AN EVALUATION OF THE IMPACT OF POST-BASIC NURSING PROGRAMMES OFFERED BY THE UNIVERSITY OF ZULULAND

By

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DECLARATION

I hereby declare that this research on ***An Evaluation of the Impact of Post-Basic Nursing Programmes offered by the University of Zululand*** is my own work. All sources that I have used or quoted have been acknowledged by means of complete references.

.....

B.A. KUBHEKA
DURBAN
JANUARY 2001

DEDICATION

This work is dedicated to the following:

- *My colleagues engaged in the NURSING PROFESSION.*
- *My students in Nursing Education who supported me.*
- *My late parents Elliot and Roseline Msomi who gave me a background in education.*
- *My children Phumlani, Siyabonga and Busisiwe for their continuous support.*
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ABSTRACT

This is a study which aimed at evaluating the impact of post-basic nursing programmes offered by the nursing science department of theUniversity of Zululand,in KwaZulu-Natal from 1981-1988. The aim was to establish relevance and appropriateness of these nursing programmes in relation to the needs of the country, and to evaluate how the graduates of this university are utilized by the supervisors in the health services and educational institutions. A further aim was to describe the biographical educational and professional background of the graduates from the nursing science department at the University of Zululand.

An exploratory descriptive survey was conducted in the hospitals, nursing colleges and nursing schools in KwaZulu-Natal Province where graduates from the nursing science department worked, and the nursing science department of the University of Zululand. Two sets of interview schedules were designed for graduates of the University of Zululand nursing science department and supervisors of these graduates. The total sample comprised seventy-five (75) graduates and twenty-nine (29) supervisors.

The study revealed that the post-basic nursing programmes of the University of Zululand nursing science department are relevant and appropriate to the changing needs of the Province KwaZulu-Natal though there was a need to introduce advanced clinical diplomas and courses. The study further revealed that the nursing graduates were properly utilized by the supervisors in the health services and educational institutions. The profile of a graduate from post-basic nursing programmes of the University of Zululand were mostly females above 30 years of age, married and employed mostly in semi-urban and urban areas. Very few graduates had postgraduate qualifications, that is honours, masters and doctorates.

Based on the findings of the study it was recommended that for relevance in clinical situations and appropriateness the nursing science department should develop more advanced clinical programmes. It was also recommended that the Post-Basic nursing programmes should be continually evaluated and that the actual utilization of the products from nursing programmes be monitored.

An Outcomes-Based Educational Model (OBEV) has been developed as a model for evaluation of post-basic nursing programmes.

OPSOMMING

Die doelwit van hierdie studie was om die impak van postbasiese verpleegprogramme wat deur die Departement van Verpleegwetenskap by die Universiteit van Zoeloeland aangebied word, te evalueer. Die ondersoek was daarop gemik om te bepaal of die verpleegprogramme relevant en toepaslik is ten opsigte van die land se behoeftes, om vas te stel hoe graduandi aan hierdie universiteit deur toesighouers in gesondheidsdienste en aan opvoedkundige instellings aangewend word, en laastens om die biografiese en opvoedkundige professionele agtergrond van graduandi in die Departement van Verpleegwetenskap aan hierdie universiteit te beskryf.

'n Ondersoekende beskrywende opname is by die hospitale, verpleegkolleges en verpleegskole in KwaZulu-Natal en die Universiteit van Zoeloeland, waar graduandi van die Departement van Verpleegwetenskap werksaam is, uitgevoer. Twee stelle onderhoudskedules is ontwerp vir graduandi aan die Universiteit se Departement van Verpleegwetenskap en vir hulle toesighouers. Die totale steekproef het bestaan uit vyf-en-sewentig (75) graduandi en nege-en-twintig (29) toesighouers.

Die studie het aan die lig gebring dat postbasiese verpleegprogramme aan die Departement van Verpleegwetenskap aan die Universiteit van Zoeloeland relevant en toepaslik is en voldoen aan die veranderende behoeftes van KwaZulu-Natal. Daar is ook gevind dat daar 'n behoefte bestaan vir meer gevorderde kursusse en diplomas. Die studie het verder aan die lig gebring dat die graduandi na wense deur toesighouers in gesondheidsdienste en aan opvoedkundige instansies aangewend word.

Verder is gevind dat die profiel van 'n gegradueerde uit die postbasiese verpleegprogramme aan die universiteit insluit dat die persoon vroulik is, ouer is as 30 jaar, getroud is en hoofsaaklik werksaam is in stedelike en nie-stedelike gebiede. Baie

min graduandi het nagraadse kwalifikasies soos honneurs-, meesters- of doktorsgrade.

Gebaseer op die bevindings van hierdie ondersoek word aanbeveel dat ten einde relevansie en toepaslikheid in kliniese situasies in die Departement van Verpleegwetenskap by die Universiteit van Zoeloeland te verseker, meer gevorderde kliniese programme ontwikkel moet word. Daar word ook aanbeveel dat die postbasiese programme voortdurend geëvalueer moet word en dat die werklike aanwending van die produkte van verpleegprogramme, gemonitor word.

'n Uitkomsgebaseerde opvoedkundige model (OBEV) is ontwikkel vir die evaluasie van postbasiese verpleegprogramme.

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CHAPTER 1

1.1 INTRODUCTION

A variety of nursing education programmes exist at basic and post-basic levels in South Africa. All are aimed at providing high quality health care for all citizens. Evaluation of these programmes should be an integral component of all the above educational programmes. Programme evaluation is done systematically to diagnose the worthiness, effectiveness and efficiency of the products of a certain educational programme. This evaluation can be done at any stage of programme implementation, namely, during an early stage of attendance at an educational institution, near graduation and few months or many years after graduation when the graduates are already employed.

Evaluation also identifies discrepancies between intended and actual programme outcomes. After completion of the evaluation process the evaluators should develop explanations of the identified discrepancies.

This study seeks to evaluate the impact of post-basic nursing programmes offered by the University of Zululand nursing science department from 1981-1998. The focus of the study is on utilization of the graduates who completed the nursing administration, nursing education and community health nursing science programmes. It focuses clearly on the graduates who were already employed by different health services and different nursing educational institutions in KwaZulu-Natal.

1.2 BACKGROUND OF THE STUDY

The department of nursing science at the University of Zululand was established in January 1981, when only post-basic undergraduate programmes were introduced. Programmes that were offered were the following:

- a three-year post-basic Bachelor of Curationis degree in Education and administration (B Cur E et A)
- a two-year diploma in nursing education (DNE)
- a one-year diploma in nursing administration now called nursing management (DNA) and
- a one-year diploma in community health nursing science (DCHN).

There is no evidence that an evaluative study was ever done since inception, of the above mentioned post-basic nursing programmes.

Evaluatory studies have been done at other South African Universities. Brink (1984) investigated the profile of nurse educators of the Republic of South Africa. Nzimande (1984) investigated the role of the nurse administrator in KwaZulu-Natal. The studies mentioned above focused on the products of the post-basic programmes, namely the nurse educators and the nurse administrators.

Paton (1988) also conducted an evaluatory study on post-basic nursing education programmes offered by the department of nursing science of the University of South Africa. This study confirmed that the programme produced nurse leaders who were mature and could contribute significantly to the nursing profession. A study conducted by Khumalo in (1992) revealed that graduates from post-basic programmes in nursing management, nursing education and community health nursing science were not always fully utilised.

Allen and Jolly (1987:80) state that evaluation of the programmes should be done to assess their quality and to determine their overall worthiness. The post-basic nursing programmes of the University of Zululand need to be evaluated also like other programmes at other Universities.

The study focus was on those students who were already working in the health services and nursing educational institutions who completed their studies between 1981 and 1998.

Both the graduates and supervisors were interviewed. The study seeks to evaluate the impact of post-basic nursing programmes of the University of Zululand nursing science on the health services in KwaZulu-Natal in places of utilization.

1.3 STATEMENT OF THE PROBLEM

The financial constraints facing tertiary education institutions today as well as –

> need for relevance, **productivity** and **appropriate nursing programmes**, demand continuous evaluation of programmes that are offered. This should be done in order to **assess** the **relevance** of the curriculum to increase the **marketability** of the programmes, the need to meet **health** needs of the country and to increase the utilization **of nursing** graduates.

It is imperative that each tertiary educational institution justifies its existence by among other things, providing cost-effectiveness of its programmes. It was, therefore, appropriate for the post-basic programmes of the University of Zululand to be evaluated. This was done to assess the extent of the utilization of their graduates. Improper utilization of graduates such as allocating them to duties that are not within their scope, knowledge and expertise are some of the examples. This might also result in poor nursing care of the patients / clients. This would negate the desired end result of any nursing programme which is personal and professional development of the graduates.

1.4 MOTIVATION OF THE STUDY

The researcher was motivated to do this study after noting that post-basic nursing programmes of the University of Zululand nursing science department had been not evaluated since their establishment in 1981. The nursing programmes that were evaluated previously were only a 4-year basic nursing programme (B cur) which was established in 1984, three years after.

It is envisaged that upon completion of this study, some recommendations will also be made on the post-basic nursing programmes.

1.5 RESEARCH QUESTION

The research questions were:

- **Are the post-basic nursing programmes for the nursing science department appropriate and relevant to the health needs in KwaZulu-Natal province?**
- **Are the graduates from these programmes appropriately utilized in the health services or educational institutions?**
- **What is the profile of the graduates from the post-basic nursing programmes of the nursing science, University of Zululand?**

1.6 OBJECTIVES OF THE STUDY

The study is intended to achieve the following objectives:

- **To analyze the existing post-basic programmes, to ascertain their relevance**

and appropriateness to the changing needs of the Province - KwaZulu-Natal.

- **To evaluate the appropriateness of the utilization of the graduates from the University of Zululand.**
- **To describe the biographical, educational, and professional background of the graduate nurses of the University of Zululand.**
- **On the basis of the findings of this research project, to make recommendations that enhance the adaptation of the curriculum to the health needs of the South African citizen.**

1.7 ASSUMPTIONS

Emanating from the questions the following assumptions were made:

"The post-basic nursing programmes at the University of Zululand prepared candidates appropriately and adequately for the utilization by the health services and educational institutions."

"The post-basic nursing programmes of the university of Zululand are relevant to the changing needs of the communities in kwaZulu-Natal Province. It is assumed that when it was first introduced, the post-basic nursing programmes at the University of Zululand prepared candidates appropriately and adequately for utilization in the health services and nursing educational institutions.

It was also assumed that these programmes were relevant to the changing needs of the community of KwaZulu-Natal. (However, the main assumption of this

study is that these programmes need to be constantly evaluated or reviewed in order for them to meet the needs of the nursing and medical environment). For example the disease patterns of the 1980s are different from that of 1990s.

Lastly it was assumed that the graduates of the University of Zululand nursing science are in several health services and nursing education institutions in KwaZulu-Natal. These graduates are placed and utilized differently by these institutions. Some are in leadership, positions playing different roles and functions. Others are contributing to the growth and development of the nursing profession and the improvement of the provision of quality health care to patients / clients.

1.8 SIGNIFICANCE OF THE STUDY

The study is significant because it proposes to investigate possible changes and improvement to the curriculum based on the outcomes of the research. It will also suggest recommendations on the improvement of the quality of education and training of professional nurses, as well as the nursing programmes of the University of Zululand.

It is hoped that these nursing programmes will be made relevant and appropriate to the needs of the country.

The study also helps other nursing educational institutions to generate a new curriculum model for teaching nursing administration, nursing education and community health nursing science. This will be done also by making suggestions in the preparation of prospective graduates, who will contribute significantly to the improvement of strategies for quality patient care in all the nursing institutions in South Africa.

1.9 DEFINITION OF TERMS

1.9.1 Programme

In this study a programme is a series of planned educational activities a student is to undertake with the assistance of the teacher.

1.9.2 Evaluation

Evaluation in nursing relates to perceptions of nursing acts / events judged against the professional predetermined standards and values. This is supported by Billings and Halstead (1998:423) who define evaluation as the collection and interpretation through systematic and formal means, of relevant information which serves as a basis for rational judgements in decision situations.

1.9.3 Programme evaluation

Programme evaluation refers to an assessment of quality and effectiveness of an instructional session, courses, curriculum and the school aimed at improving the programme (Allen & Jolly, 1987:300).

1.9.4 Post-basic nursing programmes

In the context of this study post-basic nursing is used to refer to all nursing programmes that are offered after a basic nursing programme, where a professional nurse obtains additional qualifications which are approved and registered by the South African Nursing Council.

1.9.5 Impact

Impact is used figuratively in this study to refer to a dramatic effect of an event. The impact of the post-basic nursing programmes of the University of Zululand will be described as it is perceived by nurse leaders of the nursing profession and the graduates of this University.

1.10 CONCLUSION

This chapter outlined the introduction, background of the study, problem identification, motivation, hypothesis, objectives of the study, assumptions, significance of the study, definition of terms and conclusion. The next chapter will deal with literature review.

CHAPTER 2: PROGRAMME EVALUATION - LITERATURE REVIEW

2.1 INTRODUCTION

This chapter contains specially organized and summarized information gathered from sources nationally and internationally. The literature reviewed lays the foundation for this study on evaluating the impact of post-basic nursing programmes offered by the University of Zululand.

This literature review focused on programme evaluation under the following headings:

(i) programme evaluation,
(ii) international views about programme evaluation,
(iii) purposes of programme evaluation,
(iv) criteria for programme evaluation,
(v) methods used in programme evaluation and
(vi) evaluation models.

A brief discussion on each heading follows:

2.2 PROGRAMME EVALUATION

Different views have been expressed on programme evaluation by different authors. Programme evaluation helps to identify the strengths and weaknesses of the programme which in turn should form the basis for further curriculum development. Hogg (1990:104) feels that programme evaluation should be intrinsically linked to curriculum change and evaluation for effectiveness.

Mellish and Brink (1993:316-317) found it essential that from time to time nurse educators should evaluate the programmes that they offer jointly, and suggest that the

following questions should be asked and researched:

- Are we producing the end product that is desired?
- Are nurses registered as a result of our programme able to act effectively?
- Do our programmes meet the health needs of the country?
- Are curricula reviewed annually?

These questions are very important for this study because each and every registered nurse that is produced by any nursing programme should be able to act effectively and be desirable. This will be identified during their professional practice. This is why in this study the supervisors of the University of Zululand graduates were interviewed to find out how they utilized these graduates. Programme evaluation, if possible, should be done annually to find out if it meets the needs of the country at that particular time. Programmes that do not meet the needs of the country should be urgently revised or improved so that students that are produced are usable and marketable. Rossie and Freeman (1991:56) stated that if a programme does not cater for the needs of a country, it needs to be changed.

Brink (1988:4) on evaluating the tutors of the Republic of South Africa found that they are chronologically matured women with considerable experience which enabled them to cope with the demands of the time. Paton (1988:11) also did a profile of UNISA qualified nurse educators and found the same results as the author above. She commented that the extent that these graduates are utilized has helpd to alleviate the shortage of nurse educators particularly in the black population group.From these findings it is clear that the University of South Africa contributed a lot to the provision of well-qualified nurse educators to meet the needs of the nursing profession and needs of the country.

On the other hand Roos and Mofokeng (1999:6) assert that community health nurses working in the mobile health services seem to fail to do their work properly and in communicating elements of health education which is very important. These nurses were found to be failing to perform physical examinations, failing to check growth and development of the infants, failing to inform patients about the results of the findings and observations that they have made. These nurses were found to have negative attitudes towards patients. This they demonstrated by scolding them, and failed to explain actions and side effects of certain medications. The above negative findings were very useful for curriculum change and improvement for community health nurses' programmes since they needed more skills and knowledge in physical assessment, ethics, human relations, effective communication and health education. It is clear that programme evaluation is necessary on any programme that has been implemented, that is why post-basic nursing programmes of the University of Zululand need to be evaluated also for future improvements of the programmes, if necessary.

