Federal Council (TFC). The NETF was a site of struggle because it did not constitute people of the same persuasion and this is reflected in its measures to establish a Curriculum Technical Sub-committee (CTSC) to forestall any unilateral restructuring of the curriculum prior to the first democratic election.

In August 1994, the then Minister of Education Professor Bhengu launched a public campaign inviting South Africa to make an input on educational issues. This was the first time that a minister of education had invited the public to participate in the process of curriculum formulation. In the same year, the minister circulated a draft white paper for comment by the public, calling for a complete transformation of the curriculum and the setting up of democratic structures to deal with curriculum development. This draft white paper specifically called for the formation of the National Institute of Curriculum Development (NICD) as the channel for curriculum formulation (Department of Education, 1996b:3).

Field and phase committees under the auspices of the Curriculum Technical Sub-Committees (CTSC) of the NETF were established to examine the curriculum. Field committees were set up in the following areas:

- language,
- arts,
- mathematics,
- natural science,
- social and human sciences,
- economics,
- agriculture,
- engineering and related subjects,
- computer studies, and
- life orientation.

The field committees were further divided into subject committees. Each subject committee consisted of representatives from eight organizations with the new Department of Education providing all secretarial services. The phase committees comprised the junior, primary, senior primary and secondary phases. The phase committees were given the task of looking at the subject proposals coming from the field committees with the aim of rationalizing the promotional requirements.

The field and phase committees were given the following brief:

- To eliminate inaccuracies in subject content including outdated subject matter, contentious subject content or interpretation of subject content.
- To consolidate a national core syllabus for all school subjects.
- To supply support material where major changes have been made to existing syllabi.
- To include the submissions made by the public.

Public participation was wide-ranging and substantial, judging by the number of submissions, for instance, the history sub-committee of the social and human sciences field committees received submissions from 66 schools, 10 universities, 1 political party, 7 non-education organizations, 6 education departments, 4 teachers' organizations, the National Education Conference, 3 individuals, 3 Colleges of Education and the History Education Group (Seleti, 1997:11; Department of Education, 1994).

Phase II: A Shift to the National Qualifications Framework (NQF) and Curriculum Framework

The Curriculum Technical Sub-committee of the NETF first established a Curriculum Framework Task Team in 1994 to look at a new, integrated curriculum framework for education and training. With the interim syllabi completed, the department proposed that the field and phase committees amalgamate with the state's existing committees to form 41 subject/phase National Curriculum Committees to continue the work of the field and phase review committees and to commence the medium-term work necessitated by the former committees (Department of Education, 1995:6).

The 41 committees were placed under the direction of the coordinating Committee for School Curriculum (CCSC), a departmental committee which included members of the national and provincial departments and a single representative from SADTU.

In a workshop held on 26 June 1995 between the National Education and Training Forum (NETF) and the Heads of Education Department (HEDCOM), the NETF rejected the HEDCOM's approach to a curriculum framework. The workshop was a site of conflict with two competing models, the former state's model presented by the Department of Education and the ANC and Alliance partners' model developed in the Centre for Education Policy Development (IPET).

After the withdrawal of the former state's model, the IPET model which proposed the development of a National Institute for Curriculum Development, came to influence the future direction of curriculum development. The Consultative Forum on Curriculum (CFC) was a body that was to spearhead curriculum development for South Africa. In a meeting held in October 1996, the CFC transformed itself into the National Curriculum Development Committee (NEDC). See table below for the composition, aims and *modus operandi* of this committee (Department of Education, 1996:60).

Table 2.1: Curriculum Development, 1996: Aims and Responsibilities

COMPOSITION

Chair:
- I Rensburg

Secretariat:
- I Lehoko
- G Niebuhr
- I Lombard

Members:
10 x DoE
9 x Prov Educ Dept
2 x SA Police Services
2 x Dept of Environ Affairs and Tourism
1 x Dept of Agriculture
1 x Dept of Correctional Services
1 x Dept of labour
1 x Business SA
1 x SANDF
1 x Council of Tertiary Principals
1 x Council of University Principals
1 x CCERSA
1 x NAPTOSA
1 x COSAS
1 x Independent Exam Board
1 x Early Childhood Development
1 x DACST
1 x CTP
1 x Technikon Sector
1 x Voc Education
1 x Higher Education Staff Associations
1 x Independent Schools

—

NATIONAL CURRICULUM DEVELOPMENT COMMITTEE NCDC)

TIME FRAMES
The phasing-in of the new curricula would be January 1998-2003

—

AIMS
- Investigate and conceptualise structures for curriculum development
- Finalise the three documents (NQF, Structures and Frameworks for curriculum to be presented to the Minister of Education
- Language in education policy

MODUS OPERANDI

Three working groups:
- NQF
- Curriculum Frameworks
- Structures for curriculum development

(Source: Seleti, 1997:19)

The NCDC worked out a programme of action for the development and implementation of national policy. The plan envisaged the development of a rationale, learning area outcomes, specific and assessment criteria. The piloting of the new curriculum in schools was set for October 1997. By December 1997, the National Department of Education hoped to carry out a pre-implementation evaluation of the new curriculum. However, the rapidly with which events unfolded created difficulties, and the time frames appear to be too tight. The new curriculum became known as curriculum 2005 (Seleti, 1997:21). This is the new curriculum that necessitated changes in the nursing education curriculum to become community based and problem oriented.

Table 2.2 Schedule for Implementation of the new curriculum

Year	Grade	Grade
1998	Grade 1	Grade 7
1999	Grade 2	Grade 8
2000	Grade 3	Grade 9
2001	Grade 4	Grade 10
2001	Grade 5	Grade 11
2001	Grade 6	Grade 12
2001	Summative Evaluation	Summative Evaluation
2005	Implementation completed	Implementation completed
2006	New cycle	New cycle

(Source: Seleti, 1997:25)

2.6.2 The National Qualifications Framework

The National Qualifications Framework (NQF) is a new approach to the education system in South Africa that emphasises lifelong learning. The NQF aims at

improving the quality of education in South Africa. It facilitates the learner to continue learning after obtaining the initial qualifications. It is an administrative framework which provides access to a nationally accepted qualification. Different forms of learning such as full-time, part-time, distance-learning and work-based learning experience will be recognised and credits allocated and registered on the NQF. The NQF makes it possible for the learner to achieve national qualifications through both formal and informal situations such as in the community or through courses offered by non-government organizations, churches and in the workplace. The NQF closes the gap between education and training and it joins both education and skills which were previously separated.

The NQF proposes an eight level education system. Each level is described in terms of registered critical cross-field outcomes. The eight levels are divided into three broad bands. The bands have characteristics similar to the notions of primary, secondary and tertiary education. These bands are the General Education and Training band (GET); Further Education and Training band (FET) and Higher Education and Training band (HET). For now, the researcher will only focus on the GET and FET bands. The HET band will be explained in the forthcoming discussion under changes taking place in universities and technikons.

The GET band is divided into two parallel paths: the Compulsory Schooling Phase and Adult Basic Education and Training (ABET). The Compulsory Schooling Phase is further divided into three bands which are designed to correspond roughly with the developmental phases experienced by children in the maturation process. In the Foundation Phase (Reception year to Grade 3), learning and teaching will be integrated with little attempt to distinguish one area of learning from another. In the Intermediate Phase (Grades 4-6) teaching and learning will continue to be largely integrated. However, learning and teaching will begin to move to individual areas of learning informing GET. In the Senior Phase (Grades 7-9) learning content will be more abstract or theoretical and more area specific than in the other two phases.

ABET has four levels which will cater for adult and out-of-school youth learners. The parallel phases of ABET and compulsory education up to grade 9 will be assessed nationally and on completion, learners will be awarded a GET certificate. Subsequently learners will proceed to the second band on the NQF, namely, FET which is also divided into school education (Grades 10-12) and education and training for out-of-school youth and adult learners with an equivalent of grades 10-12.

The integrated curricula will be a dominant feature from the reception year to grade 6. In these first seven years of schooling, learning programmes will develop learning across all areas in an integrated way. In the intermediate phase, the eight areas of learning will be introduced and divisions into broad focuses might be possible. At the Senior Phase (grades 7-9) these could be further divided into Focus Areas. The curriculum developers envisage greater specialization during the FET phase (Seleti, 1997:27; Gevers, 1998:6; Government Gazette, 1999).

The above-mentioned changes in the general education system warrant an urgent need for nurse educators to review nursing education curricula. The change provides a room for problem Based Learning and Community based education in nursing education as mentioned earlier on. There is a need for nurse educators to work in partnership with communities and a shift in authority e.g. the community play a major role.

Education and training of nurses should start with a health model and a "spiraling approach" should be used i.e. an increase in self directed learning gradually at different levels sot that by the fourth year the need for classroom must be minimal. Rural placement is important during training so that everybody is given a feel of rural environment even if educated in an urban setting to experience the reality of health work in a rural setting. A multi disciplinary / interdisciplinary approach should be considered by nurse educators e.g medical students, nurses and social work students go out to the community together for a common survey. This is feasible even at undergraduate level. Nurse educator to act as expert facilitators rather than teachers.

The facilitator does not need to be an expert in the subject. This introduces to the student that a teacher does not necessarily know everything. Students should not focus on the facilitator but on the problem to be solved and on each other as co-learners (National Education Workshop – August 1997).

Table 2.3 Proposed Structure of the National Qualifications Framework

NQF level	Band	Types and Qualification and Certificates		Locations of Learning for units and qualifications		
8	Higher	Doctorates Further Research degrees		Tertiary / Research Professional Institutions		
7	Education	Higher Degrees Professional Qualifications		Tertiary / Research Professional Institutions		
6	and Training	First Degrees Higher Diplomas		Universities / Technikons / Colleges / Private / Professional Institutions		
5	Training Band	Diplomas Occupational Certificates		Universities / Technikons / Colleges / Private / Professional Institutions / Workplace / etc		
FURTHER EDUCATION AND TRAINING CERTIFICATE						
4	Further education	School/College/Trade Certificates Mix of units from all		Formal High schools (Private/ State schools	Technically Community/ Police/ Nursing/ Private Colleges	RDP and Labour Market schemes. Industry Training Boards, union, work-place, etc
3	and	School/College/Trade Certificates Mix of units from all				
2	Training Band	School/College/Trade Certificates Mix of units from all				
GENERAL EDUCATION AND TRAINING CERTIFICATES						
1	General Education	Std 7/Grd 9 (10 years)	ABET Level 4	Formal Schools (Urban/ Rural/ Farm/ Special)	Occupation/ Work-based training/ RDP/Labour Market schemas/ Upliftment Programmes /Community Programmes	NGOs/ Churches/ Night schools/ ABET pro-grammes/ Private providers/ Industry/ Training Boards/ workplace, etc
		Std 5/Grd 7 (8 years)	ABET Level 3			
		Std 3/Grd 5 (6 years)	ABET Level 2			
		Std 1/Grd 3 (4 years)	ABET Level 1			
		1 year Reception				

(Source: Ways of seeing the National Qualifications Framework, HSRC, Pretoria: 1995).

Table 2.3 Proposed Structure of the National Qualifications Framework

Principles of the National Qualifications Framework

The following are the principles of the NQF whose aims are to ensure the realization of the vision for human resources development, access, equity and redress.

- **Legitimacy**

The NQF creates the opportunity for a wide range of people to participate in the planning, coordination of standards and qualifications. These people can come from government, communities, the labour movement, education and training, business and industry.

- **Integration**

A major difference between the NQF approach and the old education system is that it brings together education and training. Education is seen as the area of learning where knowledge is gained. Training is seen as the area of learning where skills are acquired. This is called an integrated approach to education and training.

- **Relevance**

The NQF is directed at both the needs of learners and the needs of the nation. It provides opportunities for people to gain the skills, knowledge, experience and understanding necessary to build a strong, productive, skilled workforce.

- **Creditability**

This means that the standards and qualifications set by the NQF will be recognised and accepted both nationally and internationally.

- **Coherence**

Areas of learning should be connected to each other so that the learner builds on what she has learnt as she moves from one learning situation to another.

- **Flexibility**

The NQF provides different routes which will lead to the same learning ends. It will make it possible for the learner to achieve national qualifications through both formal and informal learning situations. Learning which takes place in informal situations such as in the community, or through courses offered by non-governmental organizations, churches and in the workplace will be recognised.

- **Quality**

The standards and qualifications developed will ensure a good quality education and training system. There are carefully worked-out standards, which will include outcomes and assessment guidelines. The assessments can take the form of projects completed either at home or at the workplace class-work, activities on the shop floor and role-plays.

- **Access**

The NQF provides an open system where the learner is able to enter and exit the different levels of education and training. It gives easier access to the different levels and fields of education and training by crediting previous experience and/or qualifications, whether it be five years working in the textile industry or a standard 7 certificate. The system gives people the recognition they need to access further higher levels of learning and work opportunities, and to move between them.

- **Progression**

The NQF allows the learner to move through the different levels by gaining credits and qualifications that are nationally recognised. The learner will have to achieve a certain number of credits in an appropriate combination before a qualification is received. This will enable the learner to move to the next level of the NQF.

- **Portability**

The NQF allows the learner to transfer qualifications and credits more easily from one learning situation to another. In a work environment, this could mean movement between industries. In a formal study environment, it will enable movement between types of learning institutions.

- **Articulation**

The NQF allows a person to move between the education and work environments, once she has successfully completed credits. This means that a person can move from a work situation to a study situation, and back again, according to circumstances and choices.

- **Recognition of prior learning**

With the NQF a person can gain recognition for learning done in either formal or informal situations. A person is assessed on what she has learned to establish understanding, information and skills and then be placed at the appropriate level of education and training (Department of Education, 1995a:3).

2.6.2 Outcomes-based education

Outcomes-based education is a flexible empowerment oriented approach to learning. It is one of the most efficient and effective ways of teaching. This approach is linked to the NQF. Its aim is not only to increase the general knowledge of the learners, but to develop their skills, critical thinking, attitudes and understanding. OBE requires teachers and learners to focus their attention on the desired end product or outcome of the learning process. It focuses on what students will have learnt and be able to do on completion of the programme. The distinction between goals, aims and objectives on one hand and the outcomes on the other is simply that the aims, objectives and goals tell us about the object of the learning process whereas an educational outcome is when the aim, objective or goal has been achieved outcomes are the end product of the teaching and learning process.

OBE suggests that the learning process must begin with a statement of desired end product and then proceed to find means of attaining it. The means of attaining the end product are called learning programmes. Learning programmes are sets of plans that guide individual teachers to select objectives, content, teaching strategies, resources and assessment procedures.

Once intended outcomes are stated, they provide assessment criteria against which student achievement can be judged. In OBE both the educational outcome and the assessment criteria are stated right from the beginning. Once the student's achievement has been matched or exceeds the criteria, she is said to have attained a certain level of competence. Hence OBE is referred to at times as competency-based education, although this description emphasizes the assessment criteria whereas the outcomes-based approach stresses the outcome that has been achieved (Seleti, 1997:32; Killen, 1996:2).

Philosophical premises of OBE

- All students have talents and it is the job of schools to develop them.
- The role of schools is to find ways for students to succeed, rather than finding ways for students to fail.
- Mutual trust drives all good outcomes-based schools.
- Excellence is attainable for every child and not just a few.
- By preparing students every day for success, the need for correctives will be reduced.
- Students should collaborate in learning rather than compete.
- As far as possible, no child should be excluded from any activity in a school.
- A positive attitude is essential; it is believed that every student can learn, they will.

Basic principles underlying the development of an outcomes-based curriculum

- Outcomes-based programmes must be based on significant learning outcomes.
- Outcomes should be practical, useful and morally and ethically defensible.
- Curriculum and instructional design are derived from these significant outcomes.
- Outcomes are challenging, and all students are expected to achieve them at high performance levels.
- Time is used as a flexible resource that allows teachers to accommodate differences in student learning rates and aptitudes.
- Students are given more than one chance to receive instruction and to demonstrate their learning.
- Assessment is an integral component of instruction.
- Students are expected to take some responsibility for their learning.

The pedagogical underpinnings of an OBE curriculum are a lot more demanding of the teacher than content/activity-based approaches. The teacher is required to help all the students to succeed and she must be innovative and creative in helping the learners to achieve the goal (Greenstein, 1995:76; Department of Education, 1997a).

For nurses education and training this implies that the conventional teaching methods where information transferred to students should be phased out. Instead students should be engaged in self-directed learning with the nurse educator acting as a facilitator of learning.

2.6.3 The learning areas

The other important area of the Curriculum Framework is the shift from knowledge-bound subjects to Areas of Learning. The term "Areas of Learning" rather than fields or subjects was chosen to show the tentative boundaries of each of these knowledge areas, which are eight in all, namely:

- **Language, Literacy and Communication**

People interact with the world and each other through language. The more we are able to communicate, the better we are able to understand each other. Improved communication can lead to a South Africa free of intolerance, misunderstanding and prejudice, which is the focus of this learning area.

- **Mathematical Literacy, Mathematics and Mathematical Sciences**

Numeracy and Mathematics is a way of understanding the world, Mathematics encourages logical thinking, problem-solving and teaches people analytic skills that will allow them to make critical decisions. This learning area will equip learners to cope with a rapidly-changing technological environment.

- **Human and Social Sciences**

Human and Social Sciences is an important area of study because it will encourage people to learn how to interact with each other and with their environment.

- **Natural Sciences**

In order to manage the resources of the world effectively, people need to understand the universe – both natural and created by people. This learning area will equip learners with the ability to understand natural resources and to manage them effectively.

- **Arts and Culture**

Culture and the arts are important areas of life. Through developing creativity and exploring the diverse cultures that exist, the spiritual, intellectual and emotional aspects of people's personalities will be promoted.

Economic and Management Sciences

Economic and Management Sciences develop all people into economically active citizens able to participate in and lead the economic development of South Africa through life orientation and technology:

- **Life orientation**

Life orientation includes the building of self-esteem, survival skills and a healthy lifestyle. This will enable people to cope with the challenges of a rapidly changing society.

- **Technology**

This learning area will promote all aspects of technology: planning, design and manufacturing (Department of Education, 1997a).

2.6.5 Qualification structure for universities and technikons in relation to the NQF

2.6.5.1 Views of the National Commission on Higher Education (NCHE, 1996) regarding qualifications to be offered in higher education

- **Boundaries of higher education**

Higher education has traditionally been defined by its role in the constitution i.e. generation and dissemination of higher knowledge. In more concrete terms, this role for a modern higher education system translates into a broad range of functions, namely:

* Constitution of value of higher knowledge by sustaining scholarly and scientific practices,
* The generation of higher knowledge through research activities across a spectrum from discipline-driven research through strategic research, and
* The dissemination of higher knowledge through systematic programmes of teaching and training including continuing education and other forms of community service.

The objectives of higher education are not different in their essential character form those of other levels of education. Education must always add value permanently to learners, stimulate curiosity and foster a spirit of critical inquiry and impart skills.

Higher education simply requires more detail, greater depth of insight and more intellectual mastery than do other levels of education.

The sequential learning activities leading to the award of particular qualifications are called programmes. These are almost invariably trans-inter or multidisciplinary, and is trans-institutional as well. The demands of the future and the situation in South Africa as a developing country require that programmes, while necessarily diverse, would be educationally transformative. Thus they should be planned, coherent and integrated; they should be learner-centred, experiential and outcomes-oriented, should develop attitudes of critical inquiry and powers of analysis and they should prepare students for continued learning in a world of technology and cultural changes.

The higher education system in South Africa functions in a country which is passing through a national transition of international and historical significance. This means that language development on the part o the students entails achieving both a firm command of English for academic an professional purposes, while allowing space for intellectual expression in other national, continental and world languages and equipping them to work primarily in South Africa and other African countries as well as the wider world.

The Commission in the definition of higher education programmes has sought to emphasize levels of learning rather than the nature of the institutions offering the programme. Traditionally in South Africa, higher education has been regarded as the exclusive domain of universities and technikons, while other institutions offering post-school leaving certificates programmes have been seen as offering post-secondary education. According to the new 1996 Constitution, the then tertiary education has replaced 'universities and technikons education' as the basis for the distribution of provincial and national educational functions. While the Commission would have preferred the consistent use of the term 'higher education' the change is in line with the submissions made to the Constitutional Assembly by the Commission

and more frequently with the emerging approach to educational levels and qualifications being developed in the content of the NQF (Gevers, 1958:3).

The implications of these changes for the nurse educator is that her qualifications should be such that she is able to teach in any sphere of tertiary education institution. The admission requirement for teaching at such institutions is the masters degree.

A single higher education qualifications framework

Universities and technikons currently offer programmes that lead towards qualifications regulated by two parallel qualification framework, while colleges offer only certificates and diplomas. Separate frameworks have contributed to the low levels of articulation and transfer, and to the impermeability of the boundaries between sectors. A new higher education system requires a single qualifications framework to enhance mobility and progression and to allow much greater flexibility in the design of qualifications in particular fields.

The Commission has considered designing a new qualifications framework. Some of the innovations that have been suggested are:

- changing from the present three-year to a standard four-year formative bachelor's degree,
- offering and identically fitted qualification at different exit levels,
- the abolition of the honours degree,
- the introduction of a two-year general formative higher education diploma, and
- the restructuring of masters degrees as two-year programmes with an advanced diploma exit qualification after one year.

The commission favours a more flexible approach to minimum periods of study for particular qualifications. The use of "three-year" degrees, etc is for ease of reference

(Gevers, 1998:8). Some of the above recommendations have been implemented in the nursing educator programmes for instances some of the universities offering post graduate nursing programmes have abolished honours degree. At the basic level, the comprehensive four year programmes has different exit level, which allows the student to continue with the programme after an exit at a particular level.

2.6.5.2 What did the White Paper on Higher Education Transformation say about qualifications

- The most important conceptual change is that the single coordinated system will be premised on a programme-based definition of higher education.
- Higher education comprises all learning programmes leading to qualifications higher than the proposed Further Education and Training Certificate.

A programme-based approach

- recognizes that higher education takes place in a multiplicity of institutions and sites of learning, using a variety of methods and attracting an increasingly diverse body of learners.
- is fully compatible with all the functions and integral components of higher education which include learning and teaching, scholarship and research, community development and extension services.

- will promote diversification of the access, curriculum and qualification structure with programmes developed and articulated within the NQF, encouraging an open and flexible system based on credit accumulation and multiple entry and exit points for learners. This will remove obstacles which unnecessarily limit learners' access to programme and enable proper academic recognition to be given for prior learning achieved.

- will promote the development of a flexible learning system, progressively encompassing the entire higher education sector, with a diversity of institutional missions and programme mixes, a range of distant and face-to-face delivery mechanism and support systems, using appropriate cost-effective combinations of resource-based learning and teaching technologies,

- will improve the responsiveness of higher education system to present and future social and economic needs, including labour market trends and opportunities, the new relations between education and work, and in particular the curricular and methodological changes that flow from the information revolution,

- will require a system-wide and institution-based planning process, and a responsive inquiry and funding system which will enable planned goals and targets to be pursued (White Paper on Education and Training, 1997), and

- if the programme-based higher education system is planned, governed and funded as a single, coherent, national system, it will enable the many necessary changes to be undertaken.

It is therefor e important that the nursing education institutions offer credits to student nurses for any prior learning achieved. It is pleasing to state that the many nursing education institutions are implementing these recommendations.

2.7 THE SOUTH AFRICAN QUALIFICATIONS AUTHORITY (SAQA)

The SAQA is a body that was established by the SAQA Act of 1995 and was entrusted with the following functions:

- to oversee the development of the NQF and to formulate and publish policies and criteria both for the registration of bodies responsible for establishing

educational and training standards, and for the accreditation of bodies responsible for monitoring and auditing achievements,

- to oversee the implementation of the NQF. It must ensure the registration, accreditation and assignment of functions to the bodies referred to above, as well as registration of national standards and qualifications. It must also take steps to ensure that provisions for accreditation are complied with and that standards and registered qualifications are internationally comparable,

- to advise the Ministers of Education and labour, and

- to consult with all affected parties and to comply with the various rights and powers of bodies in terms of the Constitution and Act of Parliament.

Composition

The SAQA consists of a chairperson and members nominated from a diversity of interest including education, labour, business, universities, technikons, teachers' colleges, technical colleges, adult basic education and training, early childhood development, the teaching profession and special education needs.

Structures of SAQA

To manage the processes of standards generation, accreditation and quality assurance, SAQA operate through a number of bodies. These are:

National Standards Bodies (NSBs)

A national standard body has been established for each of the organizing fields of the NQF considered in the foregoing discussion under phase one of curriculum formulation:

- to define and recommend to SAQA the boundaries of the discrete field for which each NSB has been constituted,

- to recommend the registration of standards and qualifications and to liaise with the Education and Training Quality Assurance bodies regarding the recommending and amending of registered standards and qualifications and the defining of the requirements and mechanisms of moderation,

- to recognise the Standard Generating Bodies (SGBs) within the framework of sub-fields and to oversee their operation.

Standards Generating Bodies (SGBs)

The prime function of SGBs is to generate, recommend, update and review standards in accordance with the SAQA's requirements, in the identified sub-field of the NQF.

Education and Training Quality Assurance bodies (ETQAs)

The function of the ETQAs is to audit, monitor and evaluate the provision of education and training according to the standards set by NSBs (Moodie, 1996; Department of Education, 1995b; Gevers, 1998:6).

The impact of these developments was the establishment of the standard generating bodies for nursing and nursing education in the year 2000. One of the proposed brief

of the SGB is to identify competencies necessary to produce nursing education and practice outcomes and distinguish he competencies that will be generic to the field from those specific to nursing education and practices.

2.8 VIEWS OF NURSE EDUCATORS AS COMMUNICATED TO PROFESSIONAL BODIES / TRADE UNIONS REGARDING THE CHANGES IN NURSING EDUCATION

The contentious issue with regard to the changes taking place in nursing education and training is that of whether nursing education institution (NEIs) should fall under the jurisdiction of the Department of Education or remain within the Department of Health as it is currently the case. The researcher has observed that nurse educators themselves are divided on the issue. Through informal discussions with some nurse educators, the majority feel that NEIs should fall under the Department of Education just like other colleges such as agriculture, teacher-training and others. However, some have expressed the view that NEIs should remain within the Departments of Health. They fear that they will lose their jobs if nursing colleges become part of tertiary institutions, that is, universities and technikons. In the forthcoming discussions, the nurse educators' views as expressed through professional organizations and the Department of Health will be explored. If nursing education becomes the responsibility of the Department of National Education the researcher is of the opinion that both the nurse educator and the student will be accorded the necessary academic status and the recognition they so much deserve. Nursing education will be recognized as part of tertiary learning in the true sense of the word.

2.8.1 Views of nurse educators expressed through the Democratic Nursing Organization of South Africa (DENOSA)

2.8.1.1 Current position of Nursing Education Institutions (NEIs)

By definition in the Higher Education Act and the Constitution of the country, nursing colleges are institutions of higher learning, but currently falls under the auspices of the Provincial Departments of Health. The colleges are funded by the Provincial authorities and the problem that they are experiencing is that in most cases no specific budget is allocated to the nursing colleges. Therefore it is often found that patient care receives priority in terms of funding needs and very little funds are channeled towards education and training. The Department of Education finances education by means of a very specific subsidy formula. The big debate currently is the affordability of the incorporation of the nursing colleges into the higher education sector, irrespective of the model chosen.

The programmes, both basic and post-basic, offered by the nursing colleges are accredited by the South African Council and governed by the Nursing Act. There are various nursing schools at hospitals e.g. Prince Mshiyeni Nursing School, offering mainly post-basic courses and courses for the enrolled category of nurses that are still excluded from the main stream of higher education.

The dilemma is that nursing colleges have to educate and train in the interest of the health and service delivery needs of the country. The process of incorporating the nursing colleges into the higher education sector, may as a result of various other factors, such as limited funding, limited education and training opportunities for nurses and midwives, result in the inability to provide for the health needs of this country. The basic education and training of enrolled nurses and enrolled nursing auxiliaries have to be addressed as these courses cannot be accommodated at universities or technikons, although exit levels for learners who cannot continue with the four-year programme, can provide for the enrolment at Nursing colleges where

the need arises. The position of nursing schools, some of which have been in existence for more than 50 years, is not clear and their involvement in higher education needs to be addressed as well (DENOSA, 2000:2).

2.8.1.2 The incorporation model favoured

The Ministers of Health and Education appointed a Technical Task Team chaired by Dr. J Reddy to advise on the appropriate model for the incorporation of the nursing colleges into the Higher Education System. The members of the Task Team visited KwaZulu-Natal Province in February 2000 and interviewed a range of stakeholders and visited facilities for nurse training. The Task Team proposed three modes of incorporation, namely:

- The autonomous colleges,
- Colleges affiliated to universities,
- Colleges affiliated to technikons.

The nurse-educators through DENOSA expressed the view that they do not favour any model for the incorporation of nursing colleges into the Higher Education Sector for the following reasons:

- The situation in the various provinces differ greatly which will make it impossible to implement one model, for example, Northern Cape and Mpumalanga do not have a residential university and it will therefore be difficult and very expensive to implement the model of university incorporation.

- Agreements may have been established between the various institutions that have been working well, which the participants may wish to keep in place. Enforcing a single model for all will destroy such good working relationships.

- The same principle of uniqueness will apply in terms of the model of autonomous nursing colleges. Some provinces will have the financial resources and expertise to move in that direction immediately while others will find it totally impossible unless some external funding is found to support the process. This model will also require the development and promulgation of an Act that will further delay the incorporation process. This model will further required down-sizing of nurse educators in the interest of financial viability and the question whether the Department of Public Works will continue to carry the maintenance of the facilities, is debatable and will have to be negotiated.

The down-side of this model of incorporation is that the colleges will remain single discipline colleges and the isolation from higher education institutions is not favoured.

Some universities have indicated that it will not be economically viable to incorporate the nursing colleges into the system because of the number of learners and educators involved. The conditions of service and learner selection criteria differ significantly, which will complicate the process of incorporation and the financial implications thereof. At least one university has indicated that nursing colleges should be incorporated into the universities.

- Various technikons have indicated that they would like to incorporate the nursing colleges.

- There are various combinations of the above-mentioned models that can be negotiated by the role-players; for example consortia can be negotiated where the various resources can be shared while all institutions operate autonomously.

Regarding the three models of incorporation, nurse educators concluded by stating that all these models have their own advantages and disadvantages and believe that

the role-players in the various provinces should together investigate the possibilities and determine the model that will suit them the best. There are varying degrees of support for all three options in the field (DENOSA, 200:3).

2.8.1.3 Financing

Financing is the biggest issue that needs to be addressed in the process of incorporation. The current subsidy formulae for institutions of higher education cannot be implemented overnight to nursing colleges. Currently, nursing colleges belonging to the State are funded almost 100% by the government with students contributing very little. A few nursing colleges in the private sector exist where students do pay tuition fees. In some instances these nursing colleges are receiving some form of subsidy from and employing or other body.

In addition to this, there is a number of nursing schools providing post-basic and basic courses for nurses and midwives. Some of the one-year diploma courses offered at these institutions fall in the higher education band. These nursing schools are accredited with the South African Nursing Council and are both from the state and private sector. These will also require incorporation into the higher education band with all the financial implications thereof.

Universities feel strongly that the credibility and financial viability of universities need to be protected. Incorporation of nursing colleges with large numbers of non-paying learners and a big staff complement is not affordable and will jeopardise the future of nursing education at universities.

In addition to this, there is a committee currently looking into the transformation and rationalisation of higher education institutions. A moratorium has been placed on the extension of campuses of higher education institutions. Incorporation of the nursing colleges will enlarge the number of campuses in the higher education sector considerably.

Lastly, the type of educational programmes provided at nursing colleges are not always compliant with the current entrance criteria of the higher education institutions e.g. the two-year enrolled nursing course (DENOSA, 2000:4).

2.8.1.4 Financial support for learners; learner / worker status

The nurse educators are of the opinion that financial support for learners in nursing and midwifery education and training should be separated from the debate on the incorporation of nursing colleges into the higher education system.

DENOSA believes that the learner enrolled in nursing and midwifery education and training programmes should enjoy student / learner status. Learners should participate in service delivery activities but should not form part of the staff establishment of any health institution and should therefore not be permanently employed or be "workers." Learners should, however be remunerated for the service delivery activities that they are involved in and this should form part of financing of the learners.

Learner financing should be made available on a similar basis as for all other learners. Where learners are involved in actual service delivery activities, they should receive some form of remuneration. There is currently a trend in the education and training sector that institutions do not take in any learners without some form of payment to the institution for the time spent by the learners in their institutions, especially where learners are mainly observers who do not participate in actual service delivery activities. There are remains considerable amount of negotiations to be done in this regard.

The entrance requirements of institutions of higher education play an important role in the subsidy that the institutions receive from the Department of Education. Only learners complying with the criteria will be subsidised, provided that they show

progress and move to the next level or year of study. The autonomy of the higher education institutions should be respected.

2.8.1.5 Academic and other support staff

Academic and other support staff who become employees of the education department should receive the same salaries and conditions of service as the personnel in other similar institutions of higher education. There are many uncertainties and fears for the personnel in the nursing colleges – the feeling is that they cannot all be incorporated into the system. Many of them will not comply with the required criteria to be appointed in the education sector, or if they are absorbed into the system, they may be rationalised shortly thereafter.

The process of change towards such a system should be a negotiated one wit interim or transitional arrangements to accommodate individuals who may not comply with some of the criteria, e.g. most nurse educators in this sector do have qualifications required of educators, but there are some that do not have such a qualification which may disqualify them form appointment at the "new model nursing college." Such persons should be offered various options, e.g. absorbed into the new model as is, or be given the opportunity to obtain the required qualifications or offered a package.

Support staff must not necessarily be the employees of the Department of Education and can remain employees of the Department of Health or general public service as the case may be. A similar arrangement is in place at some of the universities with Faculties of Health where the personnel expenses are shared between the university and the Provincial Department of Health. This model, however, has problems of its own and is not strongly supported.

2.8.1.6 Equity considerations

Nurse educators are of the opinion that the principles of equity for all persons who qualify on relevant grounds, quality and efficiency of education and training should apply.

2.8.1.7 Nursing and midwifery programmes / qualifications to be offered

It is believed that the education programmes currently offered at the various institutions of higher education should be continued with the required exit points for learners that do not pass the various years of study.

2.8.1.8 Quality assurance in nursing and education and training

Quality assurance in training and education is governed by various Acts that all institutions have to comply with, namely the South African Qualifications Authority Act, the Higher Education Act, the Act governing the various professional councils and also the Skills Development Act which will also have a function of quality assurance (DENOSA, 2000:5).

2.8.2 Other issues relevant to the situation

- The profession strongly supports the higher education status of nursing and midwifery education and training.

- It is critically important that the academic issues and the human resources management issues should be separated:

- academic issues relate to issues such as student status, who should be trained and what courses should be offered, and

- human resource management issues relate to the lecturing and administrative personnel as well as the "employee" status of the learners and their incorporation into the system. A distribution should also be made between the negotiations around the lecturer's position and those of the learners – these should be handled separately. This will require a negotiating strategy with full participation of the unions and compliance with the labour laws of the country. With the incorporation of nursing colleges into other institutions of higher education, it is obvious that existing nursing college posts have to be made redundant because social and natural sciences that are currently offered by nurse educators at nursing colleges, are the responsibility of Social and Natural Sciences Departments at universities and technikons. This forms and important part of the negotiating strategy for the transitional process.

- DENOSA also believes that the status of Nursing Science Departments at universities and technikons should be protected in terms of continuous financial viability of these nursing education institutions.

- Financing remains the issue to which all the discussions refer back. It is clear that additional sources of financing will have to be found to ensure that the health service delivery needs of the country are met without jeopardising the higher education status of nursing and midwifery education and training.

- There is a strong feeling among role-players that the process must now come to a conclusion and a decision. The uncertainty and lack of finality are impacting on the morale of the colleges. The process of transfer should be phased-in over a period.

All the above views were expressed by nurse educators through the Democratic Nursing Organization of South Africa (DENOSA). It is interesting to note that one of the campuses of the Natal College of Nursing had written a memorandum on 28

February 2000 directed to the Minister of Health of the KwaZulu-Natal province on the subject of incorporation into universities and/or technikons. The nurse educators favour a move to the Department of Education. The decision was based on the following reasons:

- **Marginalization of nurse educators in health:**

Nurse educators have suffered a long history of marginalization by the Department of Health. They stated that they recognize that the core function of the Department of Health is patient care. They argued that in 1992 almost all the hospitals (big and small) chief professional nurses were upgraded to posts of Chief Nursing Service Manager (e.g. Stanger, Clairwood, Wentworth, etc). The Nursing Colleges were left out. This was brought to the attention of Head Office authorities (nursing directorate) but their efforts were not heeded.

Nurse educators of the campus further argued that the new dispensation in July of 1997 saw a merger of the Senior Nursing Manager (Principal of the College) and the Nursing Service Manager (Deputy Principal) to that of Assistant Director. Today the campus principal is responsible for the college on the same salary scale as that of her deputy. This anomaly was again taken up with Head Office structures by the KwaZulu-Nata educators as provincial employees. The matter was also addressed by the KwaZulu Nurse Educators Discussion Group (the correspondence is with Dr. Z Mkhize) to no avail. Nurse educators also stated that their counterparts in other provinces e.g. Gauteng, Northern Province, Free State and others were correctly translated to Campus Principal (Deputy Director) and Deputy Assistant Director (Vice-Principal). KwaZulu-Natal is thus lagging behind their colleagues. This whole situation has left nurse educators unhappy in the province and they therefore feel it would be better for them to be incorporated into the Department of Higher Education.

- **Recognition of qualifications:**

Nurse educators of the Natal College of Nursing campus further claimed that nurse educators, in line with higher education, are engaged in studying continuously to improve their academic qualifications. Their efforts, they say, have gone unrecognised. They have a feeling that nurse educators have remained "Professional Nurses" and that they have not been recognized as "academicians." Nurse educators are the least recognised members of the health profession in spite of the fact that they are the ones who produce the very trained nurses who are at the forefront of health care delivery.

- **Merits for the move to the Department of Education for both the students and educators:**

Nurse educators felt that the move will benefit nursing education as follows:

- Promotion of collaboration of nursing students with other learners.

- Exchange scholars and students.

- It will be an avenue to equalize education and training for health professions.

- Basic conditions of service will hopefully improve e.g. sabbatical leave, recognition of additional qualifications, annual leave, etc.

- Sharing of research skills and accessibility of resource e.g. libraries, computers, etc.

2.8.3 Decision on the position of nursing colleges

Despite the debate by nurse educators regarding the position of nursing colleges i.e. whether they should be under the auspices of the Department of Health or Department of Higher Education, the authorities have finally arrived at a decision. The researcher through the Potchefstroom School of Nursing Science received a facsimile whereby the decision taken by MINMEC regarding the position of nursing colleges is outlined. The contents can be summarized as follows:

It has come to the attention of this organization (i.e. Potchefstroom School of Nursing Science) that a decision has been taken at the MINMEC meeting held in May 2001 that Nursing Colleges will remain under the jurisdiction of the Department of Health. The situation in this regard was understood to be the following:

- By virtue of the definition of a higher education programme (as stated in the report by the National Commission of Higher Education (NCHE) in September 1996 and the registration of courses by SAQA, nursing education and training programmes leading to registration as a nurse are higher education programmes. The programme definitions states that higher education programmes are those that lead to the award of a qualification more advanced than the proposed further education certificate on the National Qualifications Framework (i.e. post-matric qualifications). Nursing Colleges are therefore tertiary institutions.

- In terms of the constitutional provision that higher education is an exclusive national competence according to schedule 4 of the Constitution of South Africa (Act 108 of 1996), all higher education colleges fall under the jurisdiction of the Ministry of Education. They will be planned, governed and funded as part of a single coordinated higher education system (Education White Paper 3, Section 2:49). According to this White Paper the nursing colleges will remain administratively in the departments where they were administered at that time.
- A discrepancy existed between the NICHE Report and the White Paper on Transformation of the Health System of South Africa and the Education White

Paper 3 regarding the funding of students in nursing education. Currently students are funded by the department of health if they are appointed in student posts. All university students in nursing education are therefore by the Department of Education and many of these students are independent students who are not appointed in student posts and therefore do not receive any additional funding.

Although a decision has been taken regarding the position of nursing colleges, it remains to be seen how it will impact on the general status of nurse educators, their well-being as well as the well-being of the recipient of nursing education, namely the student nurse. According to the researcher's opinion, nurse educators who aired their views through DENOSA will probably be delighted by the decision of MINMEC. The application of these views to the current study is that nurse educators are of the opinion that their role as teachers will be more meaningful both for the profession, the student and for themselves if nursing education moves to the Department of Education. They argue that this will ensure sharing of research skills, accessibility to resources e.g. libraries and computers and it will be an avenue to equalize nursing education with other professions.

2.9 THE ROLE OF THE NURSE-EDUCATOR WITHIN THE EDUCATIONAL CHANGE PROCESS

The advent of the new dispensation in South Africa and the acceptance of the country by the international community meant that South Africa had to review its policies to be in line with international trends. Nursing education has to adapt to these changes in order to meet global standards. Nurses' education and training must be geared to meeting the health needs of South Africa's diverse population within the framework of the national health plan, the principles of the reconstruction and development programme and the national policy of health care. Secondly, nursing education should be in line with the principles of the National Qualifications Framework and meet the requirements laid down by the South African Qualifications Authority. It is

pleasing to state that inputs already made clearly indicates that nurse educators of this country have assessed the changing environment in which they function and are prepared to effect the necessary change in the education and training of future professional nurses.

2.9.1 Education strategies

Traditionally, nurse educators have been (and others are still) using the conventional teaching methods with the lecture method being the most commonly used. The main role of the nurse educator has been that of transferring knowledge / facts to students and compiling notes for them. The students then memorise the information presented to them. As a result, students never get weaned from dependence on the nurse educator. They lack independent learning and studying skills, as stated in page 14 of this chapter. This is carried on beyond basic to the post-basic nursing courses.

In order to accommodate the aspirations of the newcomers to the profession who have been exposed to outcomes-based education and Curriculum 2005, one of the roles of the nurse educators is to completely change the teaching strategies currently used. Nurse educators have to undertake a complete overhaul of the nursing curricula and include educational strategies that will promote self-directed learning, acquisition of problem-solving skills, critical and analytic thinking as well as independence. To meet these challenges, the South African Nursing Council as a body that also responsible for maintenance of standards in the education and training of nurses, has accepted the following educational strategies:

- community-based education,
- problem-based learning,
- outcome-based education, and
- recognition of prior learning (RPL).

2.9.1.1 Community-based education (CBE)

Clinical learning constitutes the heart of nursing education. It shapes the students' view of their future role in the health care system. It is a form of socialization which determines what students experience, what they observe and the nature of the setting where all this happens. Hospital-based training impacts on how much students learn about patients. Since the students see the patient in isolation, they must accept the information at face value. They then focus on the symptoms and not the condition or circumstances that might have produced the symptoms (Richards, 1996). Through hospital-based training students may learn that health is only intervening when the patient is very ill. Students are denied the opportunity to learn about where disease occurs and only learn about where and when they are cured. This means that they only learn about diseases and not about health. The incorporation of CBE in the curriculum is aimed at creating alternative settings for student learning. It is based on the belief that the present settings are inadequate in preparing a nurse who will function effectively in primary health care settings on completion of training. CBE prepares the nurse to be able to function at all three levels of health care i.e. Primary, Secondary and Tertiary. Currently the student nurse is exposed mainly to the tertiary level and yet on completion she may function at any level (Mazaleni, 1999:58).

CBE is a component of teaching that ensures that student nurses learn first-hand about the causes of illness, how individuals, families and communities cope with illness before they come to the health service, how they as health providers can assist them in the prevention of disease, based on their own resources and initiatives, and how they can ensure that they are active partners in the health care delivery system and not passive recipients. A Community-Based Education programme is a means of achieving relevance to community needs by focusing on the individual, family and community, taking into consideration their own health needs. It is a programme that is within and with the community. It is community-centred, driven and led in partnership with the institutions and service providers. It is aimed at narrowing the

gap between the curriculum content of the nursing profession and the realities of health practice that a nurse has to face in the community.

Community-based education means that as the students go through their training they understand the capacities and initiatives of the communities they intend to serve on completion of their studies. On the other hand, the community will also, through this interaction, understand the limitations of health personnel especially the fact that health personnel cannot provide health to the community. Health personnel can only facilitate or motivate the community to take care of their own health, which is the underlying principle of Primary Health Care (Kaseje, 1995:58). The key objective of CBE is to train health professionals who will be aware of, respond to and be accountable to the needs of the community and of the country. The aim of CBE is to produce graduates who will be most likely to practice in historically underserved communities.

A model of CBE by Charles Boelen :

According to Charles Boelen of the World Health Organization, CBE is an acknowledgement by health profession education of their obligation to society and can therefore be fitted into the model of Social Accountability. CBE is an attempt to fulfil the four values of social accountability. These are:

- **Relevance**

Relevance in health implies the degree to which the most important health problems in the country are tackled first. As a health policy reflects these priorities, nursing education should be relevant in its content and context and be in synchrony with these, in order to serve the country.

- **Quality**

High quality care uses evidence-based data and appropriate technology to delivery comprehensive health care to communities, taking into account their social and cultural values and their expectations as consumers.

- **Cost effectiveness**

This means having health care systems that have the greatest impact while making the best of available resources.

- **Equity**

This means striving towards making high quality care available to all people in the country. This is in line with WHO Global Strategy of Health, which is aimed at ensuring that people have access to Primary Health Care and through it, to all levels of a comprehensive health system (Boelen, 1997).

Components of community-based education

Components of CBE are the same elements emphasized in a hospital-based educational programme, namely service, research and training (Mozoub, 1998). The difference is that these happen in the community, with the participation of the community. CBE acknowledges the relationship between the socio-economic status of a community and the impact of these on the health status of the community. CBE consists of three distinct steps which have to be followed during its implementation. These are:

- **Selection of a community site**

There is no specific criterion for selection, as all communities need health care. However, it would be an advantage to identify both a rural and an urban community as the student may work in both settings after completion of their training. This is followed by a community entry process where the educators will go to a community to LOOK, LISTEN and LEARN the concerns of the people through informal discussion with community members, health service providers and other role-players in the community. The next step is the identification of leadership in that community. This can be a political party or local authority as long as it is legitimate leadership who are also the gate-keepers. In identifying leadership, the nurse educators should be aware f the different types of people in the community and try to involve them all, especially the silent or unseen majority. These are the people who do not participate in the programmes because they do not have time to attend meetings. Their daily agendas are full with means of trying to survive. They are usually the most vulnerable group, comprising women, the elderly and children. Yet these are the people who need the services the most (Mazaleni, 1999:58).

- **Partnership formation**

This is the second step where a partnership is then formed between the academic institution, health service providers and the community. These three constituencies should be represented in a well-defined linkage, with clearly outlined roles. An efficient educational system will depend on the capacity of the university or nursing college to work together with health professionals and communities, driven by identified community needs. Academics need to understand that community partnership is more than identifying and consulting key people in the community in order to ensure acceptance of the programme. Partnership is a process in which the communities invests itself in terms of ideas, experience and skills, takes risks and determine their role and the mechanism of decision-making (Kaseje, 1997).

Situational analysis

As the curriculum will not function in a vacuum, the effect of the context and the surrounding environment should be scrutinized, analyzed and the major elements brought into health personnel education. The context would include the following:

- Community profile entailing major demographic characteristics, norms, culture, language, habits and traditional beliefs and practices of the population served by the institution.

- Health status profile that covers the entire spectrum of health determinants.

- Type of health system, its components and proportional distribution of levels of health care, the District Health System and its focus areas.

- Prevalence, incidence and distribution of various health problems and risk factors related to them.

It is also important that partners should determine the competency profile of the nurse being trained, and the skills, attitude and knowledge that are crucial to her effectiveness. These should be linked to the health policy of the country and the needs of consumers. The institution is to spell out clear and relevant goals that determine the needed outcome of the training programme. Goals should be explicit and relevant to societal needs.

Impact of community-based education

Impact on the community

- community empowerment,

- community satisfaction,
- improvement of health status.