2.2.1 **International views about programme evaluation**

For purposes of comparison, and perhaps to enrich local programmes, it is important that programme evaluation in other countries is discussed. Two countries will be discussed, the United Kingdom and United States of America.

2.2.1.1 Programme evaluation in the United Kingdom

Rossie and Freeman (1991:49) state that programme evaluation should be done in order to assess the degree to which it produces the desired outcomes and its benefits in relation to cost. Cost is important because every programme should generate its own funds in order to meet the obligations beyond financial resources. If the programme is not producing desired outcomes, it will not be marketable at the same time. They further state that if the programme does not have a demonstrable impact,

it will be hard to defend its implementation and continuation. Some impact assessment gauges the extent to which a programme causes change in the desired direction. In South Africa programme evaluation is also important because of scarce financial resources, each programme should produce desirable outcomes for marketability and survival.

Newbold (1996:45) in the United Kingdom discovered that nurse practitioners with Masters degrees could provide care equivalent in quality to the physicians and this may save cost if utilized properly. It was further stated that in another survey it was discovered that these clinical nurse specialists ran outpatient clinics independently of medical staff.

In South Africa, most of the clinical nurse specialists at senior levels with a post-basic course in community health nursing science work in different clinics,where there were no doctors, they were found to be more knowledgeable and competent (Thorburn 1987:200).

Haste and MacDonald(1992:39) in the United Kingdom agree with the above author. They say that the introduction of clinical nurse specialist at Masters level has resulted in better patient care, improvement in district nurses' knowledge and better communication between the hospitals and the community.

Mayor (1996:13) interviewed the black nurses in their struggle for senior posts. She discovered that black nurses in leadership positions are highly qualified, with professional qualifications ranging from teaching degrees, masters and doctoral degrees. She found also that their career paths have not been left to choice, but have been developed largely through self-funded further education, development of skills outside the main job and nurturing networks to obtain peer support. These professional nurses were found to be very competent in their work performance and were utilized in the

different specialities in nursing fields.

Professional nurses in South Africa have also obtained their highest degrees through part-time studies and self-funded post-basic education. Those that waited for financial help from their employers have not developed professionally to date. The public always expect better nursing care from highly educated professional nurses, because they believe these nurses have superior knowledge, skills and experiences. For better utilization professional nurses should expose themselves to different post-basic nursing programmes to improve their efficiency and effectiveness.

It can be inferred from the above discussion that programme evaluation is very important, and that the survival of any programme depends on its marketability and effective utilization of its products by the different institutions.

2.2.1.2 Programme evaluation in the United States of America

Literature on United States of America programme evaluation was also consulted. United States of America literature was reviewed so as to compare it with South Africa.

According to Pietzak, Ramlar, Ford, Renner and Guilbert (1990:270) programme evaluation is done to assess the value or to make judgement of the worth of a programme. This is done to make decisions about its continuity. This is true that a programme needs to be evaluated whether it is offered nationally or internationally. At present in South Africa, all the educational programmes are sent to the South African Qualifications Authority (SAQA) for assessment and approval. Those programmes that do not meet their requirements are no longer offered until they meet them. Continuity of any programme will depend on these authorities. The above authors also commented that a well-planned effort to evaluate a programme will provide crucial information for decision-making. The results of that decision will identify

programme strengths as well as weaknesses, which may need to be corrected. Even the nursing programmes of the University of Zululand need to be evaluated to see their strengths and weaknesses. Improvement or changes will be done if the need is identified.

Billing and Halstead (1998:198) see programme evaluation as aiming at assessing the effects of the programme in helping students to acquire knowledge and skills necessary to function effectively. The contribution will be identified by evaluating the students' outcomes of learning which will demonstrate relevance of the programme. Every programme should demonstrate its relevance to the needs of the students and the society. If the programme is not relevant, the graduates who have learnt it will demonstrate negative outcomes and will fail to contribute positively to the development of the nursing profession. That is why the nursing programmes of the University of Zululand need to be evaluated in order to find out what contributions the beneficiaries have made in the health services and educational institutions where they are working. Their contributions will influence their utilization by these institutions.

Billing and Halstead (1998:198) identified certain required outcomes as criteria for post-basic programmes, which are the following:

- Good effective communication with students at all levels, therapeutic nursing intraventions that they provide and critical thinking that they display in the clinical areas. Effective communication and critical thinking are important in any clinical practice. Lack of critical thinking is an attribute that demonstrates the teaching methods that were used by lecturers when offering their programmes. Some teaching methods encourage positivity. The traditional methods have to be abandoned if we are to produce critical thinkers. Active participation of the students should always be encouraged and conflict should be avoided as much as possible.

- Another criterion is **placement of the graduates**. Correct placement of the graduates will depend on the degree of knowledge and skills that they have gained while undertaking their programmes. Their knowledge will influence their performance and their lack of knowledge will influence their placement. The placement of the graduates of the University of Zululand was investigated. It will be interesting to find out how these graduates are placed where they are working for productivity.

- **Graduate satisfaction, personal and professional development, attachment of additional credentials and service** These outcomes are essential for proper utilization of graduates of any nursing programme. Satisfaction of the graduates will depend on how they are utilized by their employers, and their utilization will depend on their personal and professional development. The outcome of any programme is judged by the personal and professional development of the graduates. This will be identified by their supervisors during their clinical practice in the different settings. Lack of satisfaction of any worker may eventually lead to a lot of problems like high staff turnover, absenteeism and burnout syndrome.

- **The extent to which the graduates are able to find employment** may provide both marketing data and broad measure of employer satisfaction with the product a programme has produced. If the graduates of a certain programme are not in demand or not marketable, one must question the viability of that programme. The employers will always employ graduates from a certain programme if they are satisfied with their performance. Non-marketable programmes need to be evaluated to see their weaknesses for future improvement.

- The last criterion was that **satisfaction about the graduates should be linked with particular abilities.** It should be linked to the extent to which the graduates of the programme are able to solve the problems they encounter in their working places, namely think critically, resolve conflicts, communicate effectively, use resources efficiently and perform essential psychomotor skills safely. The graduates should be beyond problem solvers because their failure in doing so will reflect on the teaching methods that were used in that programme which were not encouraging problem-solving skills. The present day health service requires good problem-solvers because of their comprehensiveness. The scarce of human and material resources need to be used efficiently by effective professional nurses with vast knowledge and skills. The post-basic programmes that are offered at present by various institutions are supplying the graduates with enough information on utilization of human and material resources especially the graduates of the University of Zululand during their third year levels.

The abovementioned outcomes or criteria are very important for any educational programme. Even if the criteria were identified in the United States of America, they are as important as any programme from any country. For proper utilization the graduates from each programme should produce these outcomes.

Marriner-Tomey (1996:438) sees programme evaluation as the essential part of effective management. In managing a programme, a set of activities are evaluated to determine the value of the programmes or elements of such a programme. Marriner-Tomey sees this evaluation as formative or summative. Formative evaluation which provides information about the programme during developmental stages. She further sees summative evaluation as providing information for judging a developed programme.

Summative evaluation is relevant to this study since the graduates of the University of Zululand are evaluated in the health and educational institutions after completion of their nursing programmes. Their utilization was investigated as they displayed their effective management in these institutions. They are required to state how they are utilized by their employers. Their employers or supervisors will also have to say how they utilize them.

From the above literature consulted it is clear that each educational institution offering any programme should evaluate its programmes continuously. The teachers, the graduates, the programmes, the employers or supervisors and teaching methods need to be evaluated so as to identify any shortcomings. Such evaluation should be followed by actions taken towards improvement.

Outcomes criteria for each programme should be mentioned because they will help in evaluating relevance, effectiveness and future utilization. Any shortcoming that is identified will influence decisions to improve, change or continue with that programme. The evidence of critical thinking, creativity, independence, problem-solving skills and effective communication should be displayed by the graduates on completion of any programme.

2.3 PURPOSES OF PROGRAMME EVALUATION

Whenever the decision for evaluating the programme is made, there should be a sound reason for it. Stanhope and Lancaster (1992:197) identify two purposes of programme evaluation. These are:

- Improving the organizational operation and the actual programme objectives, teaching strategies and teaching materials. According to Strehler (1992:24) programme evaluation should cover two main areas:

  - whether learning has taken place or not,

- whether the programme focused on aspects such as climate, environment, programme operation and educator effectiveness. In this study more emphasis will be based on actual programme objectives and whether learning has taken place by evaluating the students of the University of Zululand at the outcomes level, this is their utilization in the institutions where they are working.

Mitchell, Watts, White, Blatz, Norman, Southwell, Hunsberger, Paes and Pinelli (1995:286) state that programme evaluation is essential for the development and maintenance of quality education programmes. Quality education programmes help the graduates to acquire advanced knowledge and skills, in order that they are marketable and are in great demand by the different institutions.

Billing and Halstead (1998:424) see the purpose of programme evaluation as to judge the merit or worth of the total programme being evaluated as well as the individual elements of that programme which are:

- To identify and examine values and to develop a rational approach to realise those values.
- The indirect benefit of self-study and resulting change to advance the mission and goals of that particular institution which include provision of well educated manpower, advancement of practice of nursing, advancement and dissemination of knowledge and the improved health status of the society.

On completion of any educational programme, the programme should be evaluated to identify its merit, benefits, what its goal is and mission statements are and above all to evaluate its graduates especially at their work places, to measure their performances as seen by the employers, which will eventually reveal the effectiveness of teachers and the quality of the programme.

Rossie and Freeman (1991:56-57) identified the following purposes of programme evaluation:

- To have hard data on its impact and ratio of benefits to cost in order to justify a decision to continue, expand or terminate the programme.

- Evaluation activities may also be provoked by changes in resources available, community members and priorities. The community plays a big role in any programme evaluation, because if that programme does not cater for their needs and priorities it needs to be changed.

- Programme evaluation can be stimulated by evidence or suspicion that it is either ineffective or inefficient.

- Evaluation can be done to find out the extent to which programme staff, graduates, and management are meeting commitments with respect to quality and quantity of services delivered.

Programmes that have failed to meet community concerns and quality of services provided by the graduates, require some modification of objectives, outcome criteria and the preparation of the graduates.

The above information confirms that educational programmes need to be evaluated, to check their quality and to determine achievements of intended objectives by the graduates which will be evidenced by their performances in their work places.

In this study the researcher is evaluating the post-basic nursing programmes of the University of Zululand, especially the utilization of the graduates by the different health institutions in KwaZulu-Natal Province. The recommendations will be done for programme improvement if necessary.

2.4 CRITERIA FOR PROGRAMME EVALUATION

Programme evaluation is a continuous process based upon criteria cooperatively developed. Every educational institution needs to develop a specific criteria for evaluating those programmes in order to ensure relevance and its impact.

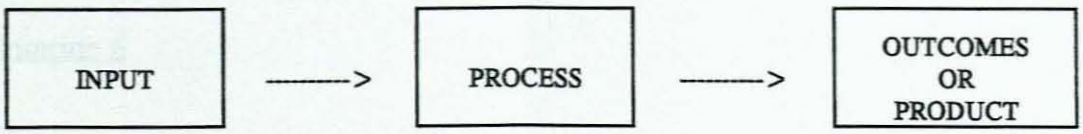
Gooler, cited in Bitzer (1997:42) designed an evaluation framework, that is utilized in judging effectiveness of the programmes. The following criteria is discussed:

Criterion 1

Concerns the evaluation of programmes' relevance to the needs and expectations, more especially the extent to which it provides learning opportunities that are considered important to the community and individuals. All the programmes should be relevant to the needs of the community served.

Criterion 2

States that evaluation should also measure the quality of the inputs, process and product of the programme as well as learner outcomes which include experiences and learning gained by the participants.



Criterion 3

Cost effectiveness should also be assessed. This means that educational programmes should generate their own funds for them to survive. This is important at present because of the high cost of the university programmes.

Criterion 4

The impact of the programme must also be considered in assessing its effectiveness. This is the effect manifested in institutions and individuals as well as changes in policies and programmes.

Criterion 5

This concerns auditing of patients records or interviewing nursing supervisors concerning behavioural changes of professional nurses after attending a particular programme. That is why the researcher has interviewed the supervisors of the graduates of the University of Zululand to find out about their extent of utilization after completion of the post-basic programmes, and the impact of these programmes in the health services.

Criterion 6

Lastly, programmes can be evaluated in terms of knowledge gained from the information presented. This does not mean information only but also the correlation of that knowledge into practice which will be evidenced by their behavioural changes after undergoing that programme.

Sullivan and Decker (1992:323) offer another set of criteria. These are:

Criterion 1 - learner reaction

Learner reaction is done by questionnaires at the end of the programme. Questions may concern the programme content, the educators, objectives, the methods used, physical facilities and others. In this study the graduates of the University of Zululand and the programmes they undertook were evaluated in order to cater for this criteria. This was done in order to do some changes or improvements of the programme if necessary. This will depend on the findings of the study.

Favourable or positive learner reactions

Assessing favourable or positive learner reactions will help to ensure organizational support for the programme. Reaction data may indicate whether the learners like the programmes or not and can also be used to assess the marketability of educational institution itself. The learners can display their positive reactions by registering for the programme in their numbers before being interviewed. If the programme has few students something must be done about it, because this will result in financial loss to the institution.

Criterion 2 - Learning

Learning criteria assesses the knowledge, the facts and figures in the educational programme. Acquisition of knowledge is not enough. What matters also is that knowledge acquired was converted into behavioural change or not after the graduates have done a certain course, they have got to display changes in their work activities and

make some contributions in their working areas. This can be achieved by interviewing the supervisors of the graduates. This is what was done in this research study where the supervisors have to comment about the change in knowledge and behaviour of the graduates.

Criterion 3 - Behavioural change

Instruction does not necessarily transfer from the class to the job, because the learners are taught the theory and principles of techniques, but never learn to transfer this into behaviours on the job. Learners may go through the programme but may not have any new behaviour to use in the job. It is important that the change in behaviour is measured also at the end of the programme. Questions on behavioural changes on the graduates of University of Zululand were also included by the researcher of this study.

Criterion 4 - Organizational impact

Objectives of the programmes can be expressed in terms of some end results for the institution or the organization. The positive impact on the organization or institution can be brought about by the graduates that have undertaken a certain programme which was effective and efficient in catering for the needs of the students, if the results are negative, it will mean that the programme did not cater for needs of the graduates. End results for the organizational impact or instruction can reduce turnover, reduce absenteeism, increase quality education and care with fewer grievances.

The above criteria were designed to maximise the effectiveness of the educational programmes that contribute to their overall utilization. The authors have highlighted some similarities which have relevance for this study. They stressed the evaluation of

the structure, process and products of the programme, where the graduate's outcomes are evaluated in their places of work, by auditing patients' records and interviewing nursing supervisors concerning behavioural changes.

They also stressed the evaluation of the relevance of the programme, this is, whether it caters for the needs of the community and the individual student. This is very important because if the nursing programme is not relevant, it will not serve the purpose and therefore would require some changes and improvements.

Lastly, they commented on the impact of the programme for effectiveness. If the programme has no impact, then it has to be changed to ensure greater effectiveness. This is what the researcher intends to do in conducting this study, namely, to evaluate the impact of post-basic nursing programmes offered by the university of Zululand.

2.5 METHODS USED IN PROGRAMME EVALUATION

There seem to be many views, many methods and reasons for conducting programme evaluation in different institutions locally, nationally and internationally.