Impact on health services

- health policy implementation,
- primary health care delivery,
- health system research.

Impact on students

- improved knowledge and positive attitudes,
- development of critical thinking,
- development of management and problem-solving skills in primary health care.

Factors promoting the implementation of community-based education (CBE)

Values of academic institution

- a primary health care ethos,
- community perspective.

Common vision

- shared values,
- commitment to vision.

Identification of appropriate site/s

- community infrastructure,

- accessibility,
- basic primary health care infrastructure.

Partnership:

Partnership between stakeholders need to

- be kept simple,
- operate within the context of the district health system,
- understand the partnership concept,
- involve key decision-makers like the District Manager and clinic supervisor,
- ensure joint planning, implementation, ownership and evaluation,
- become part of the social network of the community,
- ensure mutual trust and respect,
- share resources, facilities, services and personnel, and
- cross the traditional boundaries, e.g. academic presence in the community and community presence in the academic institution.

Master plan with an implementation strategy

A master plan clearly outlining the following should be developed that:

- incorporates realistic short, medium and long-term goals,
- ensures a plan for long-term sustainability,
- ensures that commitment of partners to the implementation strategy, as well as
- community situational analyses,
- understanding of factors which affect health,
- academic reward systems,
- community participation in academic and service committee structures e.g. selection of students, bursary allocation and curriculum development,

- community health workers' roles in the implementation of cbe,
- an evaluation strategy.

Capacity building of all partners

Capacity refers to knowledge, attitudes and skills and includes:

- Socialization of partners (e.g. communities do not have deadlines),
- Community empowerment to participate as active partners in governance and programmatic activities,
- Re-orientation of health service personnel towards primary health care and a caring ethos,
- Re-orientation of the academica towards primary health care, community-based education and problem-based learning.

Other factors

Leadership

The community partnership is an effort to establish models of academic, community-based primary health care centres, as a means of redirecting health personnel education towards the preparation of graduates more interested in and suited for practice of primary health care in the community. Therefore the leaders involved in CBE are not only trying to implement an innovative programme in health personnel education, but they are also trying to do this through a particular mechanism and that is collaborative partnerships between academic and community groups.

This type of leadership is like building a bridge between two cultures. Collaborative involvement presumes that "the participants must decide to act." Decision-making at the collaborative level, however, is different to that at the individual organization level because it must be representative of the needs, expectations and values of those involved, the institutions and stakeholders (Mazaleni, 1999:67).

- **Participation**

According to Mazaleni (1999:67) the concept of participation, especially in health, is a shock to the South African System, that is, to people used to passively accepting and receiving what is given to them.

Secondly, the culture of government where the service delivered or rendered is not questioned, is hard to let go of. The willingness to participate in the process of education of students is motivated by the fact that communities relate health professionals training to local needs and services, and they link participation to more and better health care for their area. This has implications for CBE for, as students move from house to house and identify problems, the community expects them to do something about these. When first-year students identified the problem of neglected and abused elderly people in the community, they started a project to assist those who care for them at home – the Community Health Worker. This had an impact on the knowledge, attitudes and behaviour of students at an early stage of their training. From this it can be deduced that when services are brought closer to the people, the benefits are immediate.

These small activities are an attempt to address the broader aim of CBE, which is to train health professionals who are sensitive and responsive to the needs of community. On the community side, developing a culture of participating, questioning and holding providers of health service accountable to the community is not and will not be easy for some time. Added to this is the history of most of our

communities, which is characterized by conflict, harassment, mistrust and exploitation. Any kind of joint decision-making amongst these diverse groups had to take into account both the prevailing realities, experiences and culture of each of the partners. It requires a creative, innovative yet sensitive approach that can capture the realities in a positive and empowering manner for all the partners involved in the venture. It means willingness of the health sector and academic institutions to support community beyond rubber-stamping (Kaseje, 1995).

Factors inhibiting the implementation of community-based education

The following factors inhibit the implementation of community-based education:

- Lack of capacity of partners

- fear of the unkown,
- poor socialization of community members,
- traditional boundaries/culture/norms.

- Academic "systems ethos" versus community "people ethos."

- Logistical issues

- lack of transport,
- violence in some parts of the country.

- Language which creates a barrier in effective communication.
- Lack of resources

- finances,
- human resources,
- lack of appropriate primary health care academic / service sites,

- trying to do too much at all at once.

- Educators

Unlike unsuspecting students, who are new to the nursing programme, educators have had a long established relationship with the traditional nursing curriculum. Moving clinical experiences into the community gives rise to painful feelings associated with losing a curriculum that many view as their life's work. Moving toward community-based education care involves turning away from a curriculum that was carefully built, has demonstrated a track record of success, and provides them with a sense of special expertise and clinical competence.

Whatever enjoyment might be experienced from creating something new, it is balanced by the inevitable pressures of the lengthy, time-consuming, probably conflictual process of curriculum revision. Educators do not take these changes lightly.

Educators may also resent the need to upgrade their clinical skills, or learn an entirely new role. Many cannot accept that upgrading skills for the future is a necessity. In addition to problems with logistics of changing a curriculum and learning new clinical skills, they may object to the commitment to share authority and decision-making with patients and community residents. They may oppose to the practice of allowing those who are not officially designated nursing educators to teach students and supervise basic nursing functions in the community, especially community health workers. Their objections come from the belief that nursing must be taught by nurses. They believe it is their prerogative and responsibility to teach and supervise all nursing students in all learning activities. The thought of delegation or sharing their responsibility with people who are not nurses raises fears of loss of authority.

- Community

There may be barriers to acceptance of the new approach to nursing curriculum by the community. Some will remember outsiders who started programmes, usually with public funds or private grants, and then disappeared when the money ran out.

The partnership enables communities to overcome suspicion about the motives and methods of the professionals. This is done by including the community as a partner in all phases of the educational programme of planning, implementation and evaluation. Forming a partnership with community does not eliminate all difficulties. For many, the notion of a true partnership with professionals is a new experience. As such, it takes time to acquaint community participants with their roles as major players. The goals of a community-based education may be understood in a different way be the community or rejected altogether in favour of a more traditional high-tech medical approach. The community is also influenced by the medical, which promotes disease-oriented medicine (Matteson, 1995:70).

Also communities define health differently to health workers. Their definition takes into account all the determinants of health. These include social, cultural, economic, political and environmental factors. Health professionals' concept of health, on the other hand, has been influenced by disease management, drugs, injury treatment and building of institutions centred around doctors and nurses. Health care has been greatly influenced by the "engineering model" that views the body as a machine that nurses and doctors can fix once it has broken down. This model is reactive rather than proactive and tends to intervene when the condition has developed beyond the stage of prevention. It is opposed to the communities' holistic perception of health (Mazaleni, 1999:71).

Finally, the community must deal with the disruption of their normal routines, customs and established relationships. New programmes and new people with new

ideas challenge the comfort level and convenience of the usual way of doing business. This is true, especially in poor rural communities, where people have their agendas full with trying to survive. This is why educators and students must remember at all times that they are guests in the community until the community informs them otherwise.

- **Students**

Students may have difficulty moving to the community because of their traditional image of what nursing is and what nurses do. In part, this is a reflection of public media presentations. With few expectations, movies and television still portray nurses as women in starched white uniforms who spend most of their time ministering to the patients' tubes and monitors or discussion their treatment with the doctors. Almost always the nurse is located in a hospital. Stories in the news describe the heroic measures of the critical care or emergency room nurses in life-and-death situations, with the result that the majority of students who choose nursing expect to practice in a hospital. They may be surprised and outright disappointed when educators take them to a poor rural community with a small community centre, that provides health services for a non-captive group of residents, some of whom are unable to keep heir appointments. Some will be excited but many have great difficulty adjusting to the loss of their dream. Sometimes the unfamiliar territory in which they find themselves and their fear of the unknown compounds the difficulty for students; added to this might be the nervousness of the educator (Matteson, 1995:72).

Travelling, 35km from the college to the community for example needs an investment in time and energy. Community activities are also not scheduled for the convenience of the students. On pension pay-out days, students are unable to go out to the households, as almost everybody is not at home. The challenge is worse for a white

student from a protected upper-class who has to go in and out of the rondavels in rural communities.

2.9.1.2 Problem-based learning (PBL)

What is problem-based learning?

- **It is problem-based**

PBL is learning that is based on series of carefully chosen problems that trigger students into learning the underlying explanations in an integrated way. Because the problems are real life or true to life, they direct student learning to a holistic and comprehensive approach to each problem. The problems are chosen and designed to cover the learning objectives determined by the faculty's curriculum planners. Sometimes, instead of the faculty designing the problems, the students are asked to think of a series of experiences that illustrate the problems in a certain theme e.g. the management of transport at district level. These student-designed problems are most appropriate when dealing with a subject that they are familiar with in their work environment.

- **It is student-centred**

The teacher is a facilitator of student learning and, increasingly as the course proceeds, the student becomes responsible for her learning.

- **It is conducted in small groups**

Much of the learning takes place within groups of ±8 students. This helps in the elaboration of individual students' knowledge and also prepares the student to function as members of teams of health personnel. There is also considerable merit

when a number of teams, e.g. four at a time, can work together and, from time to time, report back to each other.

- It emphasises self-directed learning (SDL)

Once the students as a group have determined their learning objectives which will enable them to acquire a comprehensive explanation of the phenomena, or happenings, within the problem, these learning objectives are taken away and the gaps in their knowledge are filled through individual study.

Facilitators assist the students in developing these learning goals and in finding the resources for their learning. In the beginning the process is heavily facilitator-directed learning, but, as quickly as possible, the students take more and more responsibility for their own learning and, well before the end of the course, they have become fully self-directed learners.

- **Its uses multiple resources**

Initially the facilitators will identify the necessary resources for learning but it is expected that later in the course the students will identify and call for the resources they need. Resources may include subject experts who may be available for interviews, journal articles, community or clinic visits, etc.

- **It fulfils the following three conditions that facilitate learning:**

- **Activation of prior knowledge**

Each student has some previous knowledge about issues within each problem set, and this is multiplied by the combined knowledge of the group. Learning is facilitated by activating that prior knowledge, then integrating new knowledge into that base and

organizing the product in readiness for recall. This is an essential part of constructing knowledge.

- **Learning situation resembling future application**

Educationists call this encoding specificity: there is a close resemblance between the situation in which something is learned and the situation in which it is applied.

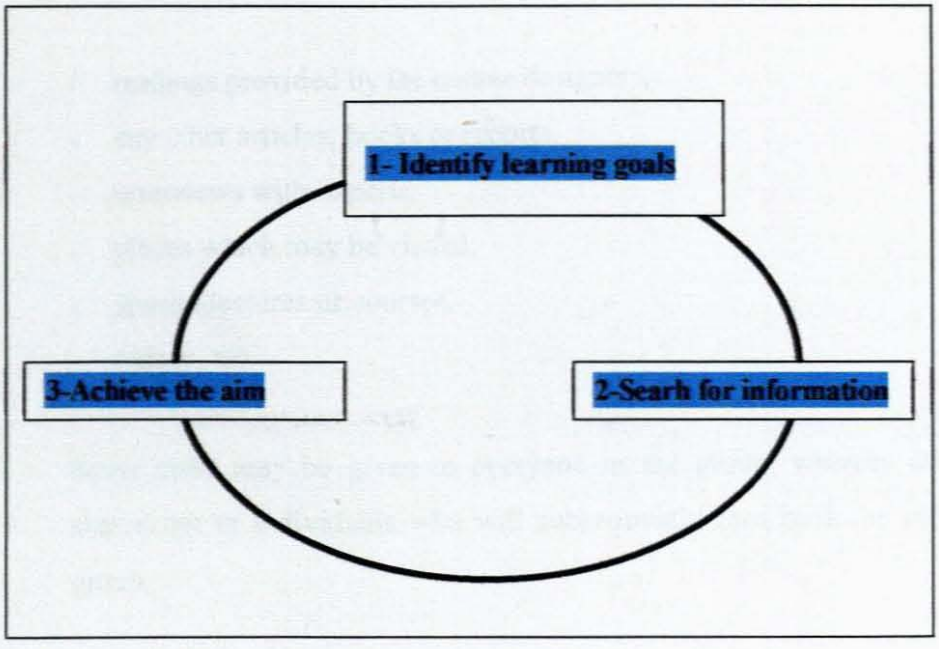
- **Elaboration of knowledge**

Knowledge survives and grows if it is handled and elaborated. This is done pre-eminently by discussion of matters in groups and formulating and crituquing hypotheses or explanations.

The steps in the **PBL** cycle

Problem based learning cycle

The cycle has distinct steps as illustrated in the **diagram below**



- **Aim of the module**

In each module, the aim has been carefully worded by the course designers to describe both the extent and the boundary of the subject to be studies. The aim be referred to at each stage of the study.

This is best done by displaying the aim on flip-chart paper, and by doing so graphically or by underlying key words.

Identification of learning goals

The story is chosen to illustrate a number of issues and problems that will need to be explained and resolved (dealt with) if the aim is to be understood. Because no case study can illustrate all the issues and problems that relate to one topic, participants are encouraged to think of other issues and problems from their own experience and situation. In some modules, instead of providing a case study, the participants are asked to tell stories illustrating the different problems they have experienced relating to the aim of the module. At this stage, a learning plan is developed and sources of information are identified that will enable participants to meet their learning goals. These may be:

- readings provided by the course designers,
- any other articles, books or reports,
- interviews with experts,
- places which may be visited,
- special lectures or courses,
- videos, etc.

Some tasks may be given to everyone in the group, whereas other tasks may be shared out to individuals who will subsequently feed back the information into the group.

- **Search for information**

The learners conduct information search. They meet the learning goals by filling the gaps in their knowledge, skills and attitudes using a variety of sources of information as indicated in the aforementioned discussion. New knowledge should not be accepted uncritically but should be reviewed to see if it is accurate and relevant to the participants' situation. It is important that learners make notes of what they learn so as to facilitate subsequent sharing with the group. Learners should keep a personal file in which they write a brief summary of the content of each step in the learning cycle. This will constitute their learning for each module.

- **Achieve the aim**

In their groups, participants integrate their new knowledge and skills with what they knew or could do before. They do this with each of their learning goals as they share together the new information they have discovered. Participants use their learning to critically examine the situation with regard to the aim of the module using SWOT analysis (i.e. Strengths, Weaknesses, Opportunities and Threats).

Benefits of PBL

- enhance "self-directed learning,"

- foster clinical reasoning or problem-solving skills which cannot be taught but have to be practised during the education,

- narrow the gap between basic and clinical sciences,
- links theory to practise by providing opportunities to practice fieldwork reasoning in a safe environment,

- motivating, because confronting meaningful but poorly understood problems would drive the learning,

- increase retention of knowledge because:

  - prior knowledge facilitates processing the new knowledge,
  - knowledge is elaborated during the process by students,
  - the context at the time of learning is similar to the real content.

- transfer of principles and concepts to new problems,

- intrinsic motivation not because of external awards,

- depth of learning more effective,

- students acquire more self-directed learning skills,

- lifelong learning attitudes and ability to use different resources,

- students develop teamwork skills, communication and critical thinking skills, and

- students feel trusted.

Problem-based learning process

The process consists of seven distinct steps. These are:

a) Groups get the problem (this could be a case, trigger, picture, film or article) and clarify terms that they do not understand.

b) Define the problem, i.e. describe exactly which phenomena have to be explained.

c) Analyze the problem using prior knowledge and brainstorming, i.e. what is related to the problem? Explanations?

d) Categorizing and arranging the proposed explanations. Defining what they already know.

e) Formulate learning objectives. Objectives should be chosesn by students themselves.

f) Self study. Participants should search for new knowledge. This takes about two to three days.

g) Group meets again for feedback and discussion. This is done to share the recently-found knowledge and to discuss the situation again in the light of new conceptions.

Nurse educators' new role in PBL

In PBL the nurse educators' role has changed from that of being knowledge dispenser to the following:

- Guide student learning,
- Give response where necessary,
- Encourage, challenge and question students,
- Facilitate the development of concepts,

- Guide the problem-solving process (problem analysis, hypothesis, information search and synthesis),
- Stay quiet and do not teach,
- Trust what students are doing,
- Understand and facilitate group dynamics,
- Set limits and guide the process towards the learning objectives,
- Promote an atmosphere of freedom to learn, to make mistakes, to gain tolerance towards varied solutions.

2.9.2 Recognition of Prior Learning (RPL)

Meaning of the concept RPL

Recognition of Prior Learning is not a teaching *per se* but it means the comparison of the previous learning and experience of a learner, however obtained, against outcomes required for a specific qualification and the acceptance for the purposes of qualification of that which meets the requirements (SAQA, 1998:34). It is based on the notion that how people learn and have learned should be recognised and used to help them progress as learners. Prior learning is learning acquired through formal and informal study. This may include work and life experience, training, independent study, volunteer work, travel and family experiences. Therefore prior learning can be experiential, non-formal or formal uncertificated learning. RPL is one of the principles of the National Qualifications Framework. The process of Recognition of Prior Learning involves the identification, documentation assessment and recognition

through awards or credits of that learning. This recognition can be used towards the requirements of an academic or training programme or towards professional certification or for employment purposes. Since prior learning cannot be recognized before it has been assessed and because not all prior experience leads to learning, it is important for educators to carefully design mechanisms to identify, verify and assess prior learning before a credit can be given.

Relevance of RPL to nursing and nursing education

Over the years many nurses, for some reason, were not able to qualify as professional nurses. These nurses have accumulated a lot of knowledge and experience in their working environment. Some of them are keen to become professional nurses irrespective of their age. Therefore RPL is an ideal practice to place them at their level of competency. RPL is seen as a practice that seeks to recognise the cognitive, psychomotor and affective skills that the learner has already acquired. It gives the Nursing Education Institution (NEI) the baseline about the knowledge that the learner/student has about nursing and health care (SANC document, 1999:18).

Role of the nurse educator in RPL

Since prior learning cannot be recognized before it has been assessed and because not all prior experience leads to learning, it is important for the nurse educator to carefully design mechanisms to identify, verify and assess prior learning before a credit can be given. The nurse educator must have a say in the definition of learning objectives and reliable assessment must involve consistency of judgements among different members of staff regarding the credit value or levels of competence demonstrated on the basis of a given presentation of students learning.

The nurse educator also has to develop standards to ensure the quality of RPL programme and these standards must be consistent with those need for equivalent courses. Standards used in the process must validate candidates' knowledge. If RPL

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The nurse educator also has to develop standards to ensure the quality of RPL programme and these standards must be consistent with those need for equivalent courses. Standards used in the process must validate candidates' knowledge. If RPL

is intended to recognise and value experiential learning, then standards must be developed in ways that allow this to happen.

The nurse educator should be involved in the preparation of students for assessment. She is expected to help candidates with the preparation of the evidence to be submitted for assessment. She may probe the candidates to produce evidence through interviews and completed work assignments. Whatever assessment method is used, it must be such that judgement made can be considered by the external examiners with the same degree of confidence as other performances form existing courses. It portfolios are used, for motive advise on portfolio development and how they will be evaluated should be given.

Benefits of RPL

Specific attention is given to RPL as it relates to the wide range of benefits for the individual learners, providers of education and training and service providers:

Individual learners:

- RPL recognises competencies attained at work/nursing education institution,
- Affords learners easier access to qualifications or higher education,
- Reduces time required for programme completion and ensures advanced standing e.g. enrolled nursing auxiliary may be given an exemption for year one of the enrolled nurses' courses, provided she passes the placement test,
- Reduces cost as the period of education and training is shortened,
- Reduces duplication of learning,

- Places learners/students at their level of competency.

Employer / Nursing Education Institution

The following are the benefits of RPL for both the employer and the NEI:

- Reduces employee time-off for education and training, for an example, an enrolled nurse may be permitted to undertake part-time studying with the NEI towards obtaining a qualification as a professional nurse while she continues with provision of service at his/her place of employment.

- The NEI will be informed of the education and training needs of the learner/student.

Methods of assessment

A variety of methods should be used. These should be selected according to the qualification for which the learner wishes to be accredited. Assessment tools can be standardised by the NEI and/or SANC:

- **Interviews and/or oral test**

Purpose

- To clarify issues raised in documentary evidence presented by the learner/applicant.
- To establish the scope and depth of learning and experience that has been acquired.

Method

- Involve education providers, service providers as well as service consumers.

- Instrument should be user-friendly and culturally unbiased.

- Instrument should either be structured or unstructured. The latter is preferred because it allows for verbalization by the learner/applicant.

- Instrument should provide validated proof of competencies in relation to the outcome criteria assessed.

- **Performance testing**

Purpose

To test application of theory in a structured content i.e. practice are whether real or simulation.

Method

- Education and service providers to be involved with performance testing.

- Learners should be given copies of the outcomes and performance criteria for the learning areas for which they will be accredited.

- Learners should be given a sample of the assessment activities, e.g. basic nursing skills.

- When the learner feels sufficiently prepared with an acceptable time-frame she may present herself for assessment.

- The learner may present herself an unlimited number of times for assessment of a specific level of outcomes.

Examination (written)

Purpose

- To test understanding of concepts and basic skills and their application.

Method

Learners should be given an outline of the content that they will be tested on. Time-frames within which the assessment will take place should be set. It unsuccessful, the learner may present herself for re-assessment.

Employer report

Purpose

To gain insight into competence, affective skills and characteristics of professionalism such as honesty, integrity and caring. Learners should be informed that a progress report will be requested from the employer or educator.

The performance appraisal report should be known to the learner before it is sent to the nursing education institution.

Portfolios

This is a personal collection of evidence private to the owner, which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding and achievement. It deals with the past, present and future. It is a detailed document

which the learner develops to show learning acquired through work and life experiences which may be equivalent to learning resulting from a formal course. The learner will need assistance and guidance from the facilitator. It may be required that the learner takes a portfolio development course. It requires learners to exhibit high levels in writing and language skills, as well as skills in organization, written, language, organization, self-motivation and self-direction.

- **Case studies**

The case study is a form of assessment where the real world is replicated as much as possible. It is based on the course objectives so as to enable the exploration of key areas of the course. Case studies are used in assessment of generic and content specific skills, for example, on-the-job skills. Candidates are assessed on their knowledge transfer abilities and their experiential learning potential. Clear standards need to be developed about exactly what is to be assessed. It is preferably to be used in conjunction with other methods, since there can be no guarantee of replicability.

- **Demonstrations**

This is the actual on-the-job assessments of the candidate's performance. This involves identifying what the candidate is competent in and at what level of competency the candidate's performance can be placed. Demonstrations also require the development of clear standards about exactly what is to be assessed and what the performance criteria are, as this method may be affected by the surroundings and the familiarity with the equipment used (SANC document, 1999:18).

2.9.3 Effective leadership necessary to effect change

The changes currently taking place in the general education system and the nursing education in this country, require nurse educationists and leaders who possess

wisdom and qualities that will enable them to effect the change with minimum discomfort and maximum efficiency. This requires leadership which Booyens (1993:420) refers to as transformational leadership. Such leadership is future-oriented and is concerned with change and with empowerment of others. The transformational leader is viewed as a person who is absolutely sure of herself, who can communicate her vision o her followers in a clear language and who can engender trust in the possibility of achievement of envisioned future goals. Bower (2000:49) states that becoming a good leader is much more than obtaining an academic degree, rather it is the interrelationship among education, experience and knowing self. The researcher has identified the following qualities that should be possessed by nurse educationists and leaders to effect the necessary change:

- **Perceive change as an opportunity**

Nurse educators needed to bring about the necessary changes in the nursing education system should be able to see changes as opportunities that should be embraced and not as threats that must be avoided. Interest in and tolerance of change vary and depend on the approaches not being judged as good or bad; however, once change is viewed as an inevitable fact of life, then steps can be taken to learn how to view the change in a positive way. Every change situation contains personal, professional and organizational change dimensions, therefore the nursing education leaders must be prepared to address these aspects of change (Bower, 2000:174).

- **Possess vision**

A vision is a picture of a future state of affairs that is attainable, realistic, credible and infinitely better than what exists at present. According to Charton (1992) as quoted by Booyens (1993:422), a vision has two essential purposes, namely, it creates an attractive future and this motivates people to find their own roles in the organization/profession and to work purposefully towards defined goals. Secondly, it

serves to focus people's attention on where the organization / profession is going. A vision provides a frame of reference for decision-making, so that people at lower level of the organization do not appeal to higher authorities for decisions affecting their daily work but make these decisions themselves because they know the direction in which the organization / profession is going.

- **Willingness to take risks**

Having a personal feeling of empowerment and the ability to look favourably at situations regardless of the presence of risks are important skills for those facing change. Nurse educators need to realistically identify the risks, make a commitment, garner support, adjust priorities and deal with disappointments and turmoil, all while maintaining a positive attitude. Bower (2000:176) has identified four elements of effective risk-taking. These are:

- **Caring for self**

Nurses embroiled in change and wanting to effectively manage turmoil and take risks must be experts at boosting their own self-esteem. This kind of action can only come from self and often involves nurturing a healthy relationship with self. To have the courage to change or to face changes over which one may have little control requires a strong self-image that is supported by self care.

- **Reading the opportunity**

Watching and sharing what is going on are excellent ways to read the opportunity. However, even though nurses are where change is occuring, they often are so busy they miss the opportunity. The stresses of the job, a culture of competition rather than cooperation, and a lack of sharing accomplishments often block nurse's views of opportunities. Readiness for reading the opportunity is paramount to being able to

pursue something new and different during change. To feel confused, overwhelmed and not certain about what one wants or can do if opportunity knocks is part of the process and must be endured and pursued. It is also important to take time to feel the confusion or encounter the panic that is natural and then accept and reflect on it and let it go when facing alternatives that seem risky.

- **Taking the challenge**

A transformational leader appreciates that a challenge that does not violate professional values, but rather enhances it, is worthy of consideration. She makes plans as to how the challenge or opportunity can be pursued. A challenge is often a frightening experience but this is not a reason to avoid the change. Taking the challenge means travelling a new pathway and therefore needs resources, energy, optimism, stamina, patience, friends and courage.

- **Recycling**

Recycling means to keep in touch with what is happening, what needs attention, what must be changed or modified and what needs to be discarded in the plan to take a risk or meet a challenge. The process is cyclical and must be accomplished with the same diligence used for caring for self, reading the opportunity and taking the challenge.

Must be a change agent

The change agent provides the environment for change to occur and actively spurs it. The change agent should be able to distinguish between necessary and unnecessary change and should be able to resist unnecessary change. If nurses are not ready to act as change facilitators, they risk change being imposed on they by people from outside the profession. A change agent possesses the following qualities:

- sufficient self-confidence to lead,
- the ability to communicate clearly and listen effectively,
- the ability to make decisions,
- trusting and respecting other people,
- patience and consideration for other people's needs,
- perseverance,
- considerable energy,
- adequate knowledge of the profession they lead, and
- the ability to control their feelings in various difficult situations (Booyens, 1993:480).

The above mentioned qualities are necessary to effect change in any given situation or circumstances. Therefore nurse educators need to possess these qualities to be able to embrace change and to be willing to readjust their role as detailed by the change process.

2.10 CONCLUSION

This chapter dealt with the general education system for blacks in South Africa up until 1994 when the democratic government was put in power. Implications of this education for nursing education were explored including the views of nurse educators

and their role within the change process. The next chapter deals with the theoretical framework of the study.

CHAPTER 3

THEORETICAL FRAMEWORK FOR THE STUDY

3.1 INRODUCTION

This chapter deals with the theoretical framework that will form the basis of this study.

A theoretical framework is defined as a set of logically interrelated statements of significance (concepts, propositions, definitions) that have been derived from scientific data and philosophical beliefs and from which hypothesis can be deduced, tested and verified (Krampitz & Pavlovich, 1981:152).

It is advantageous to use a theory for enrichment of the study because it is like a map that gives direction with regard to methods for conduct of the study and also guides the interpretation, evaluation and integration of the study findings.

The theory that has been identified as having value for use in this study is the role theory. Role theory represents a collection of concepts and a variety of hypothetical formulations that predict how actors will perform in a given role or under what circumstance certain types of behaviours can be expected. It focuses on interpersonal interaction and interpretation of behaviour within institutions where actors perform their role (Hardy & Conway, 1978:75).

The relevance of this theory stems from the fact that the researcher is exploring the role that nurse educators are expected to play within the dynamics of educational changes in South Africa.

3.2 THEORETICAL APPROACHES TO THE STUDY OF ROLES

There are two perspectives from which roles and role performance have been studied. These are the functional perspective and the symbolic interaction perspective.

3.2.1 Functional perspective

According to the functional perspective, roles as well as institutions, culture and norms are social facts – facts that are transmitted to each succeeding generation in the process of socialization as objective, real entities. Roles are primary mechanisms serving the essential functional prerequisite of the social system, and a relationship is held to exist between roles and the social structure. While the conceptualization of roles as social facts suggest a kind of fixed or stable character, roles can be seen to change as the institutions of society evolve. Institutions undergo a developmental process over time in which they recreate themselves (Hardy & Conway, 1978:20).

3.2.2 The symbolic interaction perspective

In contrast to the functional perspective, the symbolic interactionist interpretation of roles and role behaviour focuses on the meaning which the acts and symbols of actors in the process of interaction have for each other. It emphasizes the meanings significant symbols have for actors, rather than the normative constraints presumed to be exerted by the social structure. However, symbolic interactionism does not discard the belief that structure influences behaviour within the content of the social system, rather, it holds that structure alone does not account for, nor can it predict how persons will act in a set of specified circumstances (Hardy & Conway, 1978:22).

3.3 BASIC CONCEPTS OF ROLE THEORY

3.3.1 Concept status

Status is the position an individual or group holds or occupies within a social structure, applicable to a given situation. Status establishes rights and obligations with reference to others holding positions within the same structure (Biddle & Thomas, 1966:67). In this study, status will mean the position occupied by nurse educators within the dynamics of educational change in this country, their preparedness to accept the change and whether they are ale to cope with the change. The people that nurse educators interact with are the student nurses who occupy positions as learners. Both nurse educators and students have rights and obligations within the structure. Nurse educators need to guide students during the change process and facilitate learning to an optimal level. Student nurses on the other hand are obliged to cooperate and work diligently and take greater responsibility for their own learning as demanded by the change process.

There are two types of statuses – one is ascribed and the other achieved. Ascribed status is a position given to an individual by virtue of his race, kinship, sex or age. A child may, for example, in a castle system, take the status of a parent and become a king. This happens irrespective of his capabilities, limitations and ability to achieve (Biddle & Thomas, 1966:69). Status may be achieved through hard work, talent, studying hard and exerting one's self in order to achieve a desired position in society. This type is not given but a person achieves it through normative, subordination and super-ordination of other members of different statuses within the group (Hooper, 1981:142).

According to Schlenkler (1985:178) status within a group gives powerful advantages to a person having it, for instance the ability to influence other people. Benoit (1966) describes status as something prestigious because of its characteristics. He maintains that a person of status has the following:

- an object of admiration,
- an object of defence,
- an object of attraction,
- a centre of attraction,
- an object of invitation, and
- a source of suggestions.

The nurse educator's position in the teaching situation reflects all of the aforementioned features of status. As a role model, the clinician and teacher is admired, imitated and is used as a resource person by her students. She is also treated with respect as a person of superior knowledge.

3.3.2 Concept role

Role is closely related to status. It refers to functions that define a person's status, occupation and behaviour in a specific society (Menard, 1987:10).

The concept role is defined by Jordaan and Jordaan (1984:671) as rule-following patterns of action carried in particular situations in relation to others who, in turn, also fulfill a role. Hardy and Conway (1978:75) point out that role refers to both actual and expected behaviour associated with a position. In this study the concept role refers to the contribution made or to be made by the nurse educators to expedite the change process in the education and training of student nurses to meet the challenges of the 21st century. During the performance of a role, interaction takes place between individuals, that is, teachers, students, education authorities and the general public.

According to Strander and Decker (1996:58) role has two components, namely:

- norms which are general expectations of a role; and

- values which represent attitudes and beliefs of and individual about role behaviours.

3.3.3 Concept role performance

This is also known as role enactment or role behaviour. Behaviours and activities carried out by a person in specific situations constitute role. Role performance is a goal-directed, overt action that has been learned previously. All individuals in society occupy roles. Several factors that influence role performance are identified by Biddle and Thomas (1966:4) as social norms, demands and rules, the individual's own capabilities and personality as well as individuals who observe and react to the performance. One's role performance is also influenced by how others perform their roles in their respective positions in relation to oneself (Hardy & Conway, 1978:76; Biddle & Thomas, 1966:93).

Authors of the role theory acknowledge that role performance can lead to the following:

Role stress

Role stress is a social structural condition in which role obligations are vague, irritating, conflicting or impossible to meet. Role stress manifests itself when there is role ambiguity, role conflict, role incongruity, role overload, role incompetence and role over qualification. The following is a discussion of the aforementioned stressful situations.

Role ambiguity

Role ambiguity arises when there is a lack of clarity on role expectations and demands. Role expectations are vague, ill-defined and unclear. The role occupant

becomes uncertain about expectations and this may lead to role conflict. Role ambiguity and contradiction in role related obligation can also lead to role strain (Abraham & Shanley, 1992:231; Hardy & Conway, 1978:81).

Role conflict

Role conflict is a condition in which existing role expectations are contradictory or mutually exclusive. It occurs when an individual is confronted with clear but conflicting role expectations and demands (Fain, 1987:232). It also means exposure of an actor to conflicting sets of legitimized role expectations to an extent that fulfillment of all role expectations is relatively impossible (Hardy & Conway, 1978:82). Pennebaker (1994:219) believes that role conflict arises from competing demands which may even be incompatible.

Role overload

Role overload occurs when an actor is confronted with excessive demands. Although able to perform each role demand competently, the actor is unable to carry out all of his role obligations in the time available. Role overload is a known phenomenon in nursing education. Mashaba (1994:315) indicates that nurse educators feel overloaded because while they are expected to teach in the classroom and clinical area, they are also expected to do research, publish and at the same time participate in community outreach programmes.

Role strain

Biddle and Thomas (1966:62) define role strain as felt difficulty in fulfilling role obligations. It is a subjective state of distress experienced by a role occupant when exposed to role stress. This results from lack of resources, demands to plan for too many roles (role overload) or a role that is too complex (Martin, 1989:59).

Role incongruity

A source of difficulty in fulfilling role obligations may arise when a role occupant finds that expectations for his role performance run counter to his self-perception, disposition, attitudes and values. Role incongruity commonly occur when individual undergo role transition involving a significant modification in attitudes and values. Nurse educators are probably experiencing role incongruity resulting from transformation currently taking place in the nursing education system

Role taking

Role taking is the capacity to take the role of the other (Hardy & Conway, 1978:76). This according to Morrall (1995:136), suggests that roles are prescribed and defined by specific sets of rules which all actors comprehend and to which they conform. He further propounds that role taking occurs through imitations of other people's actions during interaction. Role taking may proceed from observing a segment of behaviour to identifying the feelings or motives behind the action. According to Hardy and Conway (1978:24) role taking is taking of attitudes of others who are involved in an interaction. Several factors affect the individual's role taking ability. These are:

- the extent of a person's social experience,
- the extent of a person's experiences with a particular role as actor, other or observer,
- the adequacy of memory of a person's experiences,
- the extent to which the individual "paid attention" during the interaction, and

- the individual's ability to take the role of the generalized other based upon his ability to taken into account the statuses of the others involved in the interaction (Hardy & Conway, 1978:44).

3.4 LINKING THE THEORETICAL AND CONCEPTUAL FRAMEWORK TO THE STUDY

Role theory is relevant to this study because if focuses on person to person interaction with regard to fulfillment of role obligations. It also focuses on how human behaviour can be interpreted with certain circumstances where people perform their role. In this study, the role theory identifies the new roles to be played by the nurse educator, to meet the demands brought about by the change in general education system, which necessitates change within the education and training system of student nurses. Such change in the education of student nurses includes *inter alia* change in the teaching strategies and adoption of problem-based learning and community-based education to accommodate learners who are now undergoing outcomes-based education (OBE) in schools.

Role theory explains and describes people's behaviour in any given interpersonal encounter. It therefore conscientises nurse educators about their role as professionals and persons. According to Fain (1987:233) nurse educators are nurses who have adopted the second profession which is teaching. They need to be aware therefore that in order to teach well in class they have to be nurses and accept themselves as such.

Being a nurse educator signifies a particular status within a profession which is a social structure. The status that nurse educators have, is not automatic and ascribed, but is achieved through labour. Since status is accompanied by rights and obligations, it is achieved by conforming to expectations and fulfilling obligations.

This role is learnt during the early days of training as a neophyte. Educating patients and other students is an obligation that nurse educators get oriented to.

This is intensified when a nurse undertakes a diploma or degree course that will specifically lead to her getting registered as a nurse educators with the South African Nursing Council. The nurse educator's role therefore evolves from her nursing role.

Nurse educators learn their role during role taking. According to Katza and Kahn's as quoted by Fain (1987:236) several steps are involved in the role taking. They include:

- **Role sending**

This constitutes communication from the role set for the prospective nurse educator. This may either be direct information or influence that is meant to increase conformity to norms of the structure until she internalize the role.

- **Role received**

Relates to role expectations that are taken by the prospective role occupant.

- **Role transition**

This means the actual learned behaviour appropriate to a position being occupied (Strader & Decker, 1995:59). The performance of such a role is influenced by many factors such as nature of preparation to take the role, personal enthusiasm and the motive behind becoming a nurse educator.

Role taking can either be successful or unsuccessful. If it is successful, the educator accepts her teaching role as a package which includes teaching in class, working in

clinical areas and clinical research. The nurse educators' status in nursing education is a prestigious one and is accompanied by benefits such as comfortable working hours and leave benefits. If role performance does not occur as expected, it indicates that role transition has been unsuccessful and ineffective.

A consequence of poor role taking may be role distancing. Goffman (1961) as quoted by Abraham and Shanley (1992:75) explains this as a process by which a person indicates to others that there is more to her life than the particular role. This is done to reduce and undermine the unwanted role. He further points out that role distancing occurs when a person steps out of her real role into another set of rules. The nurse educator experiences such a transition when she leaves a nursing role and adopts a teaching role especially at an institution that has a different set of values, such as teaching at a university.

The nurse educator ends up having role overload, because of the demands of her two-dimensional role. She is expected to fulfill demands of her nursing role which she cannot shirk and a teaching role that she is also expected to execute well. If these roles are perceived by the nurse educator as mutually exclusive, she then experiences role conflict. The role that is considered as unimportant and uncomfortable especially if it gives no credits within her social structure, is likely to be sacrificed.

Role perception

Role perception encompasses the way the role occupant believes a role should be enacted. This confirms an assertion by Morrall (1962) as quoted by Clifford (1996:11135), that role evolves from role perception and role enactment. This implies that the way a nurse educators perceives her educational role is reflected in the way she will be willing and flexible enough to abandon the conventional teaching methods and adopt the new teaching strategies (mentioned in the pregoing discussion) that will produce an independent nurse practitioner capable of critical thinking and problem-solving.

3.5 CONCLUSION

This chapter dealt with multiple role obligations of the nurse educator. Multiplicity of their role can either lead to role fulfillment and job satisfaction or role distancing and role conflict. Data analysis in Chapter 4 will be anchored on the discussion presented above in this chapter.

CHAPTER 4

THE RESEARCH METHODOLOGY

4.1 INTRODUCTION

In this chapter a description is given of the research methods and procedures used in this study. The description includes the research design used and reasons for choosing it, the target population, sample and sampling methods as well as the research instrument and how data will be analyzed and interpreted. The area of study is also described.

4.2 THE AREA OF STUDY

4.2.1 Regionalization of the area

The study took place in the KwaZulu-Natal Province which is one of the nine provinces delineated in South Africa after the democratically elected government in 1994. According to the regional survey of the world the population of this province was estimated at 8 713 100 and this formed 21,2% of the whole of the South African population of 41 244 500. Population density in the province at the time was 72,3 per sq. km. And 38,2% of the population was classified as urban (Health Review, 1995 in Van der Merwe, 1996:157).

The study was limited to six nursing colleges located in the KwaZulu-Natal Province. The nursing colleges are autonomous institutions of tertiary learning situated apart from hospital administration. This is in accordance with the South African Nursing Council Regulation R425 of February 1985 (as amended), which laid down conditions under which nursing colleges should be established. These nursing colleges previously belonged to two different health authorities, that is, Natal Provincial Administration and the then KwaZulu Homeland Government. To provide

effective services, there has been amalgamation of all health services in the province under one employing authority, namely, KwaZulu-Natal Provincial Health Department. This occurred when the fourteen previous health departments in South Africa were amalgamated into one national health department. The KwaZulu-Natal health department is currently divided into eight (8) health regions, from regions A to H (see figure 4.1). The study was conducted in regions B and F. Region B comprises the following areas and towns – Pietermaritzburg, Impendle, Underberg, Kranskop and Richmond. Pietermaritzburg is the area where the actual study took place in the nursing college known as Gerey's nursing college, including Northdale nursing college. Region F extends from the Lower Tugela area to south Durban, which is the biggest city in the province. The study took place in the nursing colleges around Durban. The inhabitants of both regions are urban Whites, Coloureds, Indians and Blacks as well as semi-urban and rural inhabitants.

4.3 ORGANIZATION OF NURSING COLLEGES IN THE KWAZULU-NATAL PROVINCE

Region F has three (3) nursing education and training institutions with the nursing college status. These are:

- King Edward VIII Nursing College,
- RK Khan Nursing College, and
- Addington Nursing College.

These three nursing education institutions are collectively known as the Natal Nursing College.

Region B also has three (3) nursing colleges. These are:

- Edendale Nursing College,

- Grey's Nursing College, and
- Northdale Nursing College.

The last two colleges i.e. Grey's and Northdale, have been integrated into one college and the name Grey's Nursing College was retained.

Edendale Nursing College which is situated in region B in the town known as Pietermaritzburg, has a satellite campus known as Prince Mshiyeni Memorial Nursing College situated in region F, south of Durban in a township called Umlazi. Because of shortage of funds to develop Prince Mshiyeni to be a fully fledged nursing college, it was decided to utilize the facilities in that institution as an extension of Edendale Nursing College (Cele, 1990:9). In this way Edendale Nursing College is regarded as the main campus and Prince Mshiyeni as a satellite campus. The nursing education programmes at Prince Mshiyeni are supervised by the principal of Edendale Nursing College. The students of both campuses follow the same curriculum and write the same examination. The staff of Prince Mshiyeni and Edendale are regarded as staff of one institution and for all purposes, the two campuses are administered as one institution. Edendale Nursing College was not investigated because during the time of conducting research it was not in operation, because of problems that the researcher could not establish. The nursing colleges are listed here under with an assigned code for each for ease of reference:

- Addington Nursing College = A,
- King Edward VIII Nursing College = B,
- RK Khan Nursing College = C,
- Prince Mshiyeni Memorial Nursing College = D, and
- Grey's Nursing College (including Northdale) = E.

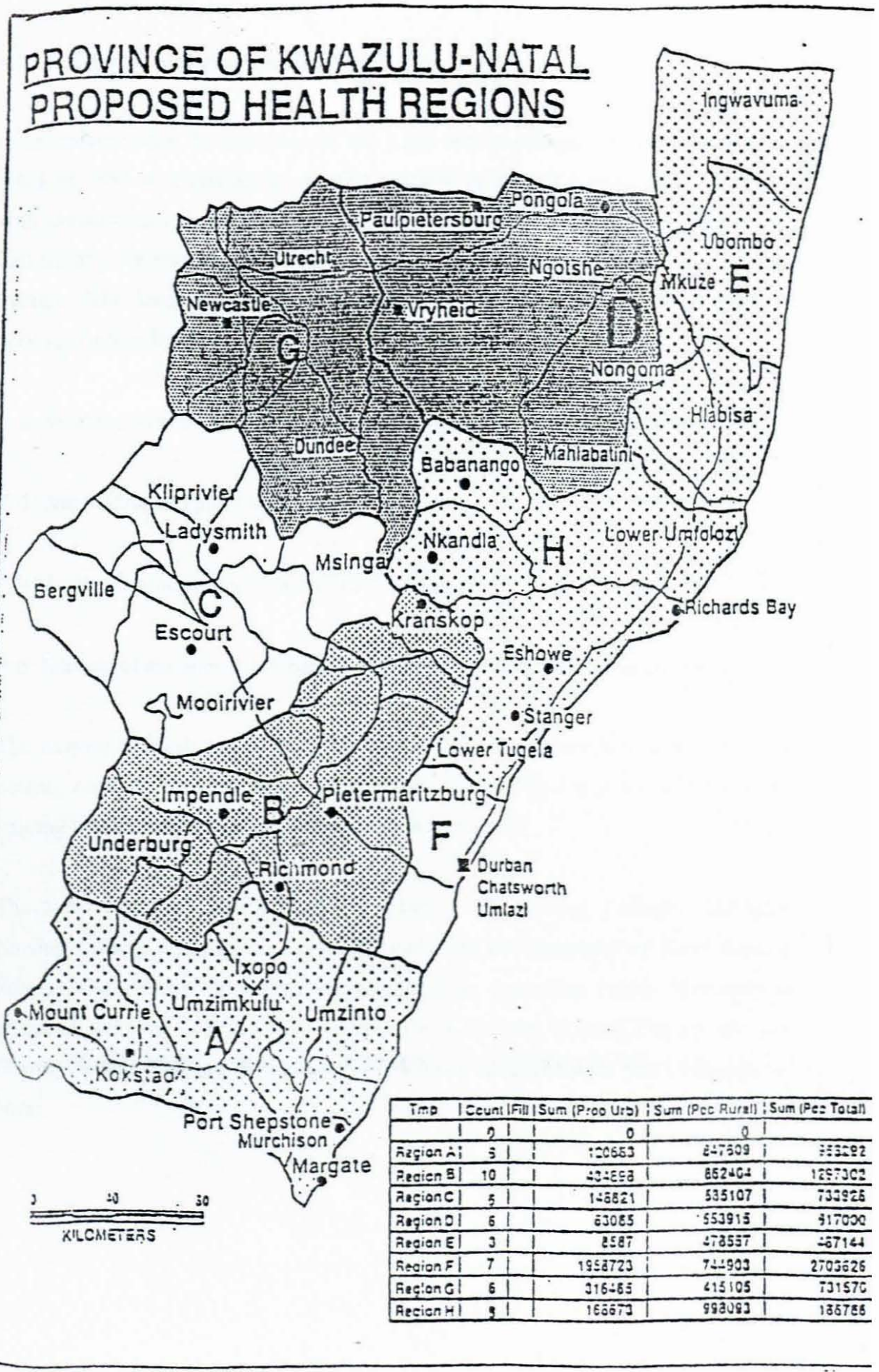


Figure 4.1 MAP OF KWAZULU-NATAL PROVINCE

4.3.1 Affiliation of nursing colleges

In accordance with the provision of the South African Nursing Council Regulation R425 of 1985 as amended, the nursing colleges operate in cooperation agreements with universities that have nursing science departments. The responsibility of the university's department of nursing is to guide the nursing college in academic matters. The departments of nursing attempt to uplift standards of performance of nursing colleges by:

- Working with the staff of the nursing college in developing curricula.
- Appointing and promoting staff.
- Acting as moderators of examination papers.
- Serving as appointed members of both nursing college Senate and Council.

The nursing colleges award diplomas endorsed by the universities with which the nursing colleges have cooperation agreements to the effect that the education and training was undertaken under the cooperation agreement.

The Natal Nursing College i.e. King Edward VIII Nursing College, Addington Nursing College and RK Khan are affiliated with the University of Natal Nursing Science Department. Edendale Nursing College (including Prince Mshiyeni) is affiliated with the University of South Africa Nursing Science Department and Grey's Nursing College (including Northdale) is affiliated with the University of Natal.

4.3.2 Clinical facilities for colleges in KwaZulu-Natal Province

Nursing students utilize clinical facilities of hospitals and clinics near the areas in which their respective colleges are physically situated. The linkage which exists between the college principals and the nurse managers of the hospitals ensures that students acquire the necessary clinical learning experiences required to mould them to become effective nurse practitioners on completion of training.