Krichbaum, Rowan, Ducketti, Ryden, and Savik (1994:395-397) identified different methods of evaluating programmes as indicated below:

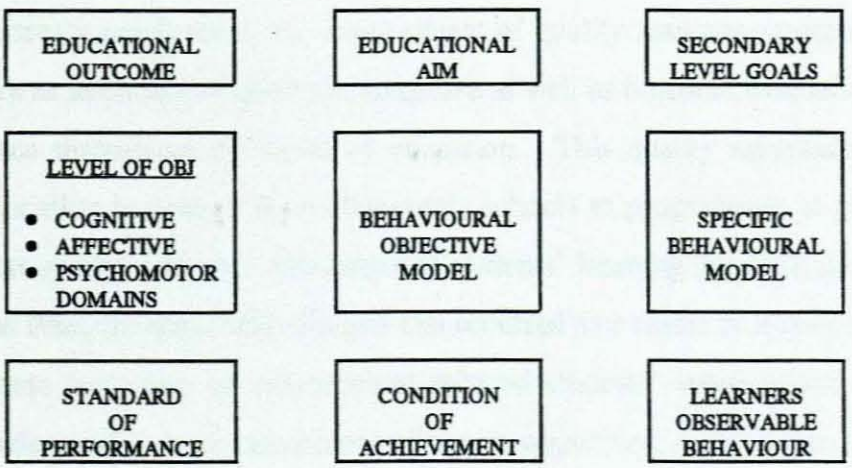
- Traditional indicators for achievement of students in the nursing programmes included completion, pass or failure of state examinations and grade point average.

- Assessment of clinical performance has been problematic in respect of indicators

since, different health disciplines lack uniform standards of performance and processes of evaluation.

- Earlier assessments were also based on a list of student characteristics such as appearance, articulation and stamina. All the above methods were not objective but very subjective because they depended on what the evaluator thinks about you with no list of criteria involved.

The evolution of nursing education came about with the use of behavioural objectives proposed by Ralph Tyler. This model has dominated all aspects of nursing curricular including evaluation for many years, even today. This led to the iteration of specific objectives to describe the expected behaviour of students in didactic courses. This curriculum model involved educational outcomes, educational aims, secondary-level goals, specific behavioural objectives, learners' observable behaviour, conditions under which achievement will be demonstrated, standard or criterion of performance and level of objectives (Quinn 1997:272-275).



BEHAVIOURAL OBJECTIVE MODEL
By RALPH TYLER
(Quinn 1997: 272-275)

Another method is using course objectives as standards for judging clinical performance. This assessment of achievement of objectives offered the advantage of evaluating what was observable and therefore measurable.

Huber (1996:491) concurs with these authors that quality can be measured. Quality measures a standard or some degree of excellence which is determined either by validating standards of care or by measuring professional actions in caring for patients.

Other methods of programme evaluation

- The development of criteria and testing of their effects is another method of evaluation. These criteria included the knowledge base of the students, the amount of guidance they needed from faculty members, the quality of performance as indicated by safety and accuracy of performance, time spent on a task, demonstration of dexterity and coordination.

- Recently emphasis in the development of quality assurance systems in health care as indicators of quality nursing care as well as outcome evaluation is taking place throughout all levels of education. This quality assurance applies to education in general from elementary schools to programmes at graduate and post-graduate levels. Outcomes of students' learning has been defined as the end state, the observable changes that occurred as a result of a learning process. These indicators of achievement induced students' standardised test scores, guide point average, attainment of course objectives, performance of licensure examinations and job placement.

- Examination of academic performance, clinical decisions, critical thinking and

technical skills in an effort to determine the effectiveness of a teaching model has been done (Krichbaum *et al.*, 1994:396).

- Krichbaum *et al.* (1994:397) also stated that the national league of nursing has instituted a set of criteria that are currently being used to accredit nursing programmes. This method is almost the same as the one above as far as critical thinking, therapeutic intervention, personal and professional development is concerned.

Bitzer (1997:8) concluded by saying that evaluators of any programme have to be clearly informed about the philosophy, goals, strategies, context and constraints of the programme as well as outcomes before any valid conclusion can be drawn.

From the literature consulted it is clear that evaluation methods are changing drastically. Traditional methods like completion, non-completion, pass or failure of examinations and the assessment of a list of characteristics has been abandoned. The use of the behavioural curriculum model using course objectives, a set of criteria and quality assurance systems are still used by institutions, but they are also gradually phased-out.

Phasing-out of some of the above evaluation methods is supported by the department of health article which states that the old South African system of education is out-of-step with world trends. This article commented that the South African education system catered for passive learners, driven by examinations, learning in a parrot fashion and that curricula are characterised by content-based on syllabi, which adhered to text books, mark sheets and are completely centred on the teacher.

Examination of academic performance, clinical decisions, critical thinking and technical skills on the other hand is the modern way of evaluating the students according to the new approach to education and training in South Africa under the National Qualification Framework which is supervised by South African Qualification authority. This change will be introduced through a new educational approach entitled "Curriculum 2005" which evolved around the concept of transformational outcomes-based education (OBE) (Department of Education, no year:4).

Introduction of these new methods will improve the evaluation process of the programmes. It will also improve the future programmes that will enhance the preparation of the graduates especially those of the University of Zululand. Assessment will take place on an ongoing basis, credits will be awarded in terms of certain criteria. Critical thinking will be encouraged in terms of reasoning, consideration, reflection and action (Department of Education, no year:6).

Continuous programme evaluation for post-basic nursing programmes of the University of Zululand, will ensure proper preparation of the graduate nurses which will result in their proper utilization. This will be possible because they should have gained advanced knowledge, skills, and experiences which will be in here with requirements desired by the Deputy Directors and assistant directors of the health institutions.

According to Ehlers (1996:65) the quality of nursing care provided by any health institution, depends on the quality of professional nurses. The quality of professional nurses depends largely on the quality of their nurse educators and the nursing programme they undertook during their education and training. This is why evaluation of post-basic nursing education programmes of the University of Zululand to assess its quality and utilization of its graduates by health institutions and educational institution in KwaZulu-Natal province, was done.

2.6 PROGRAMME EVALUATION MODELS

Different authors have identified different models that can offer the evaluator a framework within which to work.

Dienemann (1990:443-449) identified the following evaluation models:

Goal attainment model

This is the examination of the degree to which the pre-specified goals and objectives of the programme have been met. It leads to management by objectives. It sets up a national framework for monitoring progress towards attainment of goals and it is easily explained to staff members.

The fundamental assumptions of this model

(i) It is possible to state all important goals and objectives before the programmes begin.

(ii) It is possible to derive standards for comparing objectives and measured performance.

(iii) If most or all of the individual objectives have been met, then the programme is a success.

This model is commonly used by most of the health and educational institutions in South Africa. The objectives for the programme is stated first. It helps to direct the

students as to what to achieve at the end of the lesson.

Two judgemental models - input and output

Judgemental models emphasise inputs organised around programme evaluation inputs. The features such as professional qualifications of service providers, for example the number of nurses possessing advanced degrees and quality of the facilities or equipment used to provide services are evaluated. The assumptions of this class of evaluation models seems to be that provision of superior equipment, training and facilities will result in superior performance in delivery of programme services. It stands to reason that this superior performance will lead to better utilization of the graduates from that programme.

Some other underlying assumptions of this model that emphasise outputs are that:

(i) The informed evaluator is best able to make valid judgements regarding programme success.

(ii) Evaluation should be primarily focused on outcomes with attention given to how both intended and unintended outcomes were achieved. In this study the researcher paid more emphasis on the input and the outcome evaluation. The post-basic nursing programmes of the University of Zululand that the graduates undertook and their utilization by the supervisors in different institutions was evaluated.

Decision-facilitative models

Each of these models focused on the need to provide pertinent and appropriate information to decision-makers to modify or terminate the programme. The evaluator reports the discrepancies between standards and performance. It consists of four stages.

(i) The first stage, the design stage, identifies programme objectives, specifications and required resources.

(ii) The installation stage, the evaluator compares the programme as designed with the programme as actually installed and run.

(iii) The process stage, evaluator examines enabling objectives for discrepancies between programmes objectives and final performances.

(iv) Optional ranking stage, calls for a comparison with other programmes with similar goals in cost benefit analysis. Even if the stages of this model are not exactly relevant with the model to be used in this study, the first stage is relevant to the study, the installation stage will be partly relevant because the graduates will be evaluated at the outcome level in their work places, where identified objectives of programmes will be compared with their performances. The last stage optimal ranking stage is partially relevant because the nursing programmes of the University of Zululand were compared with the programmes of other Universities locally and internationally. On comparing the programmes of other universities with programmes of University of Zululand, no discrepancies were found between course objectives and performances.

Stufflebeams model (CIPP)

The model specifies four different evaluation types in the programme.

(i) Context evaluation which establishes and documents the setting in which the programme takes place. These lead to statement of objectives of the programme.

(ii) Input evaluation provides information in the allocation of resources necessary for programme objectives to be met.

(iii) Process evaluation which allows the evaluator to monitor the operation of the programme for modification if necessary to meet objectives and goals.

(iv) In product evaluation, the evaluator assesses the attainment of programme objectives during, as well as at the end of the programme. This model is similar to the model that is used by the researcher in this study, except that less emphasis is placed on process evaluation, but emphasis is more on context, input and product evaluation.

Naturalistic models

Guba and Lincoln *et al.* cited in Dienemann (1990:448) wrote about organizing an evaluation process around the goals of "Naturalism" in matters of evaluative questions, definitions, data collection and data analysis and interpretation. This was to do with studying outcomes without formal measurement of preconceived hypotheses or even questions. Naturalistic evaluators use qualitative data collection and data analysis

techniques to supplement or supplant the qualitative data. Fundamental assumptions of this form of evaluation are:

(i) observations are the best means of collecting and analysing evaluative information.

(ii) Measuring precision is less important than intense focus on the attributes of the phenomenon.

(iii) The context in which the phenomenon occurs should form the setting of the study. This model though is used by many evaluators, the problem is that it is too subjective and it studies outcomes without formal measurement of questions or hypotheses. In other words it lacks scientific methods. It is important that each and every evaluation model is based on scientific approaches for valued results or outcomes.

Another evaluation model which is almost like the one above is Scriven goal free models introduced by Scriven.

Scriven goal free model

According to Billing and Halstead (1998:425) Scriven goal free model is the contention that the distinction between intended and unintended goal's effects in evaluation is rhetorically used as a substitute for evidence of success. There is a belief that adherence to goals has a limiting effect on evaluation. It seeks to determine what actually happened rather than what was expected to happen. The belief is that this approach allows the evaluator to determine merit without programme-based bias. The

evaluator searches for causal links by connecting observed effects to programme activities. The limitation of this approach is the absence of framework or guidelines for those effects to look for. Other authors argue that this model substitutes the objectives of the evaluator for those of the programme developers, but the proponents of this model argue that the value of a programme is not its objectives, but the extent to which it meets demonstrated needs. The use of this model needs to be structured carefully since there are no objectives to guide the evaluator, a lot of bias can occur (Herbener and Watson, 1992:27).

Stakes responsive evaluation model

This model was introduced by Stakes in (1991). It was designed around issues and concerns of stakeholders. Stakeholders can include students, employers of students, administrators and others. The issues are the conceptual organizers for the evaluation process rather than objectives or hypotheses. The goal of this model is to discover the merits and weaknesses of the programme and also the standards held by those affected. It is a participative and negotiative model that relies less on the use of established measurement instruments, but on data responsive to the concerns and issues identified. The criticism of the Stakes responsive evaluation model is that it relies heavily on subjective data, but he argues that the worth of the programme is revealed in the subjective perceptions of those most involved in the programme (Billing & Halstead, 1998:425-426). Even if this evaluation model is used by evaluators, it needs to be used by an experienced evaluator since subjectivity should be eliminated as much as possible in any programme evaluation.

It is very important that before choosing a specific evaluation model, careful selection is undertaken since there are a variety of evaluation models available in the literature.

In this study the researcher selected Donabidian's quality Assurance model with three main areas for evaluation, this is structure, process and outcome. This model is discussed fully in chapter 6 of this study.

2.7 CONCLUSION

In this chapter programme evaluation was discussed under international views, the United Kingdom and United States of America were used. Purposes of programme evaluation criteria for programme evaluation, methods used in programme evaluation and programme evaluation models were also discussed.

It is clear from the above literature reviewed that programme evaluation should be done continuously for any programme and it should be done comprehensively for better results.

CHAPTER 3

UTILIZATION OF PERSONNEL WITH POST-BASIC NURSING COURSES

3.1 INTRODUCTION

Utilization of nursing personnel with post-basic courses is very important. Non-utilization or improper utilization will hinder their performance in such a way that patient care will be affected negatively. Poor performance by nurses could be due to insufficient knowledge, experience and skills that the graduate has gained during the training for post-basic nursing. The researcher undertook to do research on the subject to enhance utilization of graduates from post-basic courses, in this case at the University of Zululand

Utilization of personnel is discussed under the following headings: proper utilization of personnel, improper utilization, methods for proper utilization, problems encountered in the utilization of personnel and model for proper utilization of personnel.

3.2 PROPER UTILIZATION OF PERSONNEL

Utilization is a very wide concept especially if compared with efficiency and attainment of post-basic nursing courses. There is a view that some people think that there is no difference in performance between professional nurses who have gained additional qualifications and those who have not. It is therefore necessary to investigate the extent of the utilization of professional nurses with post-basic courses by the different health and educational institutions so as to establish the difference.

3.2.1 Utilization of personnel with diplomas and degrees

Manuel and Sorenson (1995:251) discovered that employers preferred utilization of baccalaureate degree nurses over diploma nurses, because they can be given more complex assignments, are more promotable and thus are available to be assigned to leadership positions. They also emphasise the need to prepare clinically skilled practitioners. They envisage a future that will increasingly demand from nurses the ability to provide leadership and organizational competence, particularly supervision and delegation.

Reference is made to Mhlongo's (1994:51) findings in the study of 19 professional nurses in KwaZulu-Natal hospitals. According to the findings these professionals were general nurses with midwifery and certain post-basic diplomas or clinical specialities. They were found to be working competently and allocated according to their fields of specialisation.

Gumbi (1987:315) interviewed professional nurses in KwaZulu-Natal. She found that 13% had additional qualifications of which 11% had diplomas in community health nursing, 2% had diplomas in nursing administration (management) and only 1% of the respondents had degrees. The professional nurses that had community health nursing diplomas were utilizing their experiences in the rural areas, where they were working as advisors, consultants and helpers, as well as counsellors, facilitators and advocates for patients.

The findings reported in the preceding paragraphs make it clear that diploma prepared professional nurses are working as effectively and efficiently as those that are prepared at degree level, since they were found to be utilized effectively by the health care services. They are also readily available and cheaper to train and educate.

According to Baker (1995:61) there is a need for preparation of the professional nurses at doctoral level to cater for the comprehensive health care needs of the community. He further comments that this should be done to increase the prestige of nursing as a career, and says that these nurses should demonstrate their skills in clinical practice, academic nursing and leadership in the profession.

3.2.2 Utilization of professional nurses with post-basic courses in community health nursing science

Several authors made comments about the utilization of professional nurses with a post-basic course in community health nursing science. Thorburn (1987:200) interviewed the community health nurses who had done the course in the Northern Transvaal Technikon. The researcher discovered that 86% of the respondents were utilizing the knowledge gained from their course. Only 14% were not making use of their community health nursing course because they were not employed in the community health settings. Of those who were properly utilizing their diplomas, 55% were working in the clinics where there were no doctors available.

Gibbs (1991:35) confirms Thorburn's findings by stating that, for prevention of diseases and promotion of health, nursing staff should be placed in the clinics, on mobile units or in other services where their qualifications can be used to the greatest advantage.

Gibbs (1991:35) reports on a survey done by the chief professional nurse for education on nurses holding community health nursing science qualifications, who were employed by the local authority in the Eastern Cape. She discovered that out of 434 professional nurses, only 95 had a qualification in community health nursing science and 339 were functioning without proper qualifications. Suggestions were made that the manager-in-charge should allocate the appropriately qualified professional nurses as leaders of

teams, so that their expertise could be fully utilized for optimum quality patient care (Gibbs, 1991:36).

On the other hand Sams (1996:37) comments that leadership skills are becoming increasingly important in community nursing in the United Kingdom. District nurses in particular are becoming increasingly influential, often assuming a consultancy role in primary health care teams and on multidisciplinary assessment panels. Each professional nurse is required to utilize her leadership skills for effectiveness.

These findings indicate that attempts are made to utilize professional nurses with post-basic courses properly with the aim of improving quality health care of the communities.

3.2.3 Utilization of professional nurses with post-basic courses in nursing administration (management)

Reid (1995:79) states that nurses should be involved in all stages and phases of the reformed process of pre-reformed involvement, lobbying for changes in the health systems, maintaining involvement, staking out of a place for nursing and looking ahead in adapting a proactive role.

Berman (1989:8) agrees with the above author by saying that women as managers in health services must accept responsibilities for affecting structural changes in health care professions and for networking, providing role models, ensuring their growth and development and opening avenues for other women to follow them as managers. Nurse administrators are therefore change agents in the health services for improvement of patient care. They should take a leading role in this and act as role models so that the subordinates can copy from them.

3.2.3.1 Utilization of nurse administrators in the United Kingdom

It is very important to find out how the nurse administrators are utilized in the United Kingdom. Mills (1996:37) states that in the United Kingdom advanced practitioners with postgraduate qualifications are involved directly in clinical practice, working as skilled change agents, expert communicators and educators. These practitioners were specifically expected to work as change agents since there are a lot of changes taking place in the health services locally, nationally and internationally. The graduates of the University of Zululand nursing science will be evaluated about the changes or contributions that they have made in the places where they are utilized.

Yassim (1996:32-33) also in the United Kingdom comments about the utilization of nurse administrators. She says that nurse administrators in charge of the wards should be utilized in administrative and management structures such as budgeting, setting of nursing standards, conflict management and role modelling in their units.

3.2.4 Utilization of professional nurses with post-basic qualifications in nursing education

Proper utilization of professional nurses with post-basic courses in nursing education is also very important for proper growth and development of the nursing profession as a whole. Brink (1988:4) discovered that of registered tutors in teaching posts at least one third are holding senior positions such as professors 2%, Principals of nursing colleges 7%, senior lecturers 3% and senior tutors 25%. These statistics are encouraging. Promotion of personnel to senior positions is expected after doing a post-basic course so that they may use their knowledge and expertise effectively.

Brink (1988:4) further found that the registered tutors in non-teaching posts are also well utilized in a variety of posts ranging from Director, deputy Director of

nursing, chief and senior nursing service managers or professional officers, ward sisters and researchers. Any professional nurse with nursing education experience can be utilized in any field of nursing in order to utilize her extensive nursing knowledge. Paton (1988:10) comments that nurse educators should be utilized in nursing education after completion of their course, in order to utilize their significant contributions in meeting the needs of the profession and community in general.

The literature review thus far confirms that proper utilization of professional nurses with post-basic qualifications in nursing is vital for the smooth running of health services and educational institutions. Whilst this research project is not yet complete, the researcher acknowledges that there are senior nursing personnel who are products of the University of Zululand Nursing Science Department holding a variety of senior posts ranging from Professors in charge of the nursing educational institutions, Deputy and Assistant Directors of the health services. It is also appropriate to evaluate how other the graduates from the University of Zululand nursing department are utilized by the health and educational institutions where they are working, so as to encourage better utilization thereafter.

3.3 IMPROPER UTILIZATION OF NURSING PERSONNEL WITH POST-BASIC COURSES

Improper utilization of nursing personnel with post-basic nursing courses causes a lot of dissatisfaction and frustration in the nursing profession. Improper utilization in itself is a very broad concept. Improper utilization may occur if professional nurses are not placed in departments where they are supposed to be placed in terms of their specialisation. Another type of improper utilization is to be allocated duties that are not within one's scope of knowledge and expertise. Studies on improper utilization have been done by a few researchers.

Khumalo (1993:59) obtained the same results after conducting a research study in the

Transvaal and Natal nursing colleges. She discovered that post-basic qualifications in the teaching situation do not seem to be fully utilized. There was a total of 543 post-basic qualifications amongst the nurse educators in the 12 colleges, but only 127 of these were fully utilized. Khumalo also found that personnel with special qualifications are utilized in teaching areas in the syllabus which are not related to their specialities. There was also unexplained utilization of professional nurses without nursing education qualifications in nurse tutors posts.

Personnel with community health nursing science qualifications were not actively utilized because they were in top management positions at the college (Principal). These had very few teaching or tutorial periods.

This is a problem because one will expect a person with additional qualifications in nursing management to be allocated to administrative duties for smooth running of the nursing college.

In other nursing institutions one finds professional nurses with additional qualifications in nursing education not allocated in the nursing college, but those without the course, allocated. One sometimes wonders if these people are allocated according to their knowledge, skills and expertise or according to favouritism. It is even worse when one is allocated in a wrong speciality where he/she does not have a post-basic course. Besides being frustrated, one cannot teach something that he/she does not have expert knowledge and skills in. This can be a great disadvantage to the student nurses, because they may not be able to gain the expert knowledge, experience and skills required in order to be efficient, competent, compassionate and responsible professional nurses in future.

Other researchers conducted studies on the duties that each professional nurse with post-basic qualifications is doing. Reid (1995:79) found that nurse executives or chief

professional nurses are sometimes not involved in the deliberations of planning of reformed health systems in nursing. These findings support Nzimande's (1984:45) findings in a study done in KwaZulu-Natal
hospitals. She discovered that nurse managers serving small district hospitals had limited scope of planning functions in a comprehensive health service. They were actually involved in planning patients' menus, several non-nursing duties like provision of accommodation and catering which should have been done by housekeeping staff.

Nurse administrators (managers) occupying higher positions should be mostly involved in planning of health services, policy-making and at the advisory levels for proper functioning of the health services. It is advisable also that they obtain higher qualifications in nursing administration as this course provides them with excellent management skills (Nzimande, 1984:46).

Brink (1987) in Khumalo (1993:55) reported that two thirds of all qualified nurse tutors registered by the South African Nursing Council were not employed in teaching posts because they were dissatisfied with factors such as:

- Limited or lack of promotion opportunities
- Lack of opportunities for self-development
- Heavy workloads
- Burnout occurring in teaching
- Low salaries that tutors are receiving

These factors need to be looked into urgently by nurse leaders because they eventually can result in a shortage of nurse educators. Some of them can be prevented from ensuring better utilization of nurse educators and for the sake of attracting more of them into the nursing profession.

Improper utilization of professional nurses with post-basic courses is causing a lot of

problems in nursing. Health services and educational institutions personnel should try by all means to utilize personnel to correct positions and to allocate them according to their knowledge, experience and expertise.

3.4 METHODS FOR PROPER UTILIZATION OF PERSONNEL WITH POST-BASIC QUALIFICATIONS

Some authors discovered methods to be used in encouraging utilization of nursing personnel with post-basic qualifications.

Muller (1996:291) identified the following methods that can be used for better utilization of nursing personnel.

3.4.1 Leadership and personnel utilization

Muller states that for effective functioning of any organization, activities of the people should be structured. Employees should know what to do, when to do it and how to do it to be productive. For better utilization, job descriptions should be provided on appointment and detailed information provided by means of work programmes or work schedules. According to Sams (1996:28) leadership skills are essential for establishing an atmosphere that encourages team building, creative thinking, and reflective practice.

3.4.2 Motivating personnel

Motivation of personnel by satisfying their needs, desires and expectations is one of the important roles of each and every employer. Motivation can be done by provision of newsletters, merit awards, planned programmes of training and development, writing reports, promotions, support and encouragement and praise for outstanding work.

3.4.3 **Productivity**

The following principles can be applied to increase productivity of nursing personnel:

- Monitoring of personnel absenteeism to be done monthly in cooperation with nursing service managers and the personnel department.
- Personnel turnover to be monitored quarterly and strategies implemented to reduce it.
- Principles of time management to be applied in the health services for better utilization of personnel.
- Avoidance of performance of tasks not related to nursing - relevant auxiliary services to be employed to perform these specific tasks.
- Unity's workloads to be determined as well as the number of personnel required, to prevent heavy workloads.
- A policy according to which personnel can be utilized or be allowed time-off to be implemented properly without favouritism.
- The principles of personnel organization, the promotion of harmony and quality of work life and occupational health of personnel should be applied (Muller, 1996:291-292).

The above strategies should be implemented by all the employers for better utilization of nursing personnel.

3.4.4 Orientation

Yassim (1996:33) states that there is a need for orientation programmes for nursing personnel at the time of appointment. This orientation programme should address the following:

- The formal job requirements and job expectations.
- The physical lay-out of the nursing unit.
- Introduction to other members of personnel, patients, students and the doctors.
- Disaster and emergency programmes.
- Channels of communication in connection with common complaints, handling of grievances, discipline, requisition of supplies, holding of meetings and personnel development.
- Explanation of nursing units functioning in general, philosophy, objectives and goals of the unit, programmes and projects offered, motivation strategies, method of decision-making and problem-solving.

It is clear from the above discussion that without proper orientation of a new member of the team, the member will be disillusioned and eventually lose interest altogether. Orientation is done to direct a person's attitude positively towards the service.

3.4.5 Use of appropriate management and leadership styles

It is the duty of the leader to use different styles of leadership because of the diversity of personnel working in the health services. Utilization of appropriate management styles adapted to the environment in which practice takes place also is needed for proper utilization of personnel (Berman, 1996:8).

3.4.6 Professional development or staff development

Staff development in both theoretical knowledge and psychomotor skills in order to produce productive members of the health team, is needed for proper utilization (Gibbs, 1991:33).

3.4.7 Personnel Evaluation

According to Muller (1996:322) evaluation of nursing personnel is important as a method for proper utilization. Evaluation of personnel is done to evaluate knowledge, skills and conduct that is related to role expectations. This evaluation is done at prescribed intervals. It may be done for other specific reasons such as salary adjustment, promotion, training purposes and administrative checks.

From the above discussion it is clear that there are many methods that are used in staff utilization. Each and every leader should strive for better utilization of personnel for productivity and the maintenance of standards of any institution.

3.5 PROBLEMS ENCOUNTERED IN THE UTILIZATION OF PERSONNEL

Several problems were identified in the utilization of nursing personnel. Reid (1995:79) discovered that the nurse administrators (managers) are not educationally prepared for planning reformed health systems in nursing, as they require effectiveness, responsibilities, accountability and decision-making.

This is true because most of the nurse administrators in charge of health services were trained during the eighties, under the old apartheid system which was not transformed and not primary health care oriented.

Mills (1996:36) comments that the clinical nurse specialist from a master's programme is still relatively new in the United Kingdom. They are the most expensive clinical posts to fill and their true value has not been made explicit through research and neither has the work achieved been promoted well enough. The future of this professional nurse is not assured yet. Clinical nurse specialists are often lost to reduce costs.

The post of the clinical nurse specialist from a master's programme is also a problem in South Africa. They are not fully accepted or properly utilised by the health services, and are looked upon as professional nurses with advanced knowledge which is not needed. They are told to apply for better positions in the educational institutions. This causes a lot of dissatisfaction because some of them have specialised in their areas of practice. Nurse leaders and nurse educators need to come together to discuss this problem, and come up with better solutions about the future of the clinical nurse specialist with a master's degree, for better utilization.

Yassim (1996:32) also in the United Kingdom, identifies some problems in the utilization of nurse administrators in charge of the wards. He found that their roles are multifaceted, demanding and stress-related. He found also that they are isolated even from other nurse administrators which demonstrates a lack of peer group support.

At present nurse administrators are also experiencing various problems in South Africa, mainly stress-related. This is due to many changes taking place within the National health systems that influence their roles. This professional nurse needs a lot of support and encouragement in order to cope with these changes.

Brink (1987:13) reports that two thirds of all qualified tutors registered by the South African Nursing Council have problems which hinder their proper utilization. The following factors cause their dissatisfaction:

- Few opportunities to participate in decision-making and use of their skills and knowledge.

- Excessive control and direction by principals of the nursing colleges resulting in lack of autonomy.

- Dissatisfaction in respect of self-actualization needs and needs for recognition. The abovementioned factors can result in burnout and lack of interest of the nurse educators. It should be identified and corrected promptly because it can result in the lack of critical thinking, creativity and independence which is important in nursing education and the clinical situation.

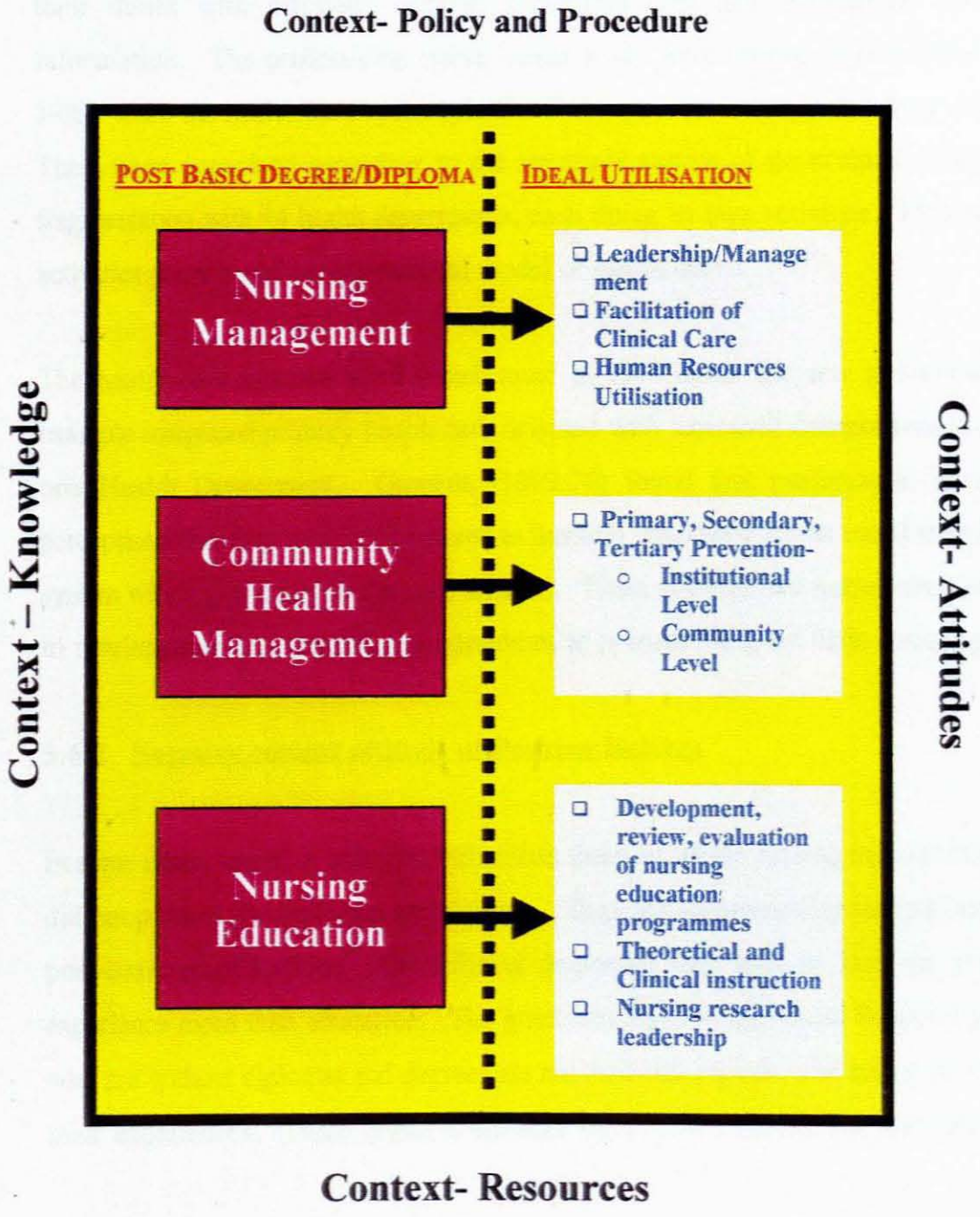
Sams (1996:37) comments about leadership skills of community health nurses and states that community health nurses have opportunities to shape the direction of their practice, but many of them overlook these opportunities. They feel powerless and apathetic which indicate that they had difficulty in transferring their skills from clinical areas into the realms of influencing policy.