Edendale and Prince Mshiyeni hospitals and clinics attached to them offer opportunities for clinical experience to students of Edendale Nursing College. King Edward VIII hospital and its satellite clinics offer clinical learning experience for students of King Edward VIII nursing college.

Addington and RK Khan hospitals and their clinics offer clinical learning opportunities for students of Addington and RK Khan nursing colleges.

Grey's and Northdale hospitals and their satellite clinics offer clinical learning opportunities for students of Grey's nursing college.

4.4 THE RESEARCH DESIGN

4.4.1 Types of research methods used

4.4.1.1 Qualitative approach

The qualitative research method was used in order to elicit in-depth information on the topic of research. Qualitative research is concerned with understanding individuals' perceptions of variables under study, it seeks insight rather than statistical analysis (Bell, 1976:6). It thus involves identifying the participants' beliefs and values that underlie the phenomena. These views are supported by Polit and Hungler (1995:25) who state that research that uses a qualitative approach generally:

research method, when she states that the researcher should develop an awareness of the lived experiences of the respondents, without forcing prior expectations or knowledge about the process. The author further states that the researcher should take the phenomenon under study objectively as the subjects describe it (Brink, 1999:119).

The researcher in the present study ensured truthfulness and trustworthiness by using a tape recorder to obtain information articulated verbally by respondents. This was in addition to the questionnaire which was the instrument of collecting data. This would enable the researcher to obtain raw data from the tape at a later stage and enter such collected data into the computer. It would also assist the researcher in filling gaps of knowledge where these were missing.

- **Applicability**

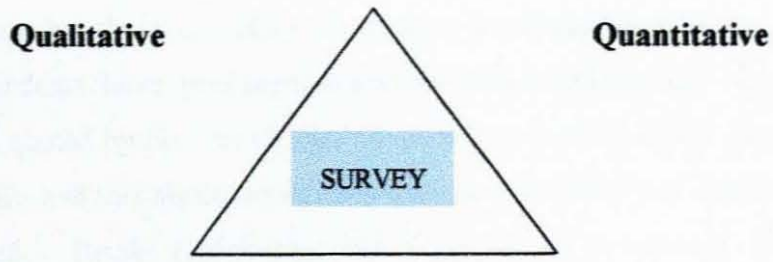
The second criterion, according to Krefting (1990) as quoted by De Vos (2000:349) is concerned with the ability to generalize findings to larger populations. The author, citing Guba (1981), states that applicability should be seen in the light of its ability to be fitted or transferred to similar contexts outside the area of study. According to Guba and Lincoln (1985) as cited by De Vos (2000:350) it is the responsibility of the person who wishes to transfer the study to a similar context, to see that the study is in fact transferable and this should not be the burden of the original researcher.

- **Consistency**

The third criterion of trustworthiness in Guba's model considered the consistency of data, that is, whether the findings would be consistent if the inquiry were replicated with the same subjects or in a similar context. Consistency is the extent to which repeated administration of a measure will provide the same data, or the extent to

Investigator Triangulation refers to the use of multiple referents to draw conclusions about what constitutes the "truth." The researcher applied this principle by collecting data from all available nurse educators at nursing colleges under study. This is important in qualitative research because data collected should reflect the "truth II or the true statements of human experiences. This ensures reliability and validity of the study (De Vos, 2000:359; Polit & Hungler, 1995:527).

Figure 4.1: Schematic representation of Investigator Triangulation



Triangulation

Qualitative and Quantitative

Guba's Model of Qualitative Research

This model is concerned with trustworthiness of the qualitative research. It consists of four criteria, namely truth value, applicability, consistency neutrality.

- **Truth value**

This refers to the extent to which the researcher is confident about the truthfulness of the research findings. The criterion makes use of respondents' lived experiences. This view is echoed by Brink (1999:120) in her phenomenological qualitative

which a measure administered once, but by different people, produce equivalent results (De Vos, 2000:350).

- **Neutrality**

The last criterion of trustworthiness in Guba's model is concerned with freedom from bias in the research procedure and results. Neutrality, according to De Vos (2000:350), is defined as the degree to which the findings are solely a function of the informants with the assurance that the conditions of the methodology are not biased. This means that there should be no foreign or external interference other than what the respondents have produced uncoerced and uninfluenced. Lincoln and Guba (1985) as quoted by De Vos (2000:350) state that confirmability should be a criterion of neutrality and this should be achieved when truth-value and applicability have been established. Brink (1999:119), when discussing bracketing phenomenological qualitative research, asserts that the researcher should identify and set aside any preconceived believes and opinions one might have about a phenomenon under study. This means that the researcher should only discover that which she wants to discover and bracket out the world or whoever she preconceived before the study, so that all available perspectives of information can be considered with complete neutrality in studying the phenomenon in question.

The researcher in the present study ensured neutrality by distancing herself from respondents and guarding against any untoward influence. The respondents were given the freedom to fill-in the questionnaires and answer as freely and/or truthfully as possible.

4.4.1.2 Descriptive survey

The other research design used to obtain information from the population under study was descriptive survey. Brink (1984) citing Goode and Scates (1954) states that a

descriptive survey is directed towards ascertaining the prevailing conditions (facts that prevail in a group of subjects chosen for the study). Polit and Hungler (1995:178) assert that the term "survey" can be used to designate any research activity in which the investigation gathers data from a portion of the population for the purpose of examining the characteristics, opinions and intentions of that population. It also focuses on the activity of people involved.

This method is essentially a technique of quantitative description for the general characteristics of the group. It is an approach to problem solving which seeks to answer questions as to the real facts relating to existing conditions. One of the advantages of the descriptive survey is the examination of the frequency with which an event occurs or is associated with another event.

4.5 POPULATION

The population for the study consisted of all nurse educators that were currently and directly involved in the education and training of student nurses undergoing the basic comprehensive four year diploma course offered in terms of the South African Nursing Council regulation (R425 of 22 February 1985), as amended.

For the purpose of the survey the researcher used all nurse educators in the institutions under study in order to get total representatives. The rationale behind taking a hundred percent (100%) sample was based on the awareness that randomly sampled respondents do not necessarily possess all the sought experience, characteristics and opinions of the population they represent.

The list of nurse educators available from each institution under study was obtained from the heads (principals) of each institution. Table 3.5.1 shows the number of nurse educators in each institution in one column and the number of those who participated in the study in the other column. Willingness to participate was indicated by a completed questionnaire.

Table 4.1 Number of nurse educators available in each institution and those who responded

Institutions	Number of Nurse Educators	Number of Researched Educators	Number of Respondents
Nursing College A	15	15	10
Nursing College B	19	16	16
Nursing College C	14	14	14
Nursing College D	18	14	6
Nursing College E	27-3 Pilot	18	9
TOTAL	90	75	55

Fifty-five (55) out of seventy-five (75) nurse educators completed the questionnaire giving a response rate of 72%. Three nurse educators were excluded from the main study because they participated in the pilot study (see indicated nursing college).

4.6 SAMPLE AND SAMPLING

A sample is a subset of a population selected to participate in a research study (Pilot & Hungler, 1995:232).

The sampling method chosen for this study was the convenience sample which permits use of the most readily available or the most convenient groups of subjects. The purpose was to take all nurse educators responsible for education and training of students in the nursing colleges located in regions B and F in order to get total representativeness. According to Pilot and Hungler (1995:237) the risk of bias is minimal when using the convenience sample.

4.7 THE PILOT STUDY

The pilot study is a trial run of the main study (Brink, 1996:60). It is necessary to assess the adequacy of the data collection plan and it enabled the researcher to make improvements where necessary before the principal study was done. The pilot study was specifically done to identify weaknesses in the instrument and to determine if questions and instructions were clearly stated.

The questionnaire was pre-tested on three nurse educators from nursing college D. From a sampling frame of fifteen (15) nurse educators, the researcher selected every third name i.e. 3, 6 and 9 to get three nurse educators. The subjects were requested to note any problems in the phrasing of statements and instructions. They were also requested to identify relevant questions and to examine the format, style and language clarity. They were to note the time taken to complete the questionnaire. The respondents found the content relevant and item was regarded as unsuitable or needed discarding. These nurse educators were excluded from the main study.

4.8 ETHICAL CONSIDERATION

Research conducted on human subjects requires that certain ethical precautions be taken. This is essential to protect and prevent abuse of the human rights of the respondents.

4.8.1 Permission to conduct research

Permission to conduct research was sought and obtained from the Director, Department of Health Research section of the KwaZulu-Natal Province. The letter requesting permission was accompanied by the following documents:

- Letter from the research supervisor.

- A form completed by Research Ethics Committee of the University of Zululand, Durban-Umlazi Campus.

- Research proposal.

- Questionnaire to be used in the project.

Written permission was granted to carry out the research project and it stipulated that college principals should be consulted individually to gain access to institutions. Letter requesting permission to conduct research as per the conditions laid down by the Director General were subsequently written to principals or campus principals (see Annexures C-H).

4.8.2 Confidentiality and anonymity

Ethical assumptions described by De Vos (2000:230) were considered in this research study. De Vos states that subjects should give their consent and confidentiality must be ensured. Strategies to maintain confidentiality are critical to reduce the risk of harm related to embarrassment and of administrative or legal action taken against the participants. Informed consent was obtained from participants without any difficulties after thorough debriefing by the researcher before the respondents started to fill in questionnaires.

4.9 THE RESEARCH INSTRUMENT

The questionnaire consisted of two sections, i.e. Section A and Section B.

Section A

This section consisted of the following aspects:

- Biographical data.
- Nursing education information.

Section B

This section consisted of items related to the change process in the education and training of student nurses. Items included in the section were:

- Nature and extent of changes in the nursing education system.

- Impact of the changes on:

  - nurse educators,
  - the quality of professional nurses to be produced on completion of the programme, and
  - the nursing profession in general.

- Implications of the new education system for:

  - nurse educators, and
  - student nurses.

- Determination of whether nurse educators are prepared for and coping with the change.

- Problems or constraints encountered during the change process and suggested solutions thereof.

Format of the questionnaire

The questionnaire consisted of both open-ended and closed-ended questions. Statements and questions were formulated to establish the feelings, opinions, beliefs and knowledge of nurse educators about changes taking place in the education and training of student nurses and what they perceive to be their role in the change process.

Section b contained Likert scale statements. Statements were given on a four (4) point rating scale (1-4) consisting of Strongly Agree, Agree, Strongly Disagree and Disagree. Neutral was omitted purposely by the researcher who felt that in a change process, individuals have to take a definite stand.

4.10 DATA COLLECTION PROCEDURE

By definition data collection refers to the distribution and return of the questionnaires (Bell, 1997:85).

After having sought permission to conduct research at nursing education institutions under study, the researcher phoned the respective principals to secure appointment dates for questionnaire distribution and data collection. As data was supposed to be collected from regions B and F, the researcher had to actually travel to these two areas for questionnaire distribution and data collection. The researcher took approximately twelve (12) weeks to collect data from respondents in these areas as there were delays in replies from other nursing education institutions, particularly Nursing Colleges B and D.

4.10.1 Questionnaire distribution

Five rounds of questionnaire distribution were made by the researcher. The first round was at nursing college E; the second round at nursing college D; the third round at nursing college C; the fourth round at nursing college B and the fifth and final round at nursing college A.

During each visit at the different nursing college campuses, the researcher explained the research i.e. the purpose of the research and what was required of nurse educators. The respondents were assured of anonymity and confidentiality and it was explained that participation is voluntary, i.e. nurse educators who were unwilling to participate would be allowed to refrain from doing so. Measures against coercion of nurse educators were observed.

According to Cohen and Manion (1997:233) two or more research methods could be used in the study. The researcher therefore used a descriptive survey to collect pertinent information regarding the biographic information from the subjects, while a qualitative research approach was used to collect information regarding the role of the nurse educators within the dynamics of educational change in South Africa.

The researcher had to ensure the trustworthiness of the research and the Guba Model of Qualitative Research was applied consisting of the four criteria, i.e. trustworthiness, applicability, consistency and neutrality.

- **Trustworthiness**

To obtain the truth value of the findings, the researcher needs to develop an awareness of the respondents' lived experiences by being as objective as possible. Nurse educators assembled in a quiet environment where they could freely verbalise

their feelings, opinions, perceptions, experiences and knowledge regarding the change process in the education of student nurses.

- **Applicability**

Applicability is the second criterion that is concerned with the ability to generalise findings to large populations Krefting (1990) as cited by De Vos (2000:349). The researcher in this study made an allowance for transferability of findings to similar contexts or generalise findings to larger populations.

- **Consistency**

The researcher made sure that the information was handled in such a way as to provide consistency, should another study of this nature be conducted.

- **Neutrality**

Neutrality is concerned with freedom from bias in the research procedure. The researcher had to be as objective as possible to obtain data from the subjects and had to set aside preconceived ideas and opinions that she might have had about changes currently taking place in the education of student nurses.

4.10.1.1 First round of questionnaire distribution

The first nursing college to be visited was Nursing College E. On arrival at the college, the principal organized a lecture hall where the prospective respondents and the researcher gathered. The venue was suitable for the process of data collection and was free from noise or any form of interference. The researcher explained the nature and purpose of the research project after which informed consent was obtained from respondents. Thereafter questionnaires were distributed to respondents who started

completing them. Although the researcher was present for guidance and assistance where required, every effort was made not to influence the thoughts and feeling s of respondents. Some respondents had problems in writing their thought under the open-ended questions in the questionnaire because of limited space. The information was therefore captured on the tape recorder which was provided by the researcher for this purpose.

The majority of respondents took about 35-45 minutes to complete the questionnaire. Some of the nurse educators could not fill-in the questionnaires there and then because of college-based commitments. These were left with them and arrangement made to collect them from the college principal after one week.

A second visit was made by the researcher to collect these questionnaires. Unfortunately not all of them were obtained and repeated telephone calls failed to elicit positive response.

4.10.1.2 Second round of questionnaire distribution

The second round of questionnaire distribution was done at Nursing College D. here the researcher met the principal at her office and debriefing was done. After debriefing, the principal requested nurse educators to assemble in the conference hall. The study was then explained to them and informed consent obtained. The questionnaires were distributed to respondents but because of an urgent meeting that was to take place the same day, the principal requested the researcher to leave the questionnaires and to collect them from her after four or five days. After five days, a second visit was made but only a few questionnaires were collected.

Respondents whose questionnaires were not yet obtained were reminded telephonically about their completion but still, during the third visit, only a few were completed. When the fourth visit failed to retrieve the distributed questionnaires, the

researcher had to assume that the non-return was due to lack of willingness to participate.

4.10.1.3 Third round of questionnaire distribution

The third round took place at nursing college C. The principal of the college felt that it would be difficult to get all nurse educators together because of severe staff shortages. She therefore suggested that the researcher should provide her with an in-depth description and explanation of the research project so that she could in turn debrief nurse educators and distribute the questionnaires. The issue of consent and confidentiality did not pose a problem because it was mentioned in the covering letters attached to the questionnaires that participation was voluntary and that all replies would be kept in strict confidence. The questionnaires were to be collected from the principal after approximately two weeks.

During debriefing, the principal articulated views on the current status of nursing education and again this was captured on the tape recorder provided for this purpose. Before two weeks elapsed, the researcher received a telephone call from the college principal stating that the questionnaires were ready for collection. All fourteen questionnaires left for distribution were received fully completed, except for one which was partially completed.

4.10.1.4 Fourth round of questionnaire distribution

The fourth round of questionnaire distribution took place at Nursing College B. The college principal requested nurse educators to assemble in the nurse educators' conference hall, after which the researcher was introduced to them. This was followed by the explanation and description of the research project by the researcher. Before informed consent was obtained and questionnaires distributed, the respondents entered into a very interesting and lively debate regarding the current situation of

nursing education in this country. The researcher switched-on the tape recorder and the debate was taped.

The questionnaires were subsequently distributed and again the researcher tried not to influence the thoughts, feelings and opinions of respondents both during the debate and the filling-in of the questionnaires. Two respondents sought guidance from the researcher which was provided with care taken to avoid any form of influence in the answering of questions. The majority of respondents were available for completion of questionnaires and only a few could not be available because of college-based commitments. The questionnaires were left with the college principal to be collected later by the researcher. A second visit was made after seven days only to find that some respondents had misplaced their questionnaires. These were replaced by the researcher who, having anticipated this problem, brought along additional samples of questionnaires. They were completed by the respondents in their offices whilst the researcher was waiting in the principal's office. All sixteen (16) distributed questionnaires were eventually collected.

4.10.1.5 Fifth round of questionnaire distribution

The fifth round of questionnaire distribution took place at Nursing College A. During the first visit, the prevailing circumstances were such that it was impossible for the researcher to meet with nurse educators. Severe staff shortages was the reason given by the college principal. A second appointment was then made to see the principal to describe the nature and purpose of the research project so that she could in turn debrief nurse educators and distribute questionnaires on behalf of the researcher. During the second visit, questionnaires were left with the principal after debriefing.

A third and a fourth visit was made by the researcher to the nursing college but not all distributed questionnaires were ready for collection. Out of fifteen (15) questionnaires left, ten (10) were collected. Repeated telephone reminders failed to

retrieve the distributed questionnaires. The researcher had to assume that the non-return was due to unwillingness to participate.

Table 4.2 Response to distributed questionnaires

Description	Number	Percentage
Distributed	75	100
Returned	55	73%
Non-return	21	28%
Unable	54	72%
Non-usable	01	1,3%

Table 4.2 shows that the total number of questionnaires that were distributed, returned, usable and non-usable. Reasons for the non-return of the twenty-one questionnaires were not established. After several visits to relevant institutions and several telephone reminders, the researcher failed to retrieve the distributed questionnaires.

4.11 CONCLUSION

A comprehensive description of the methodology followed to collect data in this study has been given. Background information on qualitative research and the descriptive survey was given to assist the reader to understand the rationale for using the processes described for both data collection and data analysis. The next chapter presents data analysis and interpretation of findings.

CHAPTER 5

DATA ANALYSIS, PRESENTATION, INTERPRETATON AND DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This chapter presents analysis of data obtained from nurse educators who participated in the study. Analysis of open-ended questions was done manually and close-ended questions were analyzed in the same way. In this study analysis of data means the breakdown of the whole into its constituent elements (themes, sub-themes and categories), or parts, so that the hierarchy of ideas is clarified and/or relations between ideas are expressed (McMillan & Schumacher, 1997:55).

The quantified data is presented in the form of tables and graphs. Responses to open-ended questions are summarised and categorised into appropriate classifications through the process of content analysis (Polit & Hungler, 1995:516). Data analysis begins as a case analysis whereby each questionnaire is analyzed individually. This is followed by cross-case analysis whereby a presentation of perceptions of the various categories of participants is done.

5.2 EMERGENCE OF THEMES

Analysis of qualitative data involves the identification of themes, sub-themes and categories and the systematic exposure of the connection and inter-connection between them and the arrangement and structure which holds the whole together. In this study, the names were identified by the individual's case study after which the themes were synthesized across the cases. The themes that emerged provided an explanation of the situation as experienced by nurse educators involved in the study (McMillan & Schumacher, 1997:456).

5.3 SECTION A

5.3.1. Biographical data

5.3.1.1 Item 1.1 Gender

Table 5.1 Frequency distribution according to the gender of respondents (N=54)

Gender	Frequency	Percentage
Male	3	6
Female	51	94
TOTAL	54	100

Table 5.1 shows that out of fifty-four nurse educators who participated in the study, fifty-one were females (94%) and only three (6%) were males. These findings support the generally held view that nursing is a female dominated profession. They compare with results of a study conducted by Mashaba (1986:16) on the socio-economic status of black students and implications for the nursing education. Of the one-hundred-and-eighty (180) respondents ninety-one percent (91%) were females and nine percent (9%) were males. However there has been slight improvement over the past few years in the training of males as is indicated in a study conducted by Gumbi (1987:198), wherein she discovered that about three percent (3%) males were trained as registered nurses in the then KwaZulu region in 1987. Despite this improvement, the number of males in the nursing profession remains low. For instance, in a study conducted by Mhlongo (1994:47) on the role of the unit sister in clinical teaching, thirty (83,3%) out of thirty-six respondents were females and only six were males. The trend observed by the researcher is that most males on completion of training prefer to work

either in industries or psychiatric institutions. The sample was therefore biased in favour of females.

5.3.1.2 Item 1.2 Age group

Table 5.2 Age distribution of respondents N=54

Age Group	Frequency	Percentage
20-29	2	3,7
30-39	6	11
40-49	27	50
50-59	18	33,3
60 and above	1	1,9
TOTAL	54	100

As illustrated in Table 5.2, twenty-seven (50%) respondents fell into the age group of 40-49 followed by eighteen (33,3%) who fell into the age group of 50-59 and six (11%) who fell into the age group of 30-39. Only two (3,7%) respondents fell into the categories of 20-29 and 60 and above respectively. The fact that the majority of nurse educators in this study fell into the age groups 40-49 and 50-59 years is an indication that they are probably personally and professionally mature. Such nurse educators are expected to have enough knowledge and expertise to effectively adapt to the new changes taking place in the nursing education system and to accept the new roles that will ensure that students who are skilled, analytic and independent are produced on completion of the course of study.

5.3.1.3 Item 1.3 Present title/position of respondents

Table 5.3 Professional title of Nurse Educators N=54

Position	Frequency	Percentage
Principal	5	9,2
Vice-Principal	4	7,4
H.O.D.	3	5,8
Tutor	42	80,7
TOTAL	54	100

As depicted in Table 5.3, forty-two (80,7%) respondents were tutors, three (5,8%) were heads of subjects (HODs), four (7,4%) were vice-principals and five (9,2%) were college principals.

Brik (1983:136) points out that the profession's expectations are that new educators have to be qualitatively prepared to enable them to equip future nurse practitioners and to face the challenge of teaching. Such professional positions are therefore pleasing and the researcher assumes that nurse educators will probably make informed decisions regarding proposed changes in the nursing education system, especially the issue of whether nursing education should remain under the auspices of the Department of Health or whether it should fall under the ambit of the Department of Education as proposed.

5.3.1.4 Item 1.4 Teaching experience

Table 5.4 Frequency distribution of the teaching experience of Nurse Educators (N=54)

Experience in years	Frequency	Percentage
1-4	13	24
5-9	16	30
10-14	14	25,9
15-19	5	0
20-24	4	7,4
25-29	2	3,7
TOTAL	54	100

Findings presented in Table 5.4 show that the majority of respondents have adequate experience as nurse teachers. Sixteen nurse educators (30%) have teaching experience of between 5-9 years, followed by fourteen respondents (25,9%) with experience of between 10-14 years and thirteen respondents (24%) with experience of between 1-4 years. Four respondents (7,4%) have experience of between 20-24 years and two (3,7%) with experience of between 25-29 years respectively. According to these findings the respondents are probably experienced enough to be able to act as effective "pole stars" for the nursing education fraternity, i.e. they should be able to assert a forward pull offer guiding principles and provide direction or the road that the nursing education system should take for the betterment of the nursing profession in general.

5.3.2 Nursing Education Information

5.3.2.1 Type of basic nursing programme completed

Table 5.5 Basic nursing programme undertaken by respondents (N=54)

Programme	Frequency	Percentage
SANC Diploma	41	76
Nursing College four-year Diploma	7	13
University Bachelor Degree	6	11
Other	0	0
TOTAL	54	100

Table 5.5 indicates that forty-one (76%) respondents completed the SANC diploma, and six (13%) had completed the university baccalaureate (BCur) programme. Seven (13%) underwent the nursing college four-year comprehensive diploma course.

These findings are not surprising considering that it was only in February 1985 that the SANC promulgated R425 of February 1985, as amended. This regulation phased-out the three-year diploma and introduced the four-year comprehensive course that could either be undertaken at a nursing college or university. This course would lead to registration as a nurse (general psychiatric, community) and midwife (R425 of February 1985), as amended.

It is pleasing to note that the majority of respondents underwent the SANC diploma course because one can assume that they had received thorough grounding regarding the importance of upholding the principles of the nursing professional as well as nursing ethos. They are therefore expected to be committed teachers

of nursing. The setting, for instance at universities is such that students are exposed to other departments e.g. psychology and sociology where a nursing ethos is not at all enforced and therefore slightly lacking.