For better utilization of any skills gained, support and encouragement are very important. Many professional nurses fail to implement their knowledge and skills because they lack confidence. Nurses should take a stand and take full participation in policy-making of their health services for future improvement in the delivery of nursing care.

3.6 CONCEPTUAL FRAMEWORK OF UTILIZATION OF PROFESSIONAL NURSES WITH POST-BASIC QUALIFICATIONS

In this section a utilization conceptual framework is formulated to guide the employers on how to utilise the graduates with post-basic nursing qualifications. The conceptual framework is based on four contexts namely, knowledge, attitudes, policy and procedures and resources.

Figure 3.1 Conceptual Framework of Utilization of Professional Nurses with Post-Basic Qualifications



3.6.1 Context knowledge

The professional nurses perform their duties in the context of knowledge gained in the various nursing education programmes. The knowledge that they have accumulated must be applied to practice. Some of the professional nurses perform their duties with difficulty because sometimes they lack appropriate up-to-date information. The professional nurses under study were trained and educated in the 1980s when the health care systems in South Africa were multiple and very different. They were organized according to the apartheid system of government, marked by fragmentation with 14 health departments, each doing its own activities. Most of these activities were based on the medical model of health care.

The health care systems were transformed in 1994 under the new government, for example integrated primary health care oriented with increased decentralisation, under one Health Department. Gumede (1999:76) found that professional nurses had perceptions that they were not prepared to function effectively in the transformed health system which is primary health care oriented. These professional nurses need exposure to reorientation and retraining programmes to prepare them for their changing roles.

3.6.2 Negative context attitude of Position Holders

In some cases, negative attitudes influenced those in senior nursing management, who did not possess the diplomas and degrees. They felt threatened by the graduates with post-basic qualifications. On utilizing personnel they tend to look for service or experience more than education. The graduates also felt that those in senior positions who are without diplomas and degrees are not their role models, and ended up resenting their experiences. These negative attitudes have caused ineffective utilization of the

graduates, for example not allocating them according to their specialities in order to utilize their expertise.

3.6.3 Context policy and procedures

Before the transformed health care systems, there were rigid policies for promotion according to seniority. For example there was lack of upward mobility of professional nurses with post-basic courses. Whatever level they were utilized at, was influenced by existing policies and procedures. Dienemann (1990:117) states that historically, nurses have been promoted to management on the basis of their clinical competence and seniority with little attention given to their problem-solving skills, creativity and interpersonal abilities.

In the transformed health systems personnel who have necessary qualifications, experiences and expertise are encouraged to apply for senior posts regardless of the rank they occupy. It is emphasised in the selection interviews that there must be criteria to be used to identify potential more than in determining promotions.

3.6.4 Context resources

Material and human resources are inadequate. Lack of financial resources, especially to support human resources resulted in freezing of posts. This freezing of posts limited the chances for the graduates with post-basic qualifications applying for senior posts. With inadequate material resources, for example equipment, supplies and physical facilities, it is difficult for these graduates to put into practice what they have learnt.

3.6.5 Ideal model for utilization of professional nurses with post-basic qualifications in the three specialities, that is nursing management/administration, community health and nursing education

3.6.5.1 Nursing Administration / management

The course provides knowledge and skills in different management functions including **leadership and management.** Students that have done nursing administration/management have got enough leadership and management skills for utilization in diverse management settings, for example those in nursing education settings can administer the nursing college and/or, community health settings. They can also work as administrators in the community health services including the clinics. They are able to apply and implement the processes of administration for example policy formulation which requires in-depth consultation with the stakeholders.

- Financial management and budgeting skills which are essential for effective management of limited resources.
- Formulation and implementation of monitoring evaluation and control processes in health care systems.
- They have gained knowledge of the principles of administration and management which form a foundation of all administrative and management functions.

Facilitation of clinical care

Professional nurses with nursing administration / management qualifications are challenged to provide and improve the quality of patient care in the health services. They will be able to do this because they possess vast skills, experience and knowledge in the provision of quality patient care. These skills will contribute to effective organization, supervision and delegation of personnel in different clinical areas according to their specialities and capabilities. They should act as role models for their colleagues, display self-confidence, clinical competence, problem-solving and decision-making skills as well as creativity in their dealings with the patients in order to facilitate quality nursing care.

They should use comprehensive approaches to the promotion of the health of individuals, groups, families and the community at large. They should provide intraprofessional and also professional consultation in assessment, planning, implementation and evaluation of total patient care. As researchers in the clinical areas, they identify problems, collate patient data for clinical trials, make recommendations for solutions of problems and take responsibility for publication and implementation of findings.

Human resources utilization

The nursing management course has a comprehensive component of human resource management. If utilized properly it can be an asset in managing today's human resources which is characterised by unpredictability, instability, advanced knowledge, decreasing levels of commitment, high self-interest, more demanding and not easily satisfied. Unionism places more challenges on today's nurse administrators to be more

knowledgeable on labour relations issues and the relevant acts, for example labour relations act, (66 of 1995) as amended, basic conditions of employment act, (75 of 1997) and Employment equity act, (55 of 1998).

Though these skills are obtained through the post-basic nursing programmes, the graduates need to update their knowledge and skills to fit the changing scenarios of the transformed health care systems. Human resource development is one of the important challenges. They should be given an opportunity to utilize their skills to initiate, implement and evaluate various human resource development programmes.

3.6.5.2 Community health nursing

In the contemporary health care systems in South Africa, the emphasis is on primary health care based on practical, scientifically sound, socially acceptable methods and technology, made accessible to individuals and families in the community. Community health nurses provide a comprehensive approach to health care which include promotion of health, prevention of diseases, cure and rehabilitation. The community health nurse provides and supervises care at primary, secondary and tertiary prevention levels. The health care they provide should be on a continuum from institutional to the community level. The communication skills that they possess enable them to function effectively as coordinators of various activities and programmes in the health care systems, within the multidisciplinary health care team and intersectoral collaboration which is one of the components of primary health care.

3.6.5.3 Nursing education

Professional nurses with post-basic qualifications in nursing education have vast

knowledge of principles of education which facilitate their effectiveness in the development, review and evaluation of nursing education programmes. The challenges facing them are problem-based and community-based learning principles which they have to use to cater for community needs and student needs. Unfortunately many of the graduates under study were not prepared for these methods. They need to be orientated on these and to be updated through in-service and continuing education programmes. These updating programmes should be accessible to each and every nurse educator and be offered in all the educational institutions.

The nurse educators are also challenged to adopt new educational approaches which evolve around the concepts of transformational outcome-based education (OBE), the product of which will be recognised and certified according to the new National Qualifications Framework (NQF). In this new system nurse educators have to encourage students to be active participants in their learning. They will also learn to be facilitators of learning. They will have to change their strategies or methods of teaching to those that encourage critical thinking, creativity, reflective learning decision-making, nurse clinical judgement and problem-solving.

The nurse educators can be utilized in the South African qualifications authority (SAQA) to oversee the development of the National Qualifications Framework, formulate policies and criteria for registration of bodies responsible for the establishment of standards, oversee implementation of the NQF and serve in the accreditation bodies.

Nurse educators will be utilized to teach students how to use theoretical frameworks in the provision of clinical care. They can be utilized as effective preceptors in the clinical areas by providing student accompaniment. In this way they will be able to provide growth and development of the student nurses who will then end up as

competent compassionate practitioners as well as independent, creative and critical thinkers.

Nurse educators can be utilized as leaders in nursing research. They will identify problems facing the nursing profession as a whole. They will conduct research by collecting data, analyses and interpretation of findings, making recommendations for solution of problems and publication of results. They will also be responsible for teaching students research methods and teach them to conduct research on different topics affecting nursing directly and indirectly.

3.7 CONCLUSION

In this chapter utilization of nursing personnel was discussed under the following headings: proper utilization, improper utilization, methods of proper utilization, problems encountered by nursing personnel during their utilization by the health services and conceptual framework of utilization of professional nurses with post-basic qualifications.

It is obvious that proper utilization of nursing personnel is important in order to limit the problems that they experience in different fields of specialisation. Improper utilization will lead to dissatisfaction which will result in the provision of poor quality patient care. It is therefore important to investigate how the graduates from the post-basic nursing programmes of the University of Zululand are utilized by the health institutions and educational institutions in KwaZulu-Natal in order to improve their utilization.

Included in this chapter also is a conceptual framework of utilization of professional

nurses with post-basic qualifications which include the three specialities namely, nursing administration (management) community health nursing and nursing education. This framework provides guidelines for the employers / managers on how to utilize graduates with post-basic qualifications. Proper utilization of these graduates will improve their knowledge and skills in the provision of quality patient care and in catering for the needs of student nurse of the future.

CHAPTER 4

POST-BASIC NURSING PROGRAMMES OFFERED IN SOUTH AFRICA

4.1 INTRODUCTION

In this chapter a selection of three South African post-basic nursing programmes will be discussed. Those of the University of South Africa,University of Natal and University of Transkei. This will be done in order to compare them with those of the University of Zululand Nursing Science Department.

It is important at present to discuss these programmes because many changes are taking place in education as a whole; changes initiated by policy recommendations from different educational authorities and the government. Major discussions and workshops take place frequently about the future of nursing education in South Africa.

The researcher even experienced some problems in getting information about the post-basic nursing programmes of the Universities of South Africa, since all Universities are currently introducing changes in the curriculum to cater for the future needs of the country. These changes are recommended by the South African qualifications framework.

According to Potgieter (1992:155-156) Miss G.B. Alexander, then Matron of Johannesburg General Hospital, insisted as far back as 1912 that nursing schools be organised in such a way that they fulfil the needs of the community and fight for reform in nursing education. In 1916 the South African trained nurses association also made representatives to various authorities to introduce diploma and degree courses for nurses at the Universities. By 1937 it became a matter of urgency that degree courses for the nursing profession should be introduced to equip nurses for their designated roles.

Professor Charlotte Searle dedicated herself to this until degree courses were eventually introduced at South African Universities.

4.2 POST-BASIC NURSING PROGRAMMES OFFERED BY THE UNIVERSITY OF NATAL

4.2.1 Diploma courses at post-basic level

The University of Natal instituted the first course for black nurse tutors in 1956 (Potgieter, 1993:32). At present they are offering advanced diplomas in community health, nursing management and nursing education at the Institute of Nursing. All these courses are offered at course I, II and III levels.

4.2.2 Degree courses offered

A student doing a degree in Nursing in all three major subjects that is, nursing education, nursing management and community health nursing are credited with courses I, II and III that was completed at the diploma level.To obtain the degree qualifications they only do course 4, which consists of research theory, philosophy and practice.

4.2.3 Honours degrees in Nursing, Masters and Doctoral degrees

The above nursing programmes are also offered (see table 4.1).

Table 4.1 Post-basic Nursing Programmes offered by University of Natal

Table 4.1 below displays all the post-basic programmes offered by the University of Natal.

Programmes	Requirements	Duration	Curriculum content	Teaching methods
(Post-basic nursing programmes) offered by University of Natal 1 **Diploma courses** 1.1 Advanced diplomas in community health	1. Registration as nurse 2. Matriculation	1 year	- Epidemiological report - Service profile - Country profile - Family profile - Family study - Occupational service profile - Health assessment and care	- - Lecture - Assign - Group discussion - Practicals - Peer group
1.2 Diploma Nursing Management	- Registration as nurse - Matriculation - Nurse managers	1 year	- Health care policy, planning, Organizing and improvement - Leadership and management approaches - Ethics - Health care practices - Human resource management - Financial management	- Lecture - Group discussion - Practicals
1.3 Diploma nursing education	Same as above	1 year	- Educational psychology - Teaching methods - Curriculum development - Issues in nursing education - Philosophy of education - Research methods	- Lecture - Group discussion - Practice Teaching

(PROGRAMME OUTLINE: UNIVERSITY OF NATAL)

Programmes	Requirements	Duration	Curriculum content	Teaching methods
2 **Degree courses** Student doing degree nursing is credited with courses I, II, III that was done at diploma level	1 Registration as above 2 Matriculation	can be completed in 3 years	- Research theory - Research project - Philosophy - Practice	- Lecture - Group discussion - Peer group - Assignment
3 **Honours degree**		1 year full-time 2 years part-time	- Research methodology - Research project	- Research Project
4 **Masters programmes** **3 types** 4.1 Research academic Masters in 3 major subjects - Nursing administration - Community health nursing - Nursing education	- Basic degree	- 1 year full-time - 2 years part-time	Dissertation or thesis on approved topic on 3 specialities - Nursing Administration - Community health nursing - Nursing education	- Research Project
4.2 **Clinical masters - course-work masters - offered in** - Nursing Administration - Community Health Nursing - Nursing Education	- Basic degree - Honours degree	- 1 year full-time - 2 years part-time	- Mini-research is done - Course work	- Lecture - Group discussion - Research Project
4.3 **A progressive Masters in Nursing Education** Consist of course-work on problem-based community-based education programme		Strictly 1 year - Full-time basis only	- Problem-based education theory - Community-based education theory - Theory and History of problem-based and community-based education - Nursing education and administration - Change theories - Facilitation in practice - Research project	- Lecture - Group discussion - Practicals

(COURSE OUTLINE: UNIVERSITY OF NATAL)

Table 4.1 Continued

Programmes	Requirements	Duration	Curriculum content	Teaching methods
5 Doctoral Nursing Programmes **5.1 Academic Doctorate** On a speciality which can be - nursing education - community health - nursing administration	Masters degree	2 years	Research project on specialities - Nursing education - Nursing administration - Community health nursing	- Research Project - Discussions

(PROGRAMME OUTLINE - UNIVERSITY OF NATAL)

4.3 POST-BASIC NURSING PROGRAMMES OFFERED BY THE UNIVERSITY OF SOUTH AFRICA

4.3.1 Introduction

Nursing programmes of the University of South Africa will be discussed in order to compare them with those of the University of Zululand at present. This is important because this University contributed a lot in the development of these programmes.

The introduction of post registration was an important milestone in South Africa especially in Pretoria University. This did not fulfil the needs of all registered nurses because there were no facilities for all racial groups, nothing was accessible to practising nurses in rural areas and married nurses, since they found it difficult to attend the courses at residential Universities.

In 1972 this problem was discussed at a congress in Port Elizabeth. The South African Nursing Association then approached the University of South Africa regarding the introduction of a Department of Nursing Science.

In 1975 the Department of Nursing Science was established at the University of South Africa and the first group was admitted in 1976. Courses offered were BA (Cur), BA (Cur) (Honours), MA (Cur) and D. Litt. *et phil* as well as diplomas in advanced nursing science (Potgieter, 1993:164).