5.3.2.2 Item 2.2 Programme completed for registration as a Nurse Educator

Table 5.6 Percentage distribution of programme undertaken for registration as a Nurse Educator (N=54)

Responses	Frequency	Percentage
University Diploma	31	57,4
Post Registration Bachelor Degree	22	40,7
No Response	1	1,9
TOTAL	54	100

Out of fifty-four (54) nurse educators who responded to this item, thirty-one (57,4% had a university diploma, twenty-two (40,7%) obtained their nurse educator registration through a post-registration university bachelor's degree, and one (1,9%) did not respond to this item. She might have overlooked this item.

It was pleasing to observe that the number f nurse educators who had a post-registration degree (22) was only (17,3%) less than those who obtained a diploma (31). One assumes that a nurse educator who has done a degree in nursing education is more versatile and has broader scope of knowledge than the one who did a diploma. Her broader scope of knowledge should enable her to cope with the challenge of educating and training the professionals that the nursing profession aspires to produce and will therefore adapt to any change to meet this objective.

The researcher is of the opinion that a nurse educator who is a graduate has indepth knowledge and more advanced critical thinking skills that the one qualified for a diploma level. The indepth knowledge she probably possess puts her in a better position to understand and accept change.

5.3.2.3 Item 2.3 Highest professional qualification of Nurse Educators

Table 5.7 Percentage distribution of highest professional qualification currently held by Nurse Educators (N=54)

Professional Qualification	Frequency	Percentage
Post-Registration Diploma(s)	7	13
Bachelor's Degree	29	53,7
Honours Degree	10	18,5
Master's Degree	4	7,4
Doctoral Degree	1	1,85
Other	0	0
No Response	3	5,55
TOTAL	54	100

As illustrated in Table 5.6, the highest percentage of respondents (53,7%) held a Bachelor's degree. Of the remaining twenty-six respondents, ten (18,5%) held an Honours degree, seven (13%) a post-registration diploma and four (7,4%) a Master's degree. Only one (1,9%) respondent held a doctoral degree. Three (5,55%) did not respond to the item.

These findings could be an indication that most nurse educators have been adequately prepared as nurses and as teachers. It is therefore expected that a nurse educator of such educational and professional standing should recognise and accept any change in her teaching role aimed at producing a nurse practitioner capable of facing the challenges of the 21st century.

5.3.2.4 Item 2.4 Other forms of continuing professional development

Table 5.8 Percentage distribution of engagement in other forms of continuing professional development (N=54)

Engagement in formal study	Frequency	Percentage
Engaged	18	33,3
Not engaged	36	66,7
TOTAL	54	100

The analysis of nurse educators presently undertaking further studies was included to establish how many registered nurse educators in the sample group had taken advantage of existing opportunities to further their studies. It is apparent from Table 5.8 above that more than half of the sample group (66,7%) are not engaged in further study. Nevertheless, one should point out that this percentage does not imply that nurse educators are not adequately prepared. It is interesting however to note that 33,5% of the respondents are in fact engaged in further study. This is in accordance with the expectations of the nursing profession as a whole that nurse educators who are entrusted with the task of producing future practitioners of nursing should themselves be qualitatively well prepared (Brink, 1984:136). This will enrich their tutoring skills, broaden their knowledge and expertise necessary for effective guidance of student nurses. Over and above, this will equip them with the necessary qualifications needed for university employment, should the proposed decision of incorporating nursing colleges into tertiary institutions of learning so that they fall under the auspices of the Department of Education, be realised. The requirement is a Master's degree (MA.Cur). This will ensure that nurse educators are ready to perform their role within the dynamics of educational nurses possessing essential competencies needed to function in a Primary Health Service which is the priority focus of the government of evenly distributed nurses, the national health system as envisioned by the government will not materialize.

5.4 SECTION B

5.4.1 Nature, extent and impact of educational changes in nursing education in South Africa

Theme 5.4.1.1 Nature and extent of the changes

Sub-theme 5.4.1.1.1 Awareness of changes taking place in nursing education

In this item, participants were asked whether they are aware of educational changes taking place in the nursing education system. The majority of respondents stated that they are aware of such change. However, lack of knowledge of the change was expressed by one member. This was probably due to non-attendance of meetings and workshops which were organized by both the Departments of Health and Education as well as the South African Nursing Council where these issues were discussed.

Sub-theme 5.4.1.1.2 Opinion about the changes

Here respondents were asked to articulate their opinion and views about the change as they perceive it. It was pleasing to note that the majority of respondents expressed positive views and opinions about the change. This is substantiated by the following responses:

- The change will bring about flexibility and more career opportunities for student nurses.

- Nursing education will be recognised nationally and internationally.

- This change is long overdue. It is the time that nursing education is placed appropriately. All along we have had nursing education split between the Department of Health and Department of Education and in this way the academic needs of nurse educators and student nurses are not met.

- Changes are vital to keep nursing education on par with other professions.

- Incorporation of nursing colleges to tertiary institutions will benefit the nursing profession, i.e. it will enjoy the same status and recognition enjoyed by other professions.

- It will give the nurse more freedom as she can exit at any level and still retain the credits. It will equip the nurse to deal with the change.

- Education and training of student nurses will be more contemporary although fewer nurses will be produced.

- The National Qualifications Framework approach ensures learner centred outcomes-based education and this will benefit the profession.

- The change will reduce duplication of courses. Prior learning will be recognised.

- Recognition of nursing education as part of Higher Education is long overdue.

Only few respondents expressed negative feelings/opinions about the change. Below are some of the statements made by these respondents:

- Nursing education does not fit either in universities or technikons.

The statement was made despite the fact that the degree programme is offered at universities.

- Change can be a good thing provided there are clear directives - which is not always the case in nursing education.
- It is stressful and uncertain as to how these changes will affect us.
- The curricular changes are done under too much pressure. There is a lack of staff on the campuses and nurse educators work under pressure and are too rushed. Mistakes are made in the process.
- The change is for the good for the financial side of the government but otherwise worse in terms of hospital staffing, nurse educators' posts and students' welfare.
- Some changes formulated never reach implementation because we do not even know where we stand and where we are.
- Skeptical I do not think it will be in the best interest of the nursing education.
- The changes make one very uncertain about the future of nursing education, nurse educators and students in this country.

Sub-theme 5.4.1.1.3 Implications of the change on education of nurses

Both positive and negative responses were elicited by the researcher in this item. The majority of respondents perceived implications of the change on education and training of student nurses as positive whilst a few viewed implications as completely negative. One member did not respond at all to the item.

Positive comments

- There will be more career opportunities due to flexibility of the profession and more career pathways.

- Nursing education will come out of isolation which predisposes to undermining and stereotyping. Nursing will get its proper recognition.

- It will open the minds of students and nursing education will advance as nurse educators will get facilities and resources to do research and also to further their studies.

- Quality of nursing will improve, as it will be done by people who really like it, unlike in the current system where people become nurses just because of the stipend they are getting during training.

- It will allow students to develop critical thinking and decision-making skills - will be better equipped to work in the primary health care setting.

- It will contribute to transformation of nursing so that it is in line with international standards. Again the researcher would like to point out that nursing in this country is in line with international standards.

- If nursing education moves to higher education, it will enhance the professional status of nurses. However nurse educators must be adequately prepared and trained for the new changes. More trained staff will have to be recruited to man hospitals since student nurses will no longer be part of the workforce.

- Nursing education and training will be more flexible and not so watertight. It will allow for mobility.

- Traditional methods of teaching will be abandoned, making way for the more innovative methods of teaching e.g. CBE. This will make the students more independent and foster greater insight and initiative instead of being passive during the teaching/learning process.

- Students will benefit from all the resources and infrastructure in the Department of Education which the Department of Health cannot provide, e.g. libraries, computer laboratories, etc.

- More job satisfaction for nurse educators if nurse education moves to higher education.

- This will form a bench-mark so that students trained at different institutions attain the same qualifications and become internationally recognised. However the researcher would like to point out that South African Nursing Programmes are internationally recognised.

- There is going to be reduction in duplication of work if RPL is put into practice.

Negative Comments

- Less students will enrol for nurse training, especially those from the low socio-economic groups who cannot afford paying tuition fees at universities or technikons.

- Students will be more theory oriented as they will be away from clinical settings and staying at universities.

- Nurse educators who do not possess the necessary qualifications to work at universities or technikons will run the risk of going back to the service.

- Nursing standards will really go down and there will be a shortage of professional nurses.

Sub-theme 5.4.1.1.4 Mood prevailing at institutions regarding the changes

In this item a description of the atmosphere or mood which prevailed at different institutions during the change process was sought. This was based on the assumption that there are two opposing forces during the change process, i.e. the driving forces and the restraining forces. Driving forces generate planned change and restraining forces generate resistance to change (Grohar-Murray & Di Croce, 1997:281). The researcher accordingly wanted to establish the degree of acceptance of the changes and/or resistance/lack of acceptance which usually accompanies all changes.

Responses to this item also revealed that respondents were divided on the issue. What was observed by the researcher, however, was that contrary to the previous responses, the majority of participants in this item articulated resistance to change due to fear of the unknown, uncertainty and insecurity about the future prospects regarding their jobs. Another group expressed excitement and readiness to take up the challenge of change. Few respondents were neutral and not sure whether nursing education should be run by the Departments of Health or Education. Statements by respondents who resisted the change, followed by those who favoured it and lastly, those who were neutral, are presented below.

Resistant to change

This was verified by the following responses from the participants:

- Not motivated at this stage - not attending meetings regularly and even think of early retirement.

- Some people fear for their job security including their service, future salaries, employability and status.

- There is resistance to change due to fear of the unknown, confusion and apprehension as there have been many meetings and inputs but changes are not completely implemented.

- There is uncertainty and despondency - there seems to be no direction as to whether nursing education will be absorbed by universities/technikons or not.

- The mood was that of excitement initially but nurse educators have subsequently become disillusioned because the process seems to be slackening.

Favouring the change

The above was substantiated by the following statements:

- Most people are positive and ready to take up the challenge.

- Nurse educators are excited because at the moment their academic qualifications are not recognised by the Department of Health but they will be recognised at universities/technikons.

- Everybody is in favour of changes that are taking place although there is a lot of work involved.

- There seems to be support for the change. People participate enthusiastically in all activities, such as harmonising learning objectives

with learning outcomes, implementing problem-based learning where applicable and working jointly in the registration of programmes with NQF and SAQA.

- Nurse educators feel they can cope with the changes, but there are no changes as yet. This is confusing them.

- The mood is that of acceptance but with a 'wait and see' attitude.

Tape translation

As stated in Chapter four, data was also obtained from discussions held between the researcher and participants and recorded on tape. It was impossible to analyze data straight from the tape without first transcribing it. Pauses were denoted by dashes while a series of dots indicated gaps, exclamations, laughter and change of voice to indicate significance or emotion.

A generous margin was provided on both sides of the paper to allow for coding on one side and the researcher's remarks on the other. All pages were subsequently numbered and each was coded with the college letter of the alphabet. After the transcription was completed the tape was played once again to check for accuracy.

Description of the mood prevailing at institutions as retrieved from the tape

The following were direct quotations made by some respondents as retrieved from the tape recorder:

- "Sixty percent of nurse educators felt there is too much work, too much hassle. The three-year programme was good - the four-year brought its

own problems and we are now going to worsen it. Thirty percent felt the change is a fantastic opportunity for progress - let's run with it. Ten percent couldn't care".

- "Staff feel insecure about their jobs. Nine out of sixteen tutorial staff resigned in the past two years".

- "Each person is an individual and therefore mixed feelings of insecurity prevail".

- "Most of them do not want to change to universities as they will be cut down in number causing loss of jobs".

- "The institution is looking forward to this change, unfortunately it's taking too long with no clear direction".

- "People are skeptical. Some are very positive. But generally people have accepted it, they are looking forward to it, those who do not want to move have decided so and have made their choices of where they will go within the Department of Health when the move comes".

- "People are scared that they will have to move from their usual institutions and from old methods of teaching".

- "Hard workers look at it as positive though others are scared".

- "My colleagues are less interested about these changes. As a result they do not attend meetings where these issues are discussed".

- "Although the changes are welcome, nurse educators need more guidance from SAQA, SANC and universities where nursing colleges are affiliated. There is a general feeling of fear of the unknown which is a characteristic feature of all changes".

The foregoing discussion indicates that nurse educators are completely divided on the issue and that there is a lot of insecurity, fear, confusion and despondency about the change process. This is supported by Grohar Murray and Di Croce (1997:282) who state that *being shown a better way to do things implies that* current performance is not acceptable, resulting in embarrassment and insecurity.

Sub-theme 5.4.1.1.5 Registration of the programmes with the NQF and SAQA

In this item the researcher wanted to establish whether programmes offered at institutions under study were already registered with the NQF and SAQA as a condition laid down in the SAQA Act of 1995.

It was pleasing to note that the majority of respondents reported they have their programmes registered with the NQF and SAQA. This is in accordance with the SAQA Act of 1995 which provides for unit standards and qualifications to be registered on the NQF (Gevers, 1998:10).

Few respondents stated that their programmes were not yet registered because they were still in the process of preparing them for registration. One respondent did not respond to the item.

Sub-theme 5.4.1.1.6 Problems encountered during preparation and registration of programmes

Respondents who have had their programmes registered were further asked to indicate problems encountered during preparation and registration of programmes. The following were the problems cited by the respondents:

- Limited time available to harmonise objectives and to complete preparation of unit standards.
- Extensive travelling to attend meetings and workshops where the issues were discussed.
- Process too time-consuming.
- Lack of proper guidance and direction from people who were to provide them with assistance on how preparation should be done.
- Getting conflicting information from authorities steering the process.
- Too much information was to be absorbed within a short space of time so as to meet the deadline for registration.
- There has never been initiation by the SANC and forms for registration not provided.
- Nobody actually knew what was required, there was a lot of trial and error.
- Most staff were not properly trained to handle the task.
- Calculation of credits according to NQF proved to be difficult. Formulation of skills for specific outcomes for Anatomy and Physiology was also a difficult exercise - worked under stress to meet unrealistic deadlines.

- It was a lot of work in addition to the normal workload. Worked under pressure preparing the document because of set deadlines and nobody knew what was expected/required.

Sub-theme 5.4.1.1.7 Adoption of a problem-based approach to curriculum design

This item was intended to establish from respondents whether they have adopted the problem-based approach to curriculum design.

It was gratifying to note that the majority of institutions have done so as evident in the high number of participants whose responses were "yes" in this item. This is in line with the requirements of the SANC regarding transformation in nursing education as stipulated in the SANC Discussion Document (1999:10).

It was disappointing however, and worrying, that there were respondents who reported that their institutions have not yet done so although the percentage was lower than those who have already adopted the problem-based approach to curriculum design. One would expect that all nursing education institutions offering the programme would already have done so. Otherwise this is a breach of the requirements of the SANC, NQF and SAQA and in contrast with certain Acts regulating the general and nursing education system in this country.

Sub-theme 5.4.1.1.8 Carrying out of activities necessary for proper implementation of problem-based approach to curriculum design

The respondents who have stated that they have already adopted a problem-based approach to curriculum design were further asked whether they have completed activities necessary for proper execution of the approach. The majority of respondents reported to have undertaken all mentioned activities as a programme team. These were:

- Agreeing on the purpose and title of the programme.
- Agreeing on the case, elective and foundation modules required to construct coherent learning pathways.
- Defining the exit levels.
- Agreeing on integrated assessment criteria and methods to assess the outcomes at the programme exit level.

However, a few respondents mentioned not having undertaken all the activities necessary for proper implementation of the problem-based approach to curriculum design. The two most prominent of these activities were:

→ Defining the exit level outcomes.
→ Agreeing on the core, elective and foundation modules required to construct coherent learning pathways.

A few members reported not having completed all the aforementioned activities and mentioned that they were still working on them. As stated earlier on, this is in contrast with the transformation process as outlined in the SANC document as well as the requirements of NQF and SAQA.

5.4.1.1.9 Formulation of self-contained modules or improvement of old ones

A module is a self-contained, independent unit of a planned series of learning activities designed to help the student to accomplish certain well-defined activities (Mellish & Brink, 1990:128). This method of instruction should be used to replace the conventional method of teaching based on the semesterised work.

This method of instruction ensures active student participation in the teaching/learning process, self-directed learning, independence and critical thinking. Therefore all nursing education institutions especially those offering the four-year diploma programme, are expected to have adopted this method of teaching. This is also one of the requirements of the transformation process taking place in the general and nursing education systems.

It was rather disappointing to find that the majority of respondents have not yet completed the formulation of modules. This gave the researcher the impression that they were still utilising the lecture method of teaching and that their curricula was based on semesterised work. However, they did mention they were still in the process of formulating the modules.

It was gratifying that there were respondents (slightly lower than the majority) who stated that they have already completed the process of formulating modules which probably means that they have adopted or are in the process of adopting the modular method of instruction. About eight respondents did not respond at all to the item.

5.4.1.1.10 Guidance offered during the formulation of modules

Respondents who mentioned that they have already completed the formulation of self-contained modules were further asked whether they were given any guidance on how to formulate modules. Out of this sample, the majority mentioned having obtained guidance from workshops organized by the nursing education section of the Department of Health and from the Universities of Natal and Zululand, respectively. Few respondents mentioned having conducted the exercise without any guidance and that the whole process was just trial and error. One member stated that they received different advice from different people and that goalposts kept on changing.

5.4.1.1.11 Reasons for not formulating modules

Although the majority of respondents who had not yet completed the formulation of modules mentioned that they were still in the process of doing so, few members mentioned lack of guidance and one stated that too many things are changing at the same time, and that theoretical changes are faster than practical changes. A limited number of participants did not respond to the item.

These responses caused the researcher to assume that although guidance was offered to nurse educators on how to conduct the exercise, it was probably not adequate enough to kick-start the process or it did not provide the necessary impetus. The researcher is also of the opinion that some nurse educators could not attend workshops where guidance was given, presumably due to geographical location of some of nurse educators i.e. distance from places where workshops were held, and also that communication about the conducted workshops did not filter through to some nursing education institutions. These assumptions were based on the relatively high number of respondents who had not yet completed the exercise during the time of research.

5.4.1.1.12 General preparation regarding the requirements of NQF and SAQA

This item was included to establish whether respondents were given adequate preparation regarding the following aspects of the change process:

- Greater understanding of NQF and SAQA.
- A paradigm shift on the part of nurse educators' role and involvement of students in the teaching/learning process.
- Formulation of modules and templates.

- Continuous and continual assessment and evaluation of teaching and learning by staff, students and other stakeholders.

The majority of respondents reported having received thorough preparation regarding the aforementioned aspects of the change process. A number slightly smaller than the majority mentioned having received preparation in some of the above aspects with the exception of the second and fourth item.

Few respondents indicated not having received information at all on any of the above aspects. The probable reasons for such response is attributed by the researcher to assumptions mentioned in item 5.4.1.11, i.e. lack of communication and geographical location of some respondents. About three participants did not respond to this item.

The fact that some respondents were still utilising the traditional teaching methods is disturbing since it was proved that these methods have produced students with dwarfed psycho-spiritual development, lack of independence and analytic skills as well as an under-developed self-image (Mashaba, 1994:3).

Theme 5.4.1.2 Impact of the changes

Sub-theme 5.4.1.2.1 Impact of the changes on the status as well as the financial and social aspects of nurse educators

This item was included to elicit the views of nurse educators regarding the impact of the changes on their status and on the financial and social aspects of their lives. The responses were varied, the majority viewed the impact as positive, a few did not envisage any change on their status and the minority were not sure or were uncertain of what would happen to their status after the change process. One respondent viewed the change as posing a challenge to study further so that her

academic qualifications are on par with university requirements for admission as a lecturer.

- Impact on the status

  The positive feelings were verified by the following responses:

- Our status will improve, especially because we would be recognised as "lectures" and not as "professional nurses" as is currently the case with the Department of Health.

- Recognised as "academics" and part of the academic fraternity.

- Better opportunities to advance their studies and improved academic status.

- Better international recognition. Currently nurse educators who went looking for greener pastures overseas were recruited at lower levels and not as educators.

- Moving to higher education would enhance not only the status of nurse educators but also their image as well as the image of the nursing profession in general.

- Job satisfaction and security.

Impact financially

The views on this item were also many and varied. The majority of respondents viewed the impact of the change financially as positive in the sense that it will bring about salary increases as they would become university lecturers. Another

benefit is that their children's education would be subsidised by universities causing less financial strain on them. Their salaries would therefore be on par with educators nationally. Few respondents did not envisage any change in their salaries. The minority were uncertain and feared for their service with the Department of Health and worried about their pension.

These respondents had probably reached higher echelons in the nursing profession and were on the top notch of their salary scales. They presumably fear that moving to universities would make them acquire the status of junior lecturers and therefore less pay. Two respondents feared that their salaries would drop, possibly because of the above-mentioned assumption. Four respondents did not respond to the item.

Impact socially

The majority of respondents viewed changes as having a positive impact on their social lives. They qualified these sentiments by stating that if nursing education moves to universities, they would obtain an opportunity of mingling with lectures from other disciplines and this would broaden their general knowledge and improve their ability to socialize with other academics. They would also get an opportunity of exploring diverse social issues on a more deeper level. Innovative teaching strategies such as community-based education (CBE) would give them a chance of being understood and to understand the communities they are serving better, i.e. better communication with communities. This would ensure societal involvement in health issues, something that the nursing profession and nurse educator had long wanted to achieve. They also mentioned improved social interaction, especially with their families, because university holidays are many as compared to a month holiday that nurse educators get at nursing colleges. Lastly, they mentioned that nurse educators and the nursing profession would be more acceptable by other professions, ending the long-standing academic isolation of nurse educators and the nursing profession.

Few respondents felt that the change would bring about no difference in their social lives. One respondent expressed fear that many educators would lose their jobs because they do not possess the necessary qualifications for university admission. These fears are justified by the very few number of nurse educators with master's and doctoral degrees (see table 5.6 which shows only four nurse educators with master's and only one with a doctoral degree). Another respondent expressed fear of change of environment when moving from the nursing college to university campus, having to meet new people and having to prepare new lectures which would impact on her own time. Fear of the new environment is an acceptable and common phenomenon. According to Grohar-Murray and Di Croce (1997:273) there is usually some degree of conflict and fear associated with significant change.

Sub-theme 5.4.1.2.2 Impact of the change on the education and training of students

Nurse educators were requested to state their views regarding the impact of the change on the education and training of student nurses. It was interesting to note that the majority of respondents view the impact as positive. This was substantiated by the following responses:

- Students will gain more knowledge as higher education institutions have sophisticated common resources, both material and human.
- Improved mobility and career pathing.
- Recognition of prior learning thus preventing duplication of courses.
- Education and training will be more student centred and students will take responsibility for their own learning.

- Creation of exit points for students at different levels of the programme.
- Students will be able to transfer their skills to other relevant professions.
- If Curriculum 2005 is implemented successfully in primary and secondary school education, prospective nursing students will find nursing easy to learn.
- Improved curricula and students will become more competent and skilled.
- Holistic development of students who are competent, independent practitioners within the comprehensive multi-disciplinary team approach.
- Nursing students will get an opportunity of mingling with students from other disciplines leading to personal growth and social development.
- Students will see themselves as learners and not as part of a hospital working force that provides cheap labour. Their learning needs will be given priority over the service needs.
- The fact that qualifications are dealt with at a central board, will give students credits that can be transferred to other degrees.

Few respondents viewed the change as having a negative impact on the education and training of students. They qualified their thoughts by stating the following:

- It would be very stressful for students because some centres are not well resourced.
- ! ower standards of nursing care because the university curriculum concentrates more on theory.
- Fewer students will enrol for education and training because of exorbitant tuition fees at universities.

- Nursing is practical and to train a nurse away from the hospital looks like its going to be strenuous.

- There will be a problem of clinical exposure.

- There will be a problem of clinical exposure. The researcher would like to point out the university students doing a basic degree do co-relation of theory and practice in hospital settings although there are problems because geographical location of both institutions i.e. hospitals and universities.

Two respondents suggested adoption of the wait and see attitude, two were not sure and two did not respond to the item.

- Students depending on the stipend will be disadvantaged.

Two respondents suggested adoption of the wait and see attitude, two were not sure and two did not respond to the item.