Since then there have been slight changes in the programmes of the University of South Africa.

Diploma courses, degree courses, masters degree and doctoral degrees are offered. Honours degrees have been phased-out (see table 4.2).

Table 4.2 Post-basic nursing programmes offered by University of South Africa

Programmes	Requirements	Duration	Curriculum content	Teaching methods
1 **Diploma programmes** 1.1 Advanced diploma in community nursing science	- Senior certificate - Current registration with SANC as registered or psychiatric nurse	At least two years	- Ethos and Professional Practice I - Community Health Nursing I - Community Health Nursing II - Development administration I	- Distance learning - Assignment - Group discussion - Peer group - Practice Teaching - Practicals
1.2 **Advanced University diploma in Nursing Science (Nursing education)**	Same as above	At least 2 years	- Nursing ethos and professional practice - Nursing education I - Nursing education II - Introduction to education	
1.3 **Advanced University diploma in Nursing Science (Health Services Management)**	Same as above	At least 2 years	- Nursing ethos and professional Practice - Health Services Management I - Health Services Management II OR - Business Management I	
1.4 **Advanced diploma in Nursing Science (Ethos and Professional Practice)**	Same as above	At least 2 years	- History of Nursing I - Nursing Ethos and Professional Practice I - Nursing ethos and Professional Practice II OR - Anthropology I - Socio-cultural Anthropology I	

(UNISA CALENDAR 1998:9)

Table 4.2 Continued

Programmes	Requirements	Duration	Curriculum content	Teaching methods
2 **Degree Programmes** (BA Cur) (a) Community Nursing Science and Health Service Management as majors	- Senior certificate - Current registration with SANC as registered Psychiatric nurse	At least 4 years	- Nursing ethos and Professional Practice I - Community Nursing Science I - Community Nursing Science II - Community Nursing Science III - Health Services Management I - Health Services Management II - Health Service Management III - Sociology I - Sociology II - Industrial Psychology OR - Business Management I - One of the following subject must be selected: - Communication I - Development Administration I - History I - Philosophy of Values, Logic and Philosophy of Knowledge and Science I - Politics I - Private Law I - Anthropology I OR - (socio-cultural Anthropology I) OR a first, practical OR special course in a language	Distance learning - Practicals

(UNISA Calendar 1998:9)

Table 4.2 Continued

Programmes	Requirements	Duration	Curriculum content	Teaching methods
(b) Community Nursing Science and nursing education as majors	Same as above	At least 4 years	- Nursing Ethos and Professional practice - Introduction to education OR Education I - Community Nursing Science I - Community Nursing Science II - community Nursing Science III - Nursing education I - Nursing education II - Nursing education III - Sociology I - Sociology II - Industrial Psychology I OR - Psychology I - Public Administration I OR - Business Management I OR - One of the courses from the least under (a)	- Lecture - Group discussion - Peer group - Practice teaching

UNISA CALENDAR 1998:9)

Table 4.2 Continued

Programmes	Requirements	Duration	Curriculum content	Teaching methods
(c) Health Services Management and Nursing Education as Majors	Same as above	Same as above	- Nursing Ethos and Professional Practice I - Introduction to Education OR Education I - Health Services Management I - Health Services Management II - Health Services Management III - Nursing Education I - Nursing Education II - Nursing Education III - Sociology I -Sociology II - Industrial Psychology I OR - Psychology I - Public Administration I OR - Business Management I	- Lecture - Group discussion - Distance learning
(d) Community Nursing Science and Nursing Ethos and Professional Practice	Same as above	Same as above	- Nursing Ethos and Professional Practice I - Nursing Ethos and Professional Practice II - Ethos and Professional Practice III - Community Nursing Science I - Community Nursing Science II - Community Nursing Science III - Health Services Management I - Sociology I - Sociology II - One of the following: - Industrial Psychology I OR - Psychology I - Private Law I - Public Administration I OR - Business Management I - One of the courses from the list under Curriculum A	- Lecture - Group discussion - Distance learning - Practicals

(UNISA CALENDAR 1998:9)

Table 4.2 Continued

Programmes	Requirements	Duration	Curriculum content	Teaching methods
(e) Health Services Management and Nursing Ethos and Professional Practice as major subjects	- Registration as Nurse and - Matriculation	Can be completed in 2 years	- Nursing Ethos and Professional Practice I - Nursing Ethos and Professional Practice II - Nursing Ethos and Professional Practice III - Health Services Management I - Health Services Management II - Health Services Management III - Community Nursing I - Sociology I - Sociology II - One of the following: - Industrial Psychology I - Private Law I - Psychology I - Public Administration I OR - Business Management I - One of the courses under Curriculum A	- Lecture - Group discussion - Peer group - Teaching - Practicals

(UNISA CALENDAR 1998:9)

Table 4.2 Continued

Programmes	Requirements	Duration	Curriculum content	Teaching methods
(f) Nursing Education and Nursing Ethos and Professional Practice as majors	- Senior certificate - Current Registration with SANC as Registered Nurse or Psychiatric Nurse	Can be completed in 3 years	- Nursing Ethos and Professional Practice I - Nursing Ethos and Professional Practice II - Nursing Ethos and Professional Practice III - Introduction to Education or Education I - Nursing Education I - Nursing Education II - Nursing Education III - Community Nursing Science I - Sociology I - Sociology II - One of the following - Industrial Psychology I - Psychology I - Private Law I - Public Administration I - Business Management - One of the courses in Curriculum A	- Laboratory work - Assignment - Discussion group - Practice Teaching

(UNISA CALENDAR 1998:9)

Table 4.2 Continued

Programmes	Requirements	Duration	Curriculum content	Teaching methods
3 **Honours degree** Phased-out in 1998				
4 **Masters degree (M Cur)** (a) Clinical Masters degree in nursing in all three major subjects 1 Community Nursing Science 2 Nursing Education 3 Health Services Management	- B Cur	2 years	- Course work - Mini-dissertation (mini research)	- Research Project - Peer Group - Teaching - Assignments
(b) Research Masters (Academic) In one of the above specialization	- B Cur	2 years	Research project on an approved topic on 1 Community Health Nursing 2 Nursing Education 3 Nursing Management	
4 ***Doctor of Nursing (D Cur)*** An academic Doctorate consists of thesis in three majors 1 Health Services Management 2 Nursing Education 3 Community Nursing Science	- Masters degree	2 years	- Research thesis	- Research Project - Assignments

(UNISA CALENDAR 1998:91-95)

4.4 POST-BASIC NURSING PROGRAMMES OFFERED BY THE UNIVERSITY OF TRANSKEI SCHOOL OF NURSING

4.4.1 Introduction

The University of Transkei in South Africa, like the University of Zululand is one of the historically disadvantaged universities. This university was started in 1982, almost at the same time as the University of Zululand which started in 1981.

This University offers diploma courses, degree courses, honours degree and masters degree. Doctoral degree is not yet offered in this University. This will be introduced in the current year (see table 4.3).

Table 4.3 Post-basic nursing programmes by University of Transkei School of Nursing

Programmes	Requirements	Duration	Curriculum content	Teaching methods
1 **Diploma courses** (a) **Diploma in Community Health Nursing Science**	- Senior certificate - Registration as general nurse or - Psychiatric nursing and - midwifery	- 2 years full-time - 3 years part-time	- Community Health Nursing I - Community Health Nursing II - Public Administration I - Sociology I - Psychology I	- Lecture - Peer group - Group discussion - Assignments
(b) **Diploma in Nursing Administration**	Same as above	Same as above	- Nursing Administration I - Nursing Administration II - Sociology I - Psychology I - Public Administration I - Sociology I	Same as above
(c) **Diploma in Nursing Education with Natural Sciences**	Same as above	Same as above	- Nursing Education I - Nursing Education II - anatomy I - Physiology I - Medical bio-physics I - Medical bio-chemistry I - Sociology I - Psychology I - Nursing Administration I - Community health nursing I	- Lecture - Assignments - Group discussion - Practice Teaching - Peer group teaching
2 Degree Programmes (B Cur A, E et A) has 2 majors		- 3 years full-time - 4 years part-time		

(UNIVERSITY OF TRANSKEI CALENDAR 1998:13)

Table 4.3 Continued

Programmes	Requirements	Duration	Curriculum content	Teaching methods
(a) **Nursing Administration and Community Health Nursing Science**	- Matriculation	- 3 years full-time study - 4 years part-time study	- Nursing Education I - Anthropology I - Community Health Nursing I - Community health nursing II - Community health nursing III - Nursing Administration I - Nursing administration II - Nursing administration III - Public Administration I - Sociology I - Psychology I - Ethos and Professional Practice I - English I - Communication Science I	- Lecture - Group discussion - Practicals - Peer group teaching
(b) **Nursing education and Community Health Nursing Science**	- Matriculation	- 3 years full-time - 4 years full-time	-Nursing Education I - Nursing Education II - Nursing Education III - Community health nursing I - Community health nursing II - Community health nursing III - Anatomy I - Physiology I - Medical biophysics and chemistry I - Public administration I - Sociology I - Psychology I - Ethos and Professional Practice I - Education I	- Lecture - Group discussion - Peer group teaching - Assignments - Practice teaching

(UNIVERSITY OF TRANSKEI CALENDAR 1998:14)

Table 4.3 Continued

Programmes	Requirements	Duration	Curriculum content	Teaching methods
3 **Honours degree**	- Successful completion of B Cur A, E et A	2 years part-time	**Specialisation** 1 Nursing education - Nursing education - Research methods - Research project 2 Community health nursing - Community health nursing - Research methods - Research project 3 Nursing administration - Nursing administration - Research methods - Research projects	- Lecture - Group discussion - Peer group teaching - Research Project
4 **Masters Curationis degree** (a) Consist of Research masters	- B Cur A, E et A - Honours degree	2 years	Research Project on a topic on any of these specialities - Nursing management - nursing education - community health - nursing - psychiatric nursing - midwifery - General nursing science	- Research Project - Peer group teaching

(UNIVERSITY OF TRANSKEI 1998:15)

Table 4.3 Continued

Programmes	Requirements	Duration	Curriculum content	Teaching methods
(b) Course work masters available in following specialities - Nursing Administration - Nursing education - Community health nursing science - Psychiatric nursing - General nursing science - midwifery	Same as above	2 years	1 Course-work on a particular speciality 2 Mini research project	-Lecture - Group discussions - Peer group teaching - Research Project
4 **Doctor of philosophy in nursing** Not yet offered in Transkei University				

(University of Transkei Calendar, 1998:15)

(Interview with head of department Nursing Science)

4.4.2 Conclusion

The possibility of the introduction of the doctoral degree will be much appreciated by local students of Eastern Cape because they will receive their higher education at their local university and will be more affordable. It will also bring about growth and development in the Transkei. Comparing the three universities it is clear that the University of Natal and University of South Africa are more advanced in nursing education than the University of Transkei. But even then much progress is noted since they will be offering a doctoral degree in two years' time.

The University of Zululand is one step ahead of the University of Transkei since they have already commenced with the doctoral degree. They have already produced three doctors in nursing, and several more students will complete their doctoral degrees in 2 years time.

4.5 NATIONAL QUALIFICATIONS FRAMEWORK GUIDELINES FOR THE FUTURE PREPARATIONS OF THE POST-BASIC PROGRAMMES IN SOUTH AFRICA

4.5.1 Introduction

The National Qualifications Framework (NQF) which is overseen by the South African Qualification Authority (SAQA) is the vehicle for establishing a new approach to education and training in South Africa in 1996. The NQF was established to replace the apartheid system of education in South Africa which did not promote the idea that people should think analytically, critically and creatively. The NQF will encourage the learners to generate new ideas and take control of their learning situations (Isaac,

1997:3). This new system of education will provide access to nationally accepted and accredited qualifications. Different forms of learning such as full-time, part-time, distance learning and life experience will be recognised, and credit will be allocated for the knowledge and experience one possesses. Such credits can be accrued in order to obtain qualifications registered on the qualifications framework.

This National qualification framework was conceived during the period 1989-1991 by the following organizations: COSATU, employers, providers of education and training, representatives from the old Department of Education and Labour, the African National Congress and Centre for Education Policy. The representative body began to look at ways in which education and training in South Africa could be improved (Isaac, 1997).

4.5.2 **Objectives of the National Qualification Framework**

The following objectives of the qualification framework were formulated:

- to create an integrated National framework for learning achievement;
- facilitate access to mobility of the profession within education and training and career paths;
- enhance the quality of education and training;
- accelerate the redress of past unfair discrimination in education, training and employment opportunities and thereby

- contribute to the full personal development of each learner and the social and economic development of the nation at large (Isaacs, 1997:3).

4.5.3 **Principles for a National qualification framework**

Qualifications framework is based on the following principles:

- The right of the individual to access to lifelong learning.

- Integration of the education and training systems to ensure maximum flexibility for horizontal and vertical mobility between different levels of the education and learning system, both formal and non-formal.

- Development of a National standards and qualification structure which will reflect the achievement of learning outcomes, defined at different levels from the beginner to the postgraduate, in terms of National standards.

- Mechanism that will enable learners to accumulate credits earned in the same or different learning contexts, which may be accumulated towards the achievement of the National qualifications.

- Recognition of prior learning and experience.

- Promotion of career paths as an aid to mobility within all sectors of economic activity.

- Development of a National curriculum based on the integration and training system

(Isaac, 1997:4; and Department of Health, 1996:9).

The above principles will guide the preparation of the future graduate in the Republic of South Africa.

4.5.4 **The functions of SAQA**

The South African Qualifications Authority will have the following functions in terms of education and training:

- To oversee the development of the NQF.

  * Formulate policies and criterion for registration of bodies responsible for the establishment of standards and for accrediting bodies responsible for maintaining achievements in terms of such standards.

- Oversee the implementation of the NQF.

  * Registration of standards setting and accreditation bodies.
  * Registration of National standards and qualifications.
  * International comparableness (Isaac, 1997:5).

4.5.5 **The pictures of the National Qualifications Framework**

The preparation of the future postgraduate nurses will take place in the Higher Education and Training (HET) band ranging from levels 5-8 of National Qualifications Framework.

The type and level of qualifications will be determined on the basis of the total number

and levels of credits required in accordance with the following criteria.

National certificate

A minimum of 120 credits with 72 credits at or above the level at which the certificate is required.

National first diploma

A minimum of 240 credits of which a minimum of 72 shall be at level 5 or above on the NQF.

National first degree

A minimum of 360 credits of which a minimum of 72 credits shall be at level 6 or above on the NQF.

Titles of Qualifications

Qualifications shall be distinguished by type, NQF level, numbers of credits and title which will describe the primary purpose of the qualification.

A total of 120 or more credits shall be required normally for registration at levels 1-8, with a minimum of 72 credits being obtained at/or above level at which the qualification is registered (Isaac, 1997:6). The post-basic nursing programmes will be more meaningful after the implementation of the NQF.

Proposed structure for National Qualification Framework on higher education and training band.