Sub-theme 5.4.1.2.3 Impact of the change on the quality of professional nurses to be produced on completion of the programme

This item was included to establish the views of nurse educators regarding the impact of the changes on the quality of professional nurses that they envisage will be produced on completion of the programme. This was of particular importance to the researcher given the fact that there has been widespread perception that professional nurses who had undergone the four-year comprehensive course (diploma and degree) are poor in practice and good in theory. This was gleaned in research studies conducted by Xulu (1988) on the views of Ngwelezana Hospital Professional Nurses regarding the comprehensive diploma programme and by Ntombela, Mzimela, Mhlongo and Mashaba (1996) and the Clinical Performance of Nurses who had completed the comprehensive basic nursing courses. Both studies revealed that their performance was viewed or rated as predominantly poor. In the above studies the population was professional nurses who had done the phased-out SANC diploma programme. The researcher noted that almost all respondents articulated positive comments, such as:

- Good quality professional nurses will be produced because students who really like nursing will enrol for nurse training, unlike now where many students come for financial benefits that they obtain while still on training, i.e. the stipend.

- Competent, skilled and independent professional nurses will be produced (provided enough attention is given to the clinical component).

- Professional nurses produced will be problem oriented rather than disease oriented as is currently the case.

- Production of professional nurses that are of high quality leading to better international recognition.

- Comprehensively trained, self-sufficient, responsible and analytic thinkers capable of meeting the challenges of the future.

- Professional nurses who are capable of maintaining professional excellence and credibility through continuing education for professional growth and development.

- Confident and assertive nurses who have been widely exposed.

- Professional nurses that are better able to serve the communities as they will be working together.

- Hopefully will produce professional nurses with insight and understanding.

Such comments are encouraging and gives an impression that nurse educators are willing and ready to accept change. This is supported by Bower (2000:176) who states that good nurse leaders should be willing to accept change, have a positive

attitude and possess vision which serves to focus people's attention on where the organization or profession is going.

However, few respondents view the impact as very negative. This was qualified by the following comments:

- Professional nurses who have more knowledge but lack practical skills will be produced. This comment probably emanated from the perception that university students lack clinical exposure as compared to college students.

- The programme will probably be very compact and overloaded with theory. Students will not have adequate exposure to clinical teaching making them poor performing professional nurses.

- Poor skilled professional nurses because more time will be spent at universities or technikons rather than the clinical settings.

These views are in contrast with the goal of educational preparation of nurses, which is to produce a competent nurse practitioner by using two strands, namely theory and practice. It is therefore one does not understand why some nurse educators felt that the curriculum changes will cater for theory only and ignore the practical component of nurses' education and training.

About four respondents were not sure of the quality of professional nurses to be produced until changes have taken place. Three respondents did not envisage any change in the quality of professional nurses to be produced following the changes. One respondent simply stated "God alone knows".

Sub-theme 5.4.1.2.4 Impact of the change on the nursing profession in general

This item sought to establish perceptions of the research participants about the impact that the nursing education changes would have on the nursing profession

in general. This was important because the nursing education institutions are responsible for producing various categories of nursing who collectively constitute the entire nursing profession. Therefore any change in the nursing education system would have a direct impact on the nursing profession in general.

The participants were again divided on this issue but the majority felt the impact would be positive, such as national and international recognition of the nursing profession, improvement of the general standard of nursing care provision, that other professions would gain more knowledge about nursing and that nursing would be on par with other professions.

Few respondents envisaged a negative impact. They qualified their thoughts by making comments such as:

- The caring role would be lost and that nursing as they knew it would never be the same again.
- Sophisticated nurses educated and trained at universities/technikons could not provide proper basic nursing care.
- Decline in the standards of service delivery as is already evident.
- Number of nurses educated and trained would drop because many people do not have money to pay for university education. Nursing would therefore go down the drain because few nurses would be available for service delivery and some would go abroad.
- Such comments make the researcher assume that these respondents strongly feel that professional nurse who had undergone a university programme lack a caring ethos and are probably poor in the execution of nursing care. This is commonly known as theory-practice divide.

Four respondents felt it was too soon to evaluate and therefore not sure of what would happen to the nursing profession while four did not respond at all to the item.

The issue of payment of university fees is a cause for concern especially because many people in South Africa are living below the poverty Datum Line and therefore cannot afford to pay the exorbitant university fees. The problem has been compounded by the withdrawal of the stipend paid to university nursing students by the Department of Health. Many students are just not in a position to pay for their own education and accommodation.

Sub-theme 5.4.1.2.5 Impact of the change on the recruitment of prospective candidates for education and training

Recruitment of prospective nursing students is of great importance to any nursing education institution. According to research, countries that have nursing colleges which maintain high standards of education attract more and better qualified students and also retain them (Paton *et al.*, 1989:287).

This item therefore intended to establish the perceptions of nurse educators regarding the impact of the change process in the recruitment of students. More than half of the sample view the impact as positive. They argue that the change has already ushered in recognition of prior learning for easy access to the programmes. They also mentioned that only candidates with genuine interest in nursing would apply and selected and not those who are attracted by the financial benefits available during training. The best quality candidates would be admitted to the programme and the end results would be good standards of care. The disappearance of the stipend would lead to fewer candidates applying and this would ease-off the enormous difficulty of selection.

Less than half of the population felt that the impact would be negative because less candidates would apply for nurse training due to financial constraints, making selection difficult. This would require vigorous marketing campaigns by nurse educators so that more candidates may apply. It was interesting to note contrasting views by nurse educators on how less number of applicants could impact on

recruitment. Respondents also mentioned that the point system used in universities would make Black nurses to be reduced in number as they would be competing with other races who would have high points given their different education set-up. Nine respondents did not respond to the item while four were uncertain of the impact of the change process on recruitment.

5.4.2 Implications/effects of the new education system of student nurses

Theme 5.4.2.1 Effects of the new education system of student nurses

Sub-theme 5.4.2.1.1 Effects on nurse educators

This item was included to indicate the level to which respondents agree or disagree with the implications mentioned hereunder:

- Necessity to look beyond department boundaries to construct programmes which offer students a coherent and marketable learning experience.

- Need to ensure that students are in possession of and fully understand the learning outcomes and assessment criteria for the learning programmes and modules.

- Need to align the selection content, teaching methods, learning activities and assessment methods with the exit level of the programmes and modules.

- Need for a paradigm shift from the conventional methods of teaching a problem based and community based teaching strategies.

It was pleasing to note that the majority of respondents strongly agreed with the need for nurse educator to undertake the aforementioned activities. Four

respondents strongly agreed with items 1, 2 and 3 and agreed with item 4. Three respondents strongly agreed with items 2, 3 and 4 and agreed with item 1. One respondent strongly agreed with items 1, 2 and 4 and agreed with item 3.

Less than half of the sample agreed with the above-stated items. Three respondents agreed with items 1, 2 and 4 and strongly agreed with item 3. Two respondents agreed with item 2 and 4 and strongly agreed with items 1 and 3. Another two respondents agreed with items 1, 2 and 3 and strongly disagreed with item 4. This implies that although these last two respondents were in favour of proposed changes in the nursing education system, they were totally against the change from the conventional methods of teaching to problem and community-based teaching strategies. They still preferred the traditional teaching methods although there is evidence in abundance that they cannot produce professional nurses required to meet the challenges of the 21st century.

However, the overall response is encouraging as it indicated that nurse educators were cognisant of the need for change so as to adapt to the changes taking place in the general education system namely, Curriculum 2005 and outcomes-based education (OBE). This would enable nurse educators to handle the prospective nursing student who has been exposed to the new education system and is capable of self-directed learning, independence and possess problem-solving skills. Exposure of such prospective candidates to traditional teaching methods would be frustrating and disastrous.

Sub-theme 5.4.2.1.2 Effects for student nurses

In this item, participants were asked to indicate the extent to which they agreed or disagreed with the following implications of the change for student nurses:

1. Need for students to take greater responsibility for their own learning.

2. Need for learning to become more flexible through:
   - 2.1 recognition of prior learning
   - 2.2 multiple entry or exit points
   - 2.3 education to become learner-centred
   - 2.4 possibility of transfer of credits within Higher Education Institutions

3. Need for students to develop a range of general transferable skills.

4. Need for students to receive career and curriculum guidance and to plan their programme of study with a career in mind.

Almost all respondents strongly agreed with the above-stated implications for student nurses. Two respondents strongly agreed with all the items except item 2.2 where they agreed. One respondent strongly agreed with all the items except item 3 where she agreed and item 2.2 where she strongly disagreed.

Few respondents were agreeable with the above implications. About seven respondents who were agreeable with many of the items, strongly agreed with item 1 whilst another three respondents were agreeable with all items except item 3 where they strongly agreed. Two respondents who were also agreeable with most items, strongly disagreed that students should develop a range of general transferable skills. One respondent strongly agreed with items 1 and 4, was agreeable with items 2.3, 2.4 and 3 and strongly disagreed with items 2.1 and 2.2. In other words this respondent was against recognition of prior learning and multiple entry and exit points in the programme.

These responses made the researcher assume that the majority of nurse educators understood clearly the principles of NQF because the abovementioned implications are some of its principles. This therefore means that nurse educators are keeping abreast of the latest developments as demanded by the nature of their position in

the nursing profession. They owe it to themselves, to their students and to the nursing profession to do so (Mellish & Brink, 1990:150).

5.4.3 Determination of whether nurse educators are prepared for, and coping with the change

5.4.3.1 Determination of whether nurse educators are prepared for, and coping with the change

Sub-theme 5.4.3.1.1 Establishment of whether nurse educators were given adequate information/workshops regarding NQF, SAQA and OBE

This item was included to establish whether nurse educators did receive information on NQF, SAQA and OBE.

The majority of respondents stated that they did receive information on the aforementioned aspects of education. However, out of the majority four respondents specifically stated that they did not receive any information on OBE.

A number slightly lower than half of the sample said they did not receive information on NQF, SAQA and OBE. Such a response is disturbing because it is difficult to decide whether to accept or reject change if no adequate information around the change process was forthcoming. It was therefore incumbent upon authorities responsible for education and nursing education to ensure that nurse educators were provided with all the necessary information, i.e. the Departments of Education and Health as well as the South African Nursing Council.

Sub-theme 5.4.3.1.2 Authorities that provided the information to nurse educators

This item was specifically meant for nurse educators who indicated that they did receive information on NQF, SAQA and OBE. The responses here were many and varied. Nine respondents mentioned that they only received information from the Department of Health. Six respondents stated that they received information from the Department of Health and the South African Nursing Council. Out of these respondents, two added the University of Natal and the Natal Nursing College as other institutions that provided them with information. Four respondents mentioned the Departments of Health and Education and the South African Nursing Council. Three respondents mentioned the Department of Education only and another three only mentioned the South African Nursing Council. One respondent mentioned the Natal Nursing College and the University of Natal as the sole providers of information.

These responses indicate that all stakeholders in education, nursing education and nursing did make a contribution towards informing nurse educators of the change process. This is in accordance with the theory of change which propounds that there should be time provided for education and re-education of those affected by change. This is important because knowing exactly what is expected during the transitional stage and how it contributes to the new system reduces insecurity that accompanies uncertainty (Lutjens & Tiffany, 1994:54). It is however disturbing why nurse educators mentioned getting information from different authorities because one would expect responses in this item to be uniform.

Sub-theme 5.4.3.1.3 Establishment of whether information provided equipped nurse educators well enough to be able to formulate modules/programme templates as required

This item intended to determine whether the information provided by the aforementioned authorities was adequate enough to enable nurse educators to begin

the process of formulating modules/programme templates as stipulated by the NQF and SAQA respectively.

Responses revealed that a number slightly higher than half of the sample did obtain adequate information to enable them to start the process of formulation of modules an programme templates.

However, a number slightly less than half of the sample reported not to have acquired adequate information to enable them to initiate the process of formulation of modules and therefore had not yet started and some were still in the process of doing so. This is in contrast with the process of change as stated by Lutjens and Tiffany (1994:50) who propounds that planned change should be based among other things on the provision of time for education and re-education of those affected by change. Re-education is important because it ensures opportunities to gain knowledge about substance of change and to formulate new values and attitudes.

Three respondents did not respond to the item. The fact that some respondents reported alleged lack of knowledge and guidance re-formulation of programme templates/modules does augur well with the change process. This will some what cause a delay in transformation of nursing education and training and subsequently the production of nurses capable of functioning effectively in the new millenium within a model of competency based education and possess good critical thinking skills will be stifled.

Sub-theme 5.4.3.1.4 Opinion regarding what should have been done to enable nurse educators to understand and cope with the change

This item was specifically meant for respondents who stated that they did not receive adequate information to initiate the process of formulation of modules. Opinions given are stated hereunder:

- Many workshops should have been organized and specialists invited to run them

- All nurse educators in various campuses should have been involved and not just a selected few because they failed to give feedback after meeting and workshops.

- In-service training should have been provided on a continuous basis.

- Proper communication between "powers that be", e.g. Department of Education, offered information different from that given by the Department of Health. The same applied to tertiary institutions, e.g. University of South Africa provided completely different information from that given by the University of Natal (Departments of Nursing Science).

- More time and guidance should have been given on a continuous basis to ensure continuity and thorough understanding.

- Reading material should have been provided to different institutions for guidance and support.

- Venues selected should have been more accessible to all institutions to ensure good attendance.

- Workshops should have been run regionally, locally and to individual institutions.

From the above responses one can assume that not all nurse educators got the opportunity to attend workshops. Over and above, those who attended failed to provide their colleagues with feedback. Workshops conducted were, according to nurse educators very few and at times venues were not accessible.

This is not in line with the first stage of the change process known as unfreezing which emphasises that adequate time for introduction of new ideas should be

provided. This serves as positive motivation for those affected by change (Bower, 2000:176).

5.4.4 Problems/Constraints encountered by Nurse Educators during the change process and suggested solutions thereof

This item was aimed at establishing whether there were any problems encountered by nurse educators during the change process. Numerous problems were pointed out by nurse educators. They include the following:

- Time constraints i.e. limited time available to effect the changes.
- Resistance to change due to a paradigm shift.
- Communication problems between authorities e.g. different information given by different authorities leading to confusion.
- Many changes introduced at the same time which were too much for nurse educators who have a teaching function as well.
- Nurse educators who have been oriented are leaving their posts of nurse educators, while new ones need orientation. This has stifled the process of change.
- Facilitators of the process seemed not clear with some aspects of change, especially the exit level outcomes.
- Guidelines did not provide sufficient information to enable nurse educators to take the process forward.

- No feedback given to date regarding conditions of service and transferability, i.e. to universities and technikons.

- Nurse educators not sure whether incorporation of nursing colleges in universities and technikons will ever take place.

- What would happen to individual staff - will they all be given posts at universities/technikons?

- Fear of losing college status/posts and fear of unknown.

- Lack of finance, e.g. community-based education requires a lot of money.

- Fear that the change might distance nurses from patients.

- Communities might be negatively affected due to limited number of candidates who can afford university fees.

- Lack of transparency.

- There was no proper exposure of all nurse educators except the heads of nursing colleges and a selected few individuals.

- Lack of transport to travel to viewers where workshops were held.

- Short notices were given for meetings/workshops - staff were told on the day of the meetings to attend.

- Increased workload, e.g. completing more transcripts of training, attending to increased number of circulars from Head Office gives little time for academic planning.

- Meetings conducted did not have any resolutions - deadlines for resolutions not met and some nurse educators were not well-oriented about the change.

- Insufficient in-service training and workshops.

- Lack of consultation and a slow process.

- Lack of guidance from SAQA and lack of clear policy directives from SANC.

- Nurse educators had to go to different committees, as a result lost track of what was happening in other committees and yet they were teaching those modules and could have given meaningful contribution.

Suggested solutions

Nurse educators were further requested to suggest possible solutions to the problems and the following were given:

- Improved communication at senior levels so that they speak with one voice.

- Task teams should have been formed at different campuses to work on the process of change and relieved from college duties.

- More workshop/meetings should have been organized to disseminate information to nurse educators.

- Provision of funds for use where necessary.

- Continuing education programmes should have been organized to keep nurse educators abreast of latest developments.

- Time should have been set aside for each module so that all people involved were there to give input.

- More time should have been given to effect changes considering the regular workload.

- Provision of adequate resources, e.g. of cars to travel to meetings.

- Suitable venues to host workshops and meetings should have been selected.

- Introduction of basic, user-friendly programmes.

- Provision of adequate information and guidelines.

- Introduction of the process gradually and adequate preparation of all those involved.

- Nurse educators, as a form of motivation, should be reimbursed for this time-consuming and brain-draining task.

- Constructive feedback should be given by those who had attended meetings/workshops.

- There should be agreement on the definition of exit level outcomes especially the first exit level of enrolled nurses.

- Universities to first agree on what is needed before presenting the information to nursing colleges.

- More nurse educators should be employed to ensure equitable workload.

- Seniors to change their attitude (the type of attitude referred to was not specified and could be positive or negative.

The above-mentioned problems are considered by the researcher as major drawbacks in the transformation of nursing education and training so that it is in line with the general education which is almost transformed. The problems have made it rather difficult for nurse educator's to play their role in effecting the most needed changes in nursing education i.e. to ensure that nurses leave basic training with essential competencies needed to function in Primary Health Care Services.

5.4.5 Conclusion

In this chapter certain themes, sub-themes and categories were identified from data collected from participants followed by analyses thereof. Some responses have been quoted verbatim to capture and share with the reader the "lived experience" as it was described by participants. Conclusions made from these findings will be presented in the next chapter together with recommendations.

CHAPTER 6

SUMMARY, LIMITATIONS, DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

In Chapter 1, the nature of the problem which forms the basis for this study was presented. Nurses' education and training in South Africa take place unilaterally, i.e. not within the General Education Framework, and is currently the responsibility of the National Department of Health. This is in contrast with the present need for amalgamation of all education systems into the National Department of Higher Education. Nurse educators now have to adjust to the proposed changes so that nurses' education can fit into the proposals of the National Qualifications Framework and meet the requirements of the South African Qualifications Authority. This study therefore investigated the role to be played by nurse educators within the dynamics of these educational changes and how they can cope with the change process.

In Chapter 2 a brief historical background was provided on the general education system in South Africa before 1994 and its implications for nurses' education. Current changes taking place in the general education system were examined with special reference to Curriculum 2005, Outcomes-Based Education, the curriculum framework and the principles of the NQF. These changes were reviewed in the light of how they inevitably necessitated changes in the educational strategies to be utilised by nurse educators in the teaching of student nurses, particularly PBL, CBE and RPL. The literature reviewed also highlighted the views of nurse educators regarding the change process as communicated to professional bodies and trade unions. The literature reviewed also guided the researcher through the process of planning the data collection procedure.

6.2 RESEARCH DESIGN AND METHOD

In Chapter 3 the research design and method used to conduct this study were presented. A qualitative descriptive survey was used to address the research problem. The research topic of this study was: *The role of the nurse educator within the dynamics of educational change in South Africa.*

The research objectives were:

- To identify the nature, extent and impact of educational changes on nursing education in South Africa.
- To determine the implications of the new education system on the education and training of student nurses.
- To determine if nurse educators are prepared for and coping with the changes.
- To investigate participants' perceptions about the change process.

6.3. SUMMARY OF RESEARCH FINDINGS

Individual objectives are used as a foundation for discussion of findings in the succeeding section as well as themes and sub-themes that were developed in the preceding chapter.

6.3.1 Objective one

To identify the nature, extent and impact of educational changes on nursing education in South Africa.

Several aspects were investigated to achieve this objective.

6.3.1.1 Awareness of the nature and extent of changes taking place in nursing education

Key respondents expressed knowledge of changes currently taking place in the nursing education system. However, some felt that the process was slow and that there was a lack of transparency and proper consultation. It was also stated by some participants that the knowledge they possessed was somehow not adequate enough, because in most campuses only a selected number of individuals attended meetings and workshops and they often failed to give feedback to their colleagues. Respondents also reported that workshops and meetings conducted were too few to empower them with all necessary information.

6.3.1.2 Views about the change process

Both negative and positive comments were expressed by key respondents regarding the change process. The majority felt that the change will bring about national and international recognition of the nursing profession and that nursing would acquire the same academic status enjoyed by other professions. They also pointed out that the change will ensure elimination of duplication of courses which has for many years been a problem in nursing education through RPL.

However, a few felt that the change is good only for the financial side of the government (students will no longer be given an allowance or stipend at the end of each month), but otherwise worse in terms of hospital staffing (due to perceived reduction in the number of students trained); nurse educators' posts (some do not possess the necessary qualifications for admission at universities or technikons) and students' welfare.

6.3.1.3 Impact of the change on the education and training of student nurses

Key respondents felt *inter alia*, that the impact of the change on the education and training of students would be the elimination of traditional methods of teaching which are based on a curative model, which does not wean the student from dependence on the teacher and fails to mould students to become creative and analytic thinkers. They stated that the change would usher in new and innovative teaching strategies such as PBL and CBE which would ensure that on completion of the programme, students are independent nurse practitioners capable of functioning effectively in the primary health care setting as demanded by the challenges of the 21st century.

However, few participants felt that the impact would be disastrous not only for the education of nurses, but for the profession in general because fewer candidates would enrol for education and training, due to exorbitant tuition fees both at universities and technikons. This would mean less professional nurses would be produced to meet the health needs of the country.

Nonetheless, it can be concluded that nurse educators have assessed the changing environment in which they function and are prepared to effect the necessary change in the education of future professional nurses.

6.3.1.4 Registration of the programmes with NQF and SAQA

The majority of respondents stated that the programmes offered at nursing colleges where they work have already been registered with the NQF and SAQA as laid down in the SAQA Act of 1995. Respondents whose programmes were not yet registered indicated that they were still in the process of preparing the programmes for registration. They cited lack of guidance from stakeholders i.e. Department of National Education and Health, the South African Nursing Council and the

South African Qualifications Authority on the preparation of programmes for registration. Getting conflicting information from authorities steering the process and limited time frames to complete the programmes were mentioned as drawbacks towards completing this task.

The fact that the majority of participants mentioned that they had their programmes registered with SAQA is yet another indication that nurse educator are prepared to accept and embrace the change.

6.3.2 Objective 2: Implications of the new education system for both nurse educators and student nurses

6.3.2.1 Implications for nurse educators

Key respondents agreed that there is a need to look beyond department boundaries to construct programmes which offer students a coherent and marketable learning experience and to ensure that students fully understand the learning outcomes and assessment criteria for the learning programmes and modules. Some respondents were against the change from conventional methods of teaching to problem and community based teaching strategies. They possibly believe that it is their prerogative and responsibility alone to teach and supervise all student nurses in all learning activities.

6.3.2.2 Implications for student nurses

Key respondents agreed that there is a need for students to take responsibility for their own learning. They were also agreeable that learning should become more flexible through recognition of prior learning and provision of multiple entry and exit points. They envisaged learning that is student centred and that there should be a possibility of transfer of credits within higher education institutions to ensure

greater mobility. However, a few respondents were against recognition of prior learning and provision of multiple entry and exit points in the programme.

It can be concluded that the majority of respondents are conversant with the principles of NQF and that they are keeping abreast of the latest developments, because RPL and multiple entry and exit points in a programme are some of the principles of NQF.

6.3.3 Objective 3: Determination of whether nurse educators are prepared for and coping with the change

Key respondents reported difficulties in coping with the change process due to insufficient guidelines provided, especially on formulation of modules and programme templates and outcomes-based education, and how it impacts on the education and training of student nurses. They felt that the South African Nursing Council as a standards generating body should have provided them with adequate policy guidelines and directives to expedite the process. Other impediments in coping with the change are limited time-frames and deadlines within which to complete certain tasks. It is alleged by some respondents that over and above these problems, heads of certain institutions did not ensure that all nurse educators become involved by attending workshops and meetings. Instead they selected a few individuals to become engaged in meetings and discussions to the disadvantage of those left behind. Directors of some nursing education institutions are accused of lacking knowledge and direction, thus making adjustments to the change process difficult. Some felt that there was no proper consultation and the whole process was just imposed on them.