Table 4.4 A structure of the National Qualifications Framework

POSSIBLE STRUCTURE OF THE NATIONAL QUALIFICATIONS FRAMEWORK						
NQF level	**BAND**	**TYPES OF QUALIFICATION & CERTIFICATES**		**LOCATIONS of LEARNING for UNITS & QUALIFICATIONS**		
8	Higher Education and Training Band	Doctorates Further research degrees		• Tertiary institutions • Research institutions • Professional institutions		
7		Higher degrees Professional qualifications		• Tertiary • Research • Professional		
6		First degrees Higher diplomas		• Universities • Technikons • Colleges • Private institutions • Professional institutions		
5		Diplomas Occupational certificates		• Universities • Technikons • Colleges • Private institutions • Professional institutions • Workplace, etc.		
FURTHER EDUCATION & TRAINING CERTIFICATE (FET)						
4	Further Education & Training Band	School/colleges/Trade certificates Mix of units from all		• Formal high schools • Private schools • State schools	COLLEGES • Technical • community • Police • Nursing • Private	• RDP and labour market schemes • Industry training boards • Union • Workplace, etc
3		"				
2		"				
GENERAL EDUCATION & TRAINING CERTIFICATES (GET)						
	General	Std 7/ grd 9 (10 yrs)		Formal schools	• Occupation or work-based training;	• NGOs • churches • night schools;
1	Education & Training	Std 5 / Grd 7 (8 years)		• Urban • Rural	• RDP; • Labour market schemes:	• ABET programmes • Private providers
		Std 3 / Grd 5 (6 years)		• Farm • special	• Upliftment programmes;	• Industry training boards
		Std 1 / Grd 3 (4 years)			• Community programmes	• Workplace, etc
		1 year Reception (school readiness)				

Source: Ways of Seeing the National Qualifications Framework, HSRC, Pretoria, 1995.

4.6 THE CURRICULUM 2005 GUIDELINES FOR THE PREPARATION OF FUTURE POSTGRADUATE NURSES

The South African education system is in the process of change, a shift in the attitude adopted in the entire educational process.

4.6.1 Aims of the changes

- Making more South Africans, and more South African products and services, more competitive in an increasingly competitive world.
- Producing more qualified South Africans more consistently, more predictably, by equipping them for the real world.
- Elevating the real skills and learning levels of the South African learner by promoting a thirst for knowledge, a love of learning and a determination to succeed, to multiplying the number of South Africans who achieve marketable skills (Department of Health, 1997:4).

4.6.2 The old traditional system of education

These changes are focused on the adoption of a new educational approach. which evolved around the concept of transformational outcomes-based education of OBE, and the product of this approach will be recognised and certified by the new National Qualifications Framework. The overall objective is to create a culture of lifelong learning (Department of Health, 1997:4).

The old South African System did not serve the country well and it was out of step with world trends. It catered for passive learners, driven by examinations, learning in

parrot-fashion and characterised by a syllabus which encouraged minimum cross-fertilisation in that it was content-based and broken into convenient compartment and subjects achieved to text books, work sheets and completely centred around the teacher. The teacher now is responsible for motivating the learning process and for encouraging a love of learning. The old system placed great stress on the teachers and what they hoped to achieve (Department of Health, 1997:5).

4.6.3 **The new system**

Learners under the new system will be encouraged to become active not only at school, but throughout their lives i.e. the promotion of life-long learning. Assessment will take placed on an ongoing basis and credits awarded in terms of the criteria of the National Qualification Framework. Critical thinking will be encouraged, in terms of reasoning, consideration, reflection, and action. There is recognition of the fact that teaching is not an end in itself. The teaching purpose is to instruct and inform a group or individuals in such a way that at the conclusion of the course, the learner has a thorough understanding of the fundamental elements of a learning programme.

In the new system the learner is at the centre of things and the teacher is the facilitator, who is constantly using group-work and teamwork to draw the most out of this new approach and to consolidate it (Department of education, 1997:6).

The learning programmes are seen as guides. Educators will be encouraged to be innovative and creative in designing effective courses for the students. Learners will be responsible for their own learning and progress, constantly motivated by feedback and positive comments. Since there are no set time frames but increased flexibility, learners learn at their own pace. Self-commitment, constructive criticism and assistance from a wider community is actively encouraged (Department of Education, 1997:6).

The development and implementation of the outcomes-based approach is determined by the nature and significance of the outcomes set as goals. The outcomes are defined and understood by all participants before the learning process begins. Primary focus will be an achievement which equips the learner for a useful, fulfilling and contributory role in life; encourages both initiative, and collaboration and expand all opportunities for successful outcomes in education. Learning progress is demonstrated through integrated tasks and the application of skills to real world problems. Learners will be monitored through multi-dimensional methods of assessment (Department of Education, 1997:7).

This change in the education process has already started in the teaching of nurses in South Africa. This will improve the future preparation of nurses and will facilitate the development of autonomous, independent decision-makers and creative critical thinkers. The Post-basic nursing programmes of the University of Zululand are in the process of being developed to cater for the requirements of the above new system. These programmes will be introduced from the year 2001.

4.6.4 The problems with new system Curriculum 2005

The problems with Curriculum 2005, the outcomes-based education plan introduced in 1997, was that very few people understood it, including most of the teachers using it. Up to now it has been used in grades 1 to 3 and grade 7, and the old standard 5. Critics of this education said it threw out content, its achievement testing and confined to the textbooks. Another critique said it takes attention away from teaching children to read, write and count. In other words Curriculum 2005 is not working; extraordinarily complicated, which makes it impossible for an independent teacher to follow.

Whatever changes that will be made on Curriculum 2005, they will not affect the outcomes-based education principles, the child will still be the centre of learning and

learns through activities. The same three learning programmes for grades 1-3 will still be literacy, numeracy and life skills. Critical outcomes or learning goals which state what a pupil should be able to learn in every grade including mathematics and language skills, solving problems and critical thinking will be included (Pretorius, 2000:6). Post-basic nursing programmes of the University of Zululand in the year 2001 will be based on the principles of curriculum 2005. The above problems are therefore important to understand because they will affect the implementation. Lecturers responsible for its introduction will have to try and deal with these problems when they arise.

4.7 DISCUSSION OF PRINCIPLES OF COMMUNITY AND PROBLEM-BASED EDUCATION AS THEY WILL CONTRIBUTE IN THE PREPARATION OF THE FUTURE GRADUATES

The principles of community and problem based education need to be discussed because they are included in the nursing programmes of the University of Zululand for the preparation of the post-basic students in the year 2001.

Mfenyane (1997:2), in his paper presented at a National nursing workshop in Pretoria, discussed the principles of community and problem-based education in the preparation of the future nurses. This was done with a view to the application of the National Qualifications Framework. The workshop examined key concepts, example, problem and community-based education, participatory education, multidisciplinary education and National Qualifications Framework.

The definitions of problem-based and community based education was derived from WHO (1987: 81 and 49) cited by Mfenyane (1997:2).

Definition of problem-based learning

Problem-based learning was defined as a process whereby a student learns by utilising a problem as a stimulus to discover the information needed to understand the problem and hasten its solution (WHO, 1987:49) cited by Mfenyane, 1997:2).

Definition of community-based education

Community-based education is a means of achieving educational relevance to community needs. It consists of learning activities that use the community extensively, as a learning environment in which not only the students but also teachers, members of the community and representatives of other sectors, are
actively engaged throughout the educational experience (WHO, 1987:82 cited, in Mfenyane, 1997:2).

4.7.1 **Principles of problem-based learning - contributions in graduate preparation**

The principles of problem-based education include the following:

- Student centred
- Focus on process as well as content
- Learning as understanding
- Critically reflective practice
- Competency-based
- Multi-disciplinary learning (Mfenyane, 1997:3).

4.7.1.1 Student centred

Student centred learning activities enable the student to identify, meet and evaluate her own learning needs, use flexible delivery modes e.g. breaking down the curriculum into

modules.

Students determine what and where to learn depending on the programme learning resources, including the library, skills laboratory, teachers and other students. Teachers have to put a lot of time in the planning and preparation of learning material to provide the right guidelines for students. Experience coupled with accepting responsibility for own learning leads to self-directed learning.

4.7.1.2 Process focused learning

Process focused learning activities include those which encourage problem-solving, critical thinking, teamwork, and participatory learning. It focuses not only on the content but also the process on how to learn and what to learn. These strategies promote the idea of learning how to learn and an ability to confront uncertainty, which leads to self-reliance in problem-based learning.

4.7.1.3 Learning as understanding

The teaching of knowledge as conceptual understanding will be modelled by the teacher and will include activities which identify current understanding and organize and integrate content conceptuality. Students construct their own meaning in problem-based learning.

4.7.1.4 Critically reflective and critical evaluation

Critical reflective practice and critical evaluation of own health practice include activities which integrate knowing and doing. Examples are simulations, role plays and project. The focus is not an acquisition of knowledge but also an action and reflection. It leads to autonomous action, where the student takes the responsibility for her own

learning.

4.7.1.5 Competency-based learning

In problem-based learning the problems selected are those that help the student to acquire competencies needed in practice. Professional skills are therefore taught early in the curriculum to provide the student with the necessary skills before they are exposed to the community. Competencies are spelt out in the programme objectives so that students become effective members of the community. For example the development of health care plans at National, Provincial, District and Community levels; conducting epidemiology studies and management of common problems of the patients; and make sure that the framework of qualifications permits individuals to progress through the levels of National qualifications.

4.7.1.6 Multidisciplinary learning

Problem-based learning encourages integration. Several disciplines can be taught together and a problem is used as a trigger for learning. The focus will be on competencies at the end of the programme. Because of the complexity of problems, teamwork and multidisciplinary learning is necessary, which can even be extended to multi-professional learning. Medical students, nursing students and social work students can be taught together when dealing with similar problems, and may contribute to inculcating a sense of respect for other professions. This may make it easier for individuals who want to change from one discipline to the other (Mfenyane, 1997:4-6).

4.7.2 **Principles of community-based learnings - contributions in the graduates preparation**

The principles of community-based learning include the following:

- community centred
- focus on process as well as content
- community learning
- critical evaluation of own health
- competency based
- multidisciplinary learning
- intersectoral collaboration
- community-based learning activities

4.7.2.1 Community centred

Community-based learning is also student centred but the emphasis is on the community as an ultimate goal. The student bases her learning on the problems that are identified in the country. Community-based education is also triggered by community needs. The student should fully involve the community in planning, implementation and evaluation of the programmes. This is embedded in the community partnership philosophy. The student experiences a shift from the hospital to work in the community where diseases originate.

4.7.2.2 Process focused learning

Community-based education focuses on the content and the process, the how to learn and the what to learn. The strategies promote the idea of learning how to learn and the ability to confront uncertainty. In community-based education the student will develop self-reliance and community reliance. The student should try to achieve full community

participation because non-participation will affect the performance of the group.

4.7.2.3 Community learning

The teaching of knowledge as conceptual understanding should be modelled by the teacher. The community should construct their own meaning.

4.7.2.4 Critical evaluation

In community based education critical evaluation of own health practice includes activities which integrate knowing and doing like simulations, role play and projects. This will lead to autonomy. The student and the community take responsibility for their own health.

4.7.2.5 Competency-based learning

In competency-based learning students acquire competencies or necessary skills before being exposed to the community. The competencies needed for practice are focused on first, so that the learner becomes an effective member of the community. In community-based education learning is not wasted, it ensures that the Framework of Qualification permits individual to progress through the levels of National Qualifications.

4.7.2.6 Multidisciplinary learning

Because of the complexity of health problems in the community a multidisciplinary approach to learning and teamwork is required. Therefore community-based learning should be better placed in multidisciplinary context which can even be extended to multi professional learning.

4.7.2.7 Inter-sectoral collaboration

Community-based education encourages intersectoral collaboration, which is one of the components for primary health care. Those sectors include agriculture, housing, education, social work, social welfare and public works and health. Students in the community health nursing course and other courses will have to apply this principle in order to ensure community development and improvement of the health status of the community they serve. They will have to start with community assessment which will eventually lead to community development projects where they, as students, staff and community will join hands.

4.7.2.8 Community-based learning activities

This principle clearly links education with community development. The learning of the students in primary health care and community health care will adhere to this principle more often than before. This principle means:

- A balance distribution of learning activities between primary, secondary and tertiary care services.

- The distribution of community-based learning activities throughout the curriculum rather than putting them in one year of study.

- Formulation of community partnership in health personnel education.

- Provision of service within the communities served (Mfenyane, 1997:4-6).

The principles of problem-based and community-based education are almost the same, except for the few additional principles which apply to community-based education,

namely intersectoral collaboration and community-based learning activities. The application of these principles will improve the future preparation of post-basic students since their professional practice will be based more on the community's needs and will be triggered by the problems. Patients' problems in the community will be solved more effectively.

4.8 CONTRIBUTION OF HUMAN RESOURCES DEVELOPMENT WITHIN PRIMARY HEALTH CARE IDEOLOGY IN THE PREPARATION OF THE FUTURE POST-BASIC NURSING GRADUATES

Gumbi (1996:3) states that the vision of the Department of Health in human resource development was their commitment to the provision of primary health care as an integral health ideology. She further states that the human resource development will be based on all levels of health care: primary, secondary, tertiary and quarterly. The strategy for this development will provide motivated and contented health personnel who will effectively address the country's health needs as their aspirations are guided by the primary health approach.

Gumbi (1996:5) further comments that human resource development's transformation of health care delivery in South Africa will be based on seven principles which are:

- Unification of fragmented health services at all levels into a comprehensive and integrated National health system.
- Health care delivery based on equity and accessibility of health services.
- Extension of health services based on appropriateness.
- Health promotion

- Development of available human resources.
- Promotion of participation across the health sectors.
- Improvement of planning of health sector, monitoring of health status and health services.

The key elements of Human Resource development policy.

This policy includes the following:

(i) Education and training based on competency-based, community- and problem-based strategies, teaching strategies to accommodate participatory education to promote critical thinking.

(ii) Caring ethos with value system based on ethics.

(iii) Change management which is a vital element of capacity building to ensure successful outcomes towards health care orientation and ideology. All stakeholders to be partners in the implementation of change management as a vital component of capacity building within the multi-professional model of health care.

The health care elements include management by objectives, participative and change management, progressive leadership, community participation at all levels of decision-making, strategic and operational planning, policy development, implementation, conflict reduction, mediation, negotiation, programme management, evaluation, financial and fiscal management for efficiency and effectiveness (Gumbi, 1996:6-8).

Curriculum development for health personnel should be moulded on education which is reality-based, and should accommodate the demographic trends, technology, epidemiology and culture of the community served. Elements of curriculum development will include the following:

- response to the health needs and expectations of the community;
- community to be actively involved;
- a multidisciplinary and intersectoral process;
- include the care elements of primary health care which are: primary health care, health promotion, epidemiology, mental health and research (Gumbi, 1996:9).

Gumbi (1996:11) also points out that participatory education is a process of education which sees the student as a decision-maker, who is in partnership with the teacher and in which their roles interchange according to the situation. This education system has the following fundamentals: active state, learner centred, process driven, reality-based in a practice context and interactive and collaborative.

Education of health professionals will be community-based, which promotes innovations. It correlates theory and practice within the context of social and environmental problems experienced by the community. It concerns such aspects as multidisciplinary health care delivery, leadership and supervision, span of control and decision-making, coordination and integration within a comprehensive model and communication within horizontal and vertical levels of health systems (Gumbi, 1996:12).

4.9 CONTRIBUTION OF FINAL DRAFT OF NATIONAL HUMAN RESOURCES DEVELOPMENT POLICY IN THE FUTURE PREPARATIONS OF POSTGRADUATE NURSES

4.9.1 Training in Health Systems management

Zuma (1996:20) states that health service managers should be supported in acquiring the skills needed to manage a decentralised health service. The following is to be done in health systems management training:

- Formal and in-service courses for health systems management should be developed with emphasis in democratic management principles.
- There should be an ongoing process of management training, informal and formal in response to identified needs.
- Management training has to occur within the trainees' work environment to be linked to implementation of change, and correlation of theory into practice must be ensured.
- A particular effort to be made to recruit management trainees reflecting the demographic structure of the population.
- The training in health systems management to be incorporated into both undergraduates and postgraduate curricula for health personnel.
- Qualifications requirements for senior and mid-level management posts to be reviewed to meet accreditation and changing needs in line with the National Qualifications Framework.