6.3.4 Objective 4: To investigate participants' perception about the change process

6.3.4.1 Perceptions on the location of nursing education

The majority of respondents were of the opinion that nursing education should move to universities and technikons and fall under the ambit of the National Department of Education. They felt if this happens their academic needs and those of students would be met. They argued that their status would be enhanced as they would be recognised as "academics" and not as professional nurses as is currently the case under the Department of Health. Students would be recognised as learners and not as part of the workforce in the units. Their learning needs would therefore be given priority and not the needs of the service.

However, some had a feeling that if nursing education moves over to universities or technikons they would lose their jobs because of inadequate qualifications for employment in these institutions. They are also worried about their service with the Department of Health and their pension benefits.

6.3.4.2 Perceptions on finances

- For nurse educators

  The majority of respondents expected a substantial increase in their salaries because they would be remunerated as university lecturers and not as professional nurses. Another benefit cited was that the education of their children would be subsidised by universities once they become their employees, causing a lessening of their financial burden.

  A few respondents who had probably reached the higher echelons in the nursing profession and were on their top notch feared that moving to

universities would perhaps put them at lower levels of the universities' hierarchy, with a resultant reduction in their salaries.

- For students

Respondents who were against incorporation of basic nursing education into universities and technikons argued that students would be expected to pay high tuition fees. This does not augur well, especially for Black students, the majority of whom come from the lower socio-economic classes. Accommodation would also become a problem.

6.3.4.3 Perceptions on the quality of future professional nurses to be produced

The majority of respondents felt that professional nurses produced under the new education system will be competent and skilled independent nurses capable of functioning at all three levels of health care, i.e. primary, secondary and tertiary, and of providing high quality care. However, some felt that newly-qualified professional nurses should undergo a period of apprenticeship like doctors to strengthen their skills and deepen their knowledge. A few respondents who do not favour the change were of the opinion that professional nurses produced will possess more theory and less practical skills due to inadequate exposure to clinical settings. This may lead to a lowering of standards.

6.3.5 Suggestions to better effect the change

Participants suggested that:

- Authorities spearheading the change process shall disseminate the same information to all nurse educators to avoid the confusion which has at times impeded the change process.

- More workshops should be organized in future and all nurse educators should be involved.

- Venues accessible to many institutions should be selected to run or host workshops.

- Provision should be made for adequate resources, e.g. cars and funds for travelling, as well as expenditure, e.g. CBE requires use of funds.

- More guidelines should be provided by all parties involved, e.g. SANC, Departments of Education and Health and SAQA.

- Continuing education programmes should be run to keep nurse educators abreast of latest developments.

- Task teams should be formed by different nursing education institutions to work on the changes and report to their colleagues on a regular basis.

- More time should be made available for completion of allocated projects as nurse educators still have to deal with their regular teaching load.

6.4 LIMITATIONS OF THE STUDY

- Due to financial constraints which deterred the researcher from doing the study over a larger area, only nursing education institutions in regions B and F were studied. The researcher would otherwise have involved all nursing colleges in the KwaZulu-Natal Province.

- Some nurse educators failed to return questionnaires despite several visits by the researcher and several telephone reminders. If all questionnaires

were returned, more light could have been shed on how nurse educators perceived their role within the dynamics of the educational change process in South Africa.

6.5 RECOMMENDATION

In terms of the findings and conclusions of this study, the researcher makes the following recommendations:

- Agreements on core issues of change should first be debated by relevant stakeholders before they are presented to nurse educators so that uniform information is disseminated. This will help eliminate confusion caused by getting different advice from different people, which hampers the process of change. After agreements on core issues, guidelines should be disseminated to all nursing education institutions to provide guidance to nurse educators. This will expedite the process of change.

  The South African Nursing Council should take a leading role in this regard since it is the body responsible for ensuring that good standards of nurses' education and training are maintained.

- Open communication and an interactive consultative approach involving all stakeholders should be adopted to keep everybody well-informed of developments. This will eliminate fears of the unknown, uncertainty and insecurity. Nurse educators need to be supported and cared for by authorities involved to boost their morale. Critical issues of concern, e.g. service with the Department of Health, job security, pension and subsidy formulae for students need to be discussed openly with nurse educators.

- Well coordinated training and development programmes should be organized for nurse educators where they will be empowered with

information necessary to take the process of change forward. In these programmes changes in the general education system with special reference to OBE and Curriculum 2005, should be discussed as well as how they impact on the education and training of prospective student nurses.

- Reports on progress made: When finality on a certain issue has been reached, nurse educators need to be informed and policies around the issue formulated and distributed to all nursing colleges. Alternatively, a public relations department that could be e-mailed for questioning and queries could be established to provide nurse educators with correct relevant information within an acceptable time-frame. This department could also acknowledge the enormous volume of work done at grass roots level, offer support to stressed nurse educators and attempt to maximize human relations and teamwork.

- Welfare of nurse educators and students: Based on the findings of this study, the researcher also recommends that irrespective of who controls nursing education, nurse educators should be accorded the same status and remuneration offered to teachers across the board. They should be included in the proposed register for teachers and be regarded as academics and not as professional nurses. This will help eliminate the perceived marginalization by the Department of Health.

Careful thought should also be directed towards the status of students in the clinical situation and how the Department of Health can recognise the contribution that the student is making in the clinical setting whilst participating as a member of the nursing as well as of the multi-disciplinary teams respectively.

6.6 RECOMMENDATIONS FOR FURTHER RESEARCH

Further research could be conducted that involve all nursing colleges in the nine provinces to establish whether views articulated by nurse educators under study will be expressed by their counterparts. Furthermore, the research will also determine the progress made thus far on the transformation of nursing education.

6.7 CONCLUSION

The results of this study demonstrates that the majority of nurse educators under study are in principle aware of the need to change from traditional methods of teaching to participatory education in nursing as highlighted in the White Paper, April 1997. They realise the need for a drastic curricular review and reorientation towards community and problem-based education. They also promote that nursing education should take place at technikons and universities. They are cognisant of their role in the transformation of nursing education and training to enable professional nurses to function effectively in the new millennium within a model of competency-based education and critical thinking. However, it has become obvious that a number of factors militate against fulfilment of this obligation, such as lack of consultation, slow processing and a lack of resources, guidance, direction and support.

Nevertheless, nursing education now has the opportunity to design relevant and appropriate qualifications that meet the needs of the community and the nation at large. There is therefore a need to become organized and to meet the challenges ahead within the stipulated time frame.

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ANNEXURE A

LETTER TO THE DEPARTMENT OF HEALTH REQUESTING PERMISSION TO CONDUCT RESEARCH TO SOME OF THE NURSING COLLEGES IN THE KWAZULU-NATAL PROVINCE

University of Zululand:

DURBAN-UMLAZI CAMPUS

Private Bag X10
ISIPINGO 4110
South Africa
031-9075055
Fax: 031-9073011

Ref:

01 November 2000

Attention : Mrs G. Mkhize
Department of Health
330 Longmarket Street
PIETERMARITZBURG
3200

Dear Madam

REQUEST TO UNDERTAKE RESEARCH IN SOME NURSING COLLEGES IN KWAZULU-NATAL PROVINCE

I hereby request to undertake research at the Nursing Colleges located in regions F and H of Kwa-Zulu Natal Province. The title of the research study is "**The role of the nurse educator within the dynamics of educational change in South Africa**" I am performing the study as a doctoral student under the auspices of the Department of Nursing at the University of Zululand. Durban-Umlazi Campus. Please find enclosed the research proposal and the certificate of clearance by the ethics committee.

Thanking you in advance.

Sincerely

T.E. MTETWA

ANNEXURE B

LETTER FROM THE DEPARTMENT OF HEALTH
GRANTING PERMISSION
TO CONDUCT RESEARCH

'ROVINCE OF
\WAZULU-NATAL
HEALTH SERVICES

ISIFUNDAZWE
SEKWAZULU-NATALI
EZEMPILO

PROVINSIE
KWAZULU-NATAL
DEPARTEMENT VAN GESONDHEID

NATALIA
330 LONGMARKETSTREET
PIETERMARITZBURG

:L. 033-3952111
\X 033-3426744

Private Bag :X9051
Esikhwama Seposi : Pietermaritzburg
Privaatsak : 3200

Enquiries: Dr L. Nkonzo-Mtembu
Extension: 2275
Reference: 9/2/3/R

12 MAR 2001

Irs T.E. Mtetwa
niversity of Zululand
urban-Umlazi Campus
rivate Bag X10
SIPINGO
110

'ear Madam

:EQUEST TO UNDERTAKE RESEARCH IN SOME NURSING COLLEGES IN KWAZULU-NATAL
'ROVINCE

'our facsimile dated 12 February 2001 refers.

'lease be advised that authority is granted to conduct research provided that :-

(a) Prior approval is obtained from the Head of each Nursing College involved;

(b) Confidentiality is maintained;

(c) The Department is acknowledged; and

(d) The Department receives a copy of the report on completion.

'ours sincerely

SECRETARY: DEPARTMENT OF HEALTH
KWAZULU-NATAL
Mtetwa

ANNEXURES C-H

LETTERS TO PRINCIPALS OF NURSING COLLEGES UNDER STUDY
REQUESTING PERMISSION TO VISIT
THE INSTITUTIONS TO CONDUCT RESEARCH

University of Zululand:

DURBAN-UMLAZI CAMPUS

Private Bag X10
ISIPINGO 4110
SOUTH AFRICA
031-9077000
Fax: 031-9073011
Ref:

Enquiries : Mrs T.E. Mtetwa
Tel : (031) 907 7077

31 August 2001

The Principal
Addington Nursing College
Private Bag X54316
DURBAN
4000

Dear Madam

REQUEST TO CONDUCT RESEARCH

I write this letter to kindly request permission to conduct a research study whereby the participation of nurse educators of your college will be sought.

The research is a requirement for a Doctoral degree in Nursing Education and the title is **"The Role of the Nurse Educator within the Dynamics of Educational change in South Africa"**. I intend coming on one of the following dates 10/09/01 and/or 14/09/01 if possible.

Your co-operation will be highly appreciated.

Yours sincerely

T. MTETWA (Mrs)

University of Zululand:

DURBAN-UMLAZI CAMPUS

Private Bag X10
ISIPINGO 4110
South Africa
031-9075055
Fax: 031-9073011

Ref:

Enquiries : Mrs T.E. Mtetwa
Tel : (031) 907 7077

28 March 2001

The Principal
Grey's Nursing College
Private Bag X9001
PIETERMARITZBURG
3200

Dear Madam

REQUEST TO CONDUCT RESEARCH

I write this letter to kindly request permission to conduct a research study whereby the participation of nurse educators of your college will be sought.

The research is a requirement for a Doctoral degree in Nursing Education and the title is **"The Role of the Nurse Educator within the Dynamics of Educational change in South Africa"**.

Your co-operation will be highly appreciated.

Yours sincerely

T. MTETWA (Mrs)

University of Zululand:

DURBAN-UMLAZI CAMPUS

Private Bag X10
ISIPINGO 4110
South Africa
031-9075055
Fax: 031-9073011

Ref:

Enquiries : Mrs T.E. Mtetwa
Tel : (031) 907 7077

28 March 2001

The Principal
R.K. Khan Nursing College
Private Bag X004
CHATSWORTH
4030

Dear Madam

REQUEST TO CONDUCT RESEARCH

I write this letter to kindly request permission to conduct a research study whereby the participation of nurse educators of your college will be sought.

The research is a requirement for a Doctoral degree in Nursing Education and the title is **"The Role of the Nurse Educator within the Dynamics of Educational change in South Africa"**.

Your co-operation will be highly appreciated.

Yours sincerely

T. MTETWA (Mrs)

University of Zululand:

DURBAN-UMLAZI CAMPUS

Private Bag X10
ISIPINGO 4110
South Africa
031-9075055
Fax: 031-9073011

Ref:

Enquiries : Mrs T.E. Mtetwa
Tel : (031) 907 7077

28 March 2001

The Principal
King Edward VIII Nursing College
Private Bag
CONGELLA
4013

Dear Madam

REQUEST TO CONDUCT RESEARCH

I write this letter to kindly request permission to conduct a research study whereby the participation of nurse educators of your college will be sought.

The research is a requirement for a Doctoral degree in Nursing Education and the title is **"The Role of the Nurse Educator within the Dynamics of Educational change in South Africa"**.

Your co-operation will be highly appreciated.

Yours sincerely

T. Mtetwa

T. MTETWA (Mrs)

University of Zululand:

DURBAN-UMLAZI CAMPUS

Private Bag X10
ISIPINGO 4110
South Africa
031-9075055
Fax: 031-9073011

Ref:
Enquiries : Mrs T.E. Mtetwa
Tel : (031) 907 7077

28 March 2001

The Principal
Prince Mshiyeni Nursing College
Private Bag X07
MOBENI
4060

Dear Madam

REQUEST TO CONDUCT RESEARCH

I write this letter to kindly request permission to conduct a research study whereby the participation of nurse educators of your college will be sought.

The research is a requirement for a Doctoral degree in Nursing Education and the title is **"The Role of the Nurse Educator within the Dynamics of Educational change in South Africa"**.

Your co-operation will be highly appreciated.

Yours sincerely

T. MTETWA (Mrs)

ANNEXURES I-J

LETTERS FROM PRINCIPALS OF
NURSING COLLEGES UNDER STUDY
GRANTING PERMISSION
TO CONDUCT RESEARCH

GREY'S/NORTHDALE CAMPUS

PRIVATE BAG X9001, PIETERMARITZBURG, 3200
TELEPHONE: [033] 8973503 FAX NO: [033] 8973506

Enquiries: MISS J.C. MILLER	Date : 09.04.2001	Reference :
Imibuzu :	Usuku :	Inkomba :
Navrae :	Datum :	Verwysing :

Mrs T. Mtetwa
University of Zululand
DURBAN – UMLAZI CAMPUS
Private Bag X10
ISIPINGO
4110

Dear Madam

REQUEST TO CONDUCT RESEARCH

Your letter of 28 March 2001 refers.

Permission is hereby given to you to approach members of the Grey's/Northdale Campus tutorial staff in connection with your research.

Yours faithfully

J.C. MILLER (MISS)
CAMPUS PRINCIPAL

JCM/npz
C:\REQUEST TO CONDUCT RESEARCH
09/04/2001

VINCE OF
ZULU-NATAL
LTH SERVICES

ISIFUNDAZWE
SAKWAZULU-NATAL
EZEMPILO

PROVINSIE
KWAZULU-NATAL
GESONDHEIDSDIENS

CE OF: MEDICAL SUPERINTENDENT

PRINCE MSHIYENI MEMORIAL HOSPITAL DURBAN, R S A

Leposi	: Private Bag X07	Fax No	:	Ucingo	:
l Address	: Mobeni	Fax No	: 031 9073334	Tel No	: 031 9078317
dres	: 4060	E-mail	: kajanowski@yahoo.com	Tel No	:
izo	:	Usuku	:	Inkomba	:
iries	: DR K A JANOWSKI	Date	: 2001-05-10	Reference	: Research
ie	:	Datuum	:	Verwysing	:

Mrs T E Mtetwa
University of Zululand
Durban – Umlazi Campus
Private Bag X10
SIPINGO
4110

Re: Request to conduct Research

Dear Madam

It is a pleasure for the Management of Prince Mshiyeni Memorial Hospital to grant you permission to conduct your research study at Nursing College at Prince Mshiyeni Memorial Hospital

Yours sincerely

Dr K A Janowski
Medical Superintendent

ANNEXURE K

RESEARCH QUESTIONNAIRE

University of Zululand:

DURBAN-UMLAZI CAMPUS

Private Bag X10
ISIPINGO 4110
South Africa
031-9075055
Fax: 031-9073011

Ref:

Enquiries : T.E. Mtetwa
(031) 907 7077

28 May 2001

Dear Colleague

I am kindly requesting you to take part in my research concerning **"The Role of the Nurse Educator within the Dynamics of Educational Change in South Africa".**

Your participation is very important to the accuracy of this research. I sincerely hope that you will be willing to share your time and thoughts with me by providing the information requested on the questionnaire.

All replies will be kept in strict confidence and no one will know the answers you have personally given. Do not write your name or the name of your institution anywhere on the questionnaire.

Thank you for your co-operation.

Yours sincerely

Mtetwa

T. MTETWA

SECTION A

1. BIOGRAPHICAL AND NURSING EDUCATION INFORMATION

1.1 Biographical data

1.1.1 GENDER

Male	
Female	

1.1.2 AGE GROUP

20 - 29 years	
30 - 39 years	
40 - 49 years	
50 - 59 years	
60 years and above	

1.1.3 PRESENT TITLE /POSITION

Principal	
Vice-Principal	
H.O.D.	
Tutor	

1.1.4 PERIOD OF EXPERIENCE IN THAT POSITION IN YEARS

1.1.5 ARE YOUR PROGRAMMES ALREADY REGISTERED WITH THE NATIONAL QUALIFICATIOS FRAME WORK (NQF) AND THE SOUTH AFRICAN QUALIFICATIONS AUTHORITY (SAQA)?

Yes	
No	

1.1.6 IF YOUR RESPOSE TO THE ABOVE ITEM IS **"YES"** INDICATE PROBLEMS ENCOUNTERED DURING THE PREPARATION AND REGISTRATION OF QUALIFICATIONS.

_____

_____

_____

_____

1.1.7 IF YOUR RESPONSE TO ITEM IS **"NO"** STATE THE REASONS(S) WHY?

_____

_____

_____

1.1.8 HAVE YOU ADOPTED A PROGRAMME – BASED APPROACH TO CURRICULUM DESIGN?

Yes	
No	

1.1.9 IF YOUR RESPONSE TO THE ABOVE STATEMENT IS **"YES"** HAVE YOU DONE THE FOLLOWING AS A PROGRAMME TEAM:-

	YES	NO
Agree on the purpose and title of programme		
Define the exit level outcomes		
Agree on the core, elective and foundation modules required to construct coherent learning pathways		
Agree on integrated assessment criteria and methods to assess the outcomes at the programme exit level		
Other (Please specify		

1.1.10 HAVE YOU COMPLETED THE FORMULATION OF SELF CONTAINED MODULES OR IMPROVED THE OLD ONES?

Yes	
No	

1.1.11 IF YOU HAVE DONE SO, WERE YOU GIVEN ADEQUATE GUIDANCE ON HOW TO CONDUCT THIS EXERCISE?

_____

_____

_____

1.1.12 IF YOUR RESPONSE IS "**NO**" INDICATE REASONS FOR NOT DOING SO?

_____

_____

_____

1.1.13 GIVEN THE REQUIREMENTS OF NQF AND SAQA WERE YOU. THOROUGHLY PREPARED REGARDING THE FOLLOWING:-

	YES	NO
Greater understanding of NQF and SAQA		
A paradigm shift on the part of nurse educators role and involvement of student in the teaching / learning process		
Formulation of modules and templates		
Continuous and continual assessment and evaluation of teaching and learning by staff, students and other stake holders		
Other (Please specify)		

1.2 Nursing Education Information

1.2.1 TYPE OF BASIC NURSING PROGRAMME COMPLETED

S.A.N.C. Diploma course	
Integrated four-year Diploma course	
University Bachelors Degree	
Other (please specify)	

1.2.2 TYPE OF PROGRAMME COMPLETED WHEN YOU FIRST REGISTER AS A NURSE EDUCATOR WITH THE SANC.

University Diploma	
Post Registration Bachelors Degree	
Other (Please specify)	

1.2.3 PRESENT HIGHEST PROFESSIONAL QUALIFICATION

Post registration / Diploma(s)	
Bachelors Degree	
Honours Degree	
Masters Degree	
Doctoral Degree	
Other (Please specify)	

1.2.4 ARE YOU CURRENTLY ENGAGED IN FORMAL STUDY BEYOND THE HIGHEST DEGREE / DIPLOMA WHICH YOU HOLD.

Yes	
No	

1.2.5 IF THE ANSWER TO THE ABOVE RESPONSE IS "YES" PLEASE SPECIFY.

SECTION B

1. NATURE, EXTENT AND IMPACT OF EDUCATIONAL CHANGES TO NURSING EDUCATION IN SOUTH AFRICA

1.1 Nature and extent of changes

1.1.1 ARE YOU AWARE OF EDUCATIONAL CHANGES TAKING PLACE IN NURSING EDUCATION IN SOUTH AFRICA.

Yes	
No	

1.1.2 IF YOUR RESPONSE TO THE ABOVE ITEM IS "YES". WHAT IS YOUR OPINION ABOUT SUCH CHANGE?

1.1.3 WHAT IMPLICATION(S) DO YOU THINK THESE CHANGES WILL HAVE ON THE EDUCATION AND TRAINING OF STUDENT NURSES AND THE NURSING PROFESSION IN GENERAL?

1.1.4 HOW CAN YOU DESCRIBE THE GENERAL MOOD PREVAILING IN YOUR INSTITUTION REGARDING THE CHANGES?

1.2 IMPACT OF THE CHANGES

1.2.1 What do you think will be the impact of the change?

1.2.1.1 ON YOU AS A PERSON

i) YOUR STATUS

ii) FINANCIALLY

iii) SOCIALLY

1.2.1.2 ON THE EDUCATION AND TRAINING OF STUDENTS.

1.2.1.3 ON THE QUALITY OF PROFESSIONAL NURSES PRODUCED ON COMPLETION OF THE PROGRAMME.

1.2.1.4 ON THE NURSING PROFESSION IN GENERAL.

1.2.1.5 ON THE RECRUITMENT OF PROSPECTIVE CANDIDATES FOR EDUCATION AND TRAINING.

2. IMPLICATIONS OF THE NEW EDUCATION SYSTEM OF STUDENT NURSES

2.1 Implications for nurse educators

Indicate the level to which you agree or disagree with the following implications for nurse educators?

	STR. AGREE	AGREE	STR. DISAGREE	DISAG.
1. It is necessary to look beyond department boundaries to construct programmes which offer students a coherent and marketable learning experience.				
2. Need to ensure that students are in possession and fully understand the learning outcomes and assessment criteria for the learning programmes and modules.				
3. Align the selection of content, teaching methods, learning activities and assessment methods with the exit level of the programmes and modules.				
4. Need a paradigm shift from conventional methods of teaching to problem based and community based teaching strategies.				

2.2 IMPLICATIONS FOR STUDENT NURSES

Indicate the extent to which you agree or disagree with the following implications for students

	STR. AGREE	AGREE	STR. DISAGREE	DISAGREE
1. Students should take greater responsibility for their own learning.				
2. Learning should become more flexible through:- • recognition of prior learning • multiple entry or exit points • education should be more learner-centered • possibility of transfer of credits within Higher Education Institution				
3. Students should develop a range of general transferable skills.				
4. Students should receive career and curriculum guidance and plan their programme of study with career in mind.				

3. DETERMINATION OF WHETHER NURSE EDUCATORS ARE PREPARED FOR AND COPING WITH THE CHANGE

3.1 WERE YOU GIVEN ADEQUATE INFORMATION /WORKSHOPS REGARDING NQF, SAQA AND OBE

Yes	
No	

3.2 IF **"YES"** WHO PROVIDED YOU WITH INFORMATION

	YES	NO
Department of education		
Department of Health		
South African Nursing Council		
Other (please specify)		

3.3 DID THE INFORMATION PROVIDED EQUIPPED YOU WELL ENOUGH TO FORMULATE MODULES / PROGRAMME TEMPLATES AS REQUIRED.

Yes	
No	

3.4 IF YOUR RESPONSE IS **"NO"** GIVE YOUE OPINION REGARDING WHAT COULD HAVE BEEN DONE TO ENABLE YOU UNDERSTAND AND COPE WITH THE CHANGE.

_____

_____

_____

4. PROBLEMS / CONTRAINTS

LIST PROBLEMS / CONSTRAINTS ENCOUNTERED DURING THE CHANGE PROCESS AND SUGGEST SOLUTIONS THEREOF

4.1 PROBLEMS / CONSTRAINTS

4.1.1 _____

4.1.2 _____

4.1.3 _____

4.1.4 _____

4.1.5 _____

4.2 SUGGESTIVE SOLUTIONS

4.2.1 _____

4.2.2 _____

4.2.3 _____

4.2.4 _____

4.2.5 _____

4.3 ANY OTHER COMMENTS ON THE EDUCATIONAL CHANGES OF STUDENT NURSES.

_____

_____

_____

THANK YOU FOR YOUR CO-OPERATION