Zuma (1996:21) further states that training should be provided in participative

management and conflict resolution especially for senior health care personnel. In addition negotiation skills, labour relations and management by objectives should be taught.

4.9.2 Creating a caring ethos

To create a caring ethos to future personnel, the following must take place:

- Selection of health science students has to include criteria considered fundamental to the development of compassionate and caring health personnel.
- Courses in ethos and professional practice of health care has to feature prominently in the training programmes.
- A mandatory African language has to form part of the curriculum of training programmes for health professionals.
- Competency in the major South African languages should be encouraged by health training institutions.
- Career guidance regarding health professionals should be encouraged at schools and higher education institutions (Zuma, 1996:17).

4.9.3 Training personnel for effective primary health care

Health science curricula must be restructured to reflect community needs more accurately and teaching must place greater emphasis on community-based programmes.

The fundamentals of a community needs based health science curricula will include

primary health care, social science, health promotion, ethics, basic management skills, education in community participation and skills training in conflict resolution and communication, basic counselling skills, epidemiology, health informatics, health systems approach, research and first aid or emergency care (Zuma, 1996:14).

Zuma (1996:15) mentions that all health professions training programmes must be reviewed to ensure a primary health care orientation. Health science training institutions should make provision for the development of educational programmes in essential drugs and the use of genetics, nutrition support, monitoring and rehabilitation must be incorporated with the training of all primary health care providers. Health personnel at all levels must receive training in the analysis and use of data collected.

4.9.4 Upgrading of clinical skills of health care workers.

The following skills must be developed in accordance with clinical function:

- The clinical skills of health personnel must be developed in accordance with approved health care packages at various levels of delivery, for example

  * Nurses: Increase skills to diagnose, prescribe and dispense at primary health care level, and skills to perform termination of pregnancies.

  * Doctors: To have broader primary health care skills and clinical skills necessary at the district level, and particular attention to be given to equip personnel with PHC skills (Zuma, 1996:230).

The development of management skills for managers should be accelerated in the following : management by objectives,participative and change management, leadership development, community participation, financial management, strategic planning, programme management and evaluation, policy development and implementation and

policy analysis (Zuma, 1996:24).

Zuma (1996:26) suggests that emphasis should be placed on action oriented research in the training of health personnel and other South African guidelines in the preparation of future graduate nurses.

The above suggestions of upgrading of clinical skills identified by the former National Minister of Health Nkosazana Dlamini-Zuma will contribute tremendously in the improvement of the nursing programmes, for the future preparation of the post-basic nursing graduates of the University of Zululand. This will in turn result in proper utilization of these nursing graduates by the nursing educational institutions and health services in KwaZulu-Natal.

Thorburn (1987:203), after evaluating the community health nursing programme of the Northern Transvaal Technikon, made the following recommendations to effect improvements in the future programme for the preparation of graduates:

- Improvement of the focus in teaching of management in the programme, that it is directed more at nursing management rather than public administration.
- Presentation of the course in modules, involving the students in self-activity directed at correcting incorrect study methods and allowing the student to progress at her own particular tempo.
- Improvement of the teaching programme which should be appropriate to the specific needs of the students, especially regarding nursing management, public administration in the implementation of the nursing care process at various levels of health care.

- The need for community health nurses to be able to function independently without support of other members of the multidisciplinary team.

- Lastly, the need for these community health nurses to receive in-service education on genetic disorders, community development, community involvement and dental health care (Thorburn, 1987:203).

Conco (1997:25) states that the way students are taught as well as the content of teaching, influences the way which they will practice.

In his study of assessing how nurses are trained and educated in the Northern Cape, North-west and Northern Provinces, he identified some material to be included in the nursing education curriculum. Conco (1997:25) discovered that the majority of nurse tutors had a broad understanding of reproductive health, which included social and economic factors, but commented that this understanding is not incorporated in the existing nursing curriculum. It is taught in a fragmented manner.

The results of the study revealed that ninety-four percent (94%) of the respondents felt that there was a need for entire module on reproduction health in the nursing curriculum.

The students highlighted a broad range of issues that they need to learn in order to deal with the complexities of women's health, which are: contraception, literacy, women's rights, culture, crime, sexual dominance, self-help skills, working environment and many others. He further stated that rights are not included in the nursing curriculum and the health service does not provide space to exercise these rights (Conco, 1997:26).

The second inclusion in the nursing curriculum identified by Conco (1997:26) is gender. But he stated that nurse tutors did not have a clear understanding of this

concept and that they had difficulty in perceiving ways in which to incorporate gender. He highlighted the need for training, including women's health.

4.10 DIFFERENT VIEWS / GUIDELINES ON THE FUTURE PREPARATIONS OF THE POST-BASIC NURSES NATIONALLY

The future preparation of the graduate is going to be discussed under different views / guidelines from individuals, groups, educational authorities, different institutions nationally and internationally. This will be done in order to guide the future preparations of the graduates of the University of Zululand, so that they are able to cater for the needs of the country.

4.10.1 South African Nursing Council guidelines for preparation of health professionals

The South African Nursing Council is the statutory body which makes recommendations for the education and training of nurses in South Africa. Even the universities are guided by it in the education and training of their nurses and for the approval of their programmes.

Post-basic courses fall under the South African Nursing Council regulations (No. R212, 19 February Act no.50 of 1978 as amended) as amended by No. R74, 17 January. Regulations relating to the course of clinical nursing science leading to registration of additional qualifications. The Minister of National Health and the South African Nursing Council in terms of section 45(1) of theNursing Act, 1978 (Act No. 50 of 1978) made the recommendations.

4.10.1.1 Functions of the South African Nursing Council

(1) The South African Nursing Council receives training programmes constantly, and makes their regulations after careful consideration and consultation with experts in the different fields.

Factors that are taken into consideration are:

* The needs of the public for well-trained persons in all categories to supply nursing care of a high standard.

* The educational needs of the students and pupils.

* Admission requirements which will ensure that the objectives of the educational programme will be met and are realistic.

* The necessity of tailoring training regulations which are flexible enough to be adapted to meet the constant changing needs created by new techniques employed in nursing and medical practice (Mellish and Brink, 1993:30).

(2) The South African Nursing Council prescribe the conditions of approval of a nursing school or university, admission requirements to the course, issuing of a qualification and the duration of the course, and the curriculum.

(3) Under the curriculum the South African Nursing Council prescribe course objectives and course content. For post-basic programmes the following course objectives were prescribed:

* that the curriculum of the course shall be compiled in such a manner that it leads to the consolidation of the knowledge of personal growth and the

continued skill of the student in respect of the following:

- development of a sound view and philosophy of life and a continued understanding of the influence of different views of life on the thoughts and behaviour of man.

- showing respect for the dignity and uniqueness of man in his social, cultural and religious context and approaching and understanding man as a complete being within the context.

- applying and pioneering a systematic approach to the nursing of man in the various phases of life at any point along the health / sickness continuum in situations inside and outside the hospital

- effective interaction which promotes growth in individuals and groups.

- maintaining ethical codes of the profession and practising within the provisions of the appropriate legislation.

- developing, organizing and showing evidence of contributions to a comprehensive health service.

- defining and accepting responsibility for independent nursing practice.

- rendering a scientific-based nursing practice.

- meaningful cooperation within the nursing and multidisciplinary team according to the principles of co-responsibility for and collaboration with a view to achieving a common objective.

- developing and implementing operational leadership, managerial and teaching skills.

- motivating and maintaining community participation involvement and development (South African Nursing Council Regulation, 1997:3).

(4) The South African Nursing Council also issues guidelines to training schools constantly under review. These set out the purpose of the courses, the course content, minimum qualifications of lecturers and minimum number of teaching periods required. These are not embodied in the regulations, the amendment of which takes considerable time.

Post-basic nursing programmes of the University of Zululand nursing science department are formulated under these guidelines of the South African Nursing Council

4.10.1.2 Purposes of nursing education

- According to the South African Nursing Council the purpose of nursing education is the development of the nursing student as an adult on a personal and professional level which should lead to cognitive, affective and psychomotor development and achievement of prescribed programme objectives. In doing the above principles of adult learning should be applied and education should be directed towards the development of the capacity for analytical, critical and creative thinking. Independent judgement and interpretation of scientific data is also vital (South African Nursing Council Regulations, 1997:3)

- The provision of a variety of learning opportunities covering the full spectrum of the curriculum. Teaching for practice in the clinical nursing laboratory, situations and

proper introduction and orientation of students with regard to learning objectives.

- Learning environment created by a person presenting learning material to be conducive and utilised by the student to achieve the objectives and the environment to include clinical practica, clinical teaching, lectures and projects.
- Evaluation of the students to determine the level of cognitive, affective and psychomotor development required to ensure a safe standard of practice.

4.10.2 **Clinical practical in Nursing Education**

The South African Nursing Council prescribed the following guidelines concerning allocation in the clinical areas:

- The student to function as a member of the health team with responsibilities from the commencement of the programme.
- The accompaniment of the student and arrangement of meaningful consecutive units avoiding fragmentation.
- The student to become accountable for her own acts and omissions in accordance with the stage and terminal objectives of the programme (South African Nursing Council Regulations, 1997:5).

4.10.3 **Teaching guide for a course in clinical nursing science leading to registration of an additional qualification**

The curriculum for all the programmes has a compulsory component which is common to all programmes and an elective component determined by the clinical field of speciality. Each school develops its own programme or curriculum. This has to be

submitted to the nursing council for approval (South African Nursing Council Regulations, 1997:1).

The compulsory component which is common to all programmes is called nursing dynamics.

Objectives for Nursing

Objectives for Nursing Dynamics are the following:

The curriculum must be designed in a manner which enables the student to:

- Understand fundamentals of nursing in relation to:
  - * obtaining perspective concerning the philosophy of nursing in relation to
    - fundamentals of nursing
    - a personal professional task
    - factors currently influencing the development of the nursing profession.
- Demonstrate an understanding of the position and the contributions of the nurse practitioner in the National health system and the factors which have an influence thereon.
- Demonstrate assertiveness.
- Demonstrate empathy.
- Demonstrate skills in respect of
  - * handling conflict and stress
  - * accompaniment

* appropriate and creative thinking
* written communication
* first level management
* ethical decision-making and moral reasoning.

- Obtain perspective concerning research.

The content of nursing dynamics

The following content of nursing dynamics is included in all the post-basic nursing programmes of the University of Zululand as a compulsory component.

The content consists of:

- Ethos and professionalism which include:

  * Professional task
  * Factors currently influencing the development of nursing and midwifery
  * The fundamentals of nursing

- Health service dynamics which include

  * National population and health profiles
  * Policy
  * Service

- Communication and teaching which include:

  * Stress

* Innovation
* Interpersonal skills and methods
* Written communication
* appropriate principles of teaching, health education and patient teaching
* Principles of community development

- Management

The management process within the framework of current health service policy and in accordance with personal and professional priorities in respect of

* health service environment
* standards of nursing practice
* personal management
* management principles for a private nursing practice.

- Research which involves

* research principles
* methodology of research, an introduction.
* research within a team context (South African Nursing Council Regulations, 1992:1-3).

4.10.4 **Guidelines for practice**

They include the following:

- Professional socialization

- Learning opportunities provided to enable the student to practice leading the nursing team in the following situations.

  * The multidisciplinary team
  * Problem management
  * As the representative of a particular viewpoint
  * Patient advocacy
  * Debating ethical principles and contemporary problems

- Exposure to disciplinary hearings actual and simulated.

- Teaching and communication

- Student to reflect a healthy lifestyle

- Learning opportunities provided to enable the student to practice the following:

  * assertiveness
  * empathy and accompaniment
  * handling conflict by means of
    - confrontation
    - support
    - negotiation
    - conformity
    - withdrawal
  * management of groups
  * crisis intervention
  * creating a therapeutic environment
  * committee procedure

* teaching strategies and skills for clinical practice

- A group project for community development.

- Management skills

Learning opportunities are required to enable the student to practice the following:

* assessing needs and establishing priorities with a view to financial estimates
* applying strategies for utilising personnel and facilities with a view to cost-effectiveness
* applying decision-making strategies
* using an evaluation instrument
* carrying out retrospective evaluation
* writing motivations, personal appraisals, memoranda and reports
* designing a disaster management plan.

- Research

Learning opportunities should be provided to enhance students' skills in research (South African Nursing Council Regulations, 1992:4).

4.10.5 Guidelines for elective programme: Community Health Nursing Science

The South African Nursing Council established the following guidelines for community nursing science. The programme will consist of at least two years focusing on:

- Community health (capita selecta)

- Community nursing science with in-depth study in a speciality field like mother-and-

child nursing, genetics, family planning, nursing of teenager and adolescent, ophthalmological nursing science etc.

Objectives of community health

The curriculum must be developed in a manner which will enables the student to:

- Analyze and interpret the population and health profile at national level.
- Analyze and evaluate the demographic and ecological profile of an urban and a rural community and the factors which have an influence thereon.
- Evaluate the community health services in a rural or urban context and analyze the factors which have an influence thereon.
- Analyze and evaluate the community health status of a rural or urban community and the factors which have an influence thereon.
- Practice community nursing according to a scientific method within the scope of
  - * professional ethical norms
  - * legal provision
- Analyze different viewpoints and justify a personal viewpoint regarding the practice of community nursing science.
- Initiate and promote community development through community involvement.
- Develop and implement standards for quality assurance.

- Utilise and/or establish referral resources.

Content of community health

The content of Community health nursing (capita selecta) consist of the following:

- A national, a regional and a local health profile.
- Policy-making structure at macro and micro levels.
- National policy, including the national health services facilities plan and national health plan.
- Approaches in the assessment of the development and health status of the community.
- Relevant legislation.
- Contemporary factors which influence the health and the rendering of community health services.
- Social, cultural and transcultural considerations for the health of the community.
- Primary, secondary and tertiary prevention in community health.
- Applied demography, ecology biostatics and epidemiology.
- Principles of strategic planning and management applied to community health services.

- Viewpoints and approaches of community nursing science

- Professional ethical norms and legal provision for professional practice.

- A systematic approach to the assessment of the health status of a community and the appropriate management of community health problems.

- Referral and referral resources.

- Quality assurance.

- The dynamics of community health nursing practice (South African Nursing Council Regulation, 1993:8-9).

4.11 CONCLUSION

In this chapter post-basic nursing programmes offered by three South African Universities were discussed, namely included programmes of the University of Natal, University of South Africa and University of Transkei. Discussion of these programmes revealed that nursing programmes from historically white universities are more advanced, this is University of South Africa and University of Natal. They have diploma courses, degree courses, honours degrees, masters and doctoral degrees. The University of South Africa has ceased offering honours degrees. The University of Transkei has shown some development up to masters degrees, doctoral degrees will be offered from 2001. Though this development of the previously disadvantaged Black University is noted, it will take time for it to reach the standards of the White Universities mentioned above.

The University of Zululand nursing science department as one of the previously disadvantaged University like University of Transkei, is one step ahead as it is offering

the same post-basic nursing programme but is already offering a doctoral degree.

Included in this chapter are different authorities that are providing guidelines for the future preparations of the graduates such as South African Qualifications Authority, Human Resources development and the South African Nursing Council. These guidelines will contribute a lot towards the future preparations of the nursing graduates. This will enable the nursing graduate to change her education and even patient care, which is the end product of any nursing programme.

CHAPTER 5

POST-BASIC NURSING PROGRAMMES OFFERED INTERNATIONALLY AND IN AFRICAN COUNTRIES

5.1 INTRODUCTION

Many professional nurses registered with the South African Nursing Council go to United Kingdom to further their education and broaden their professional experiences. In addition, large numbers of nurses registered in other countries apply to work as professional nurses in South Africa. It is therefore important that each country understands the nursing programmes that are offered in other countries.

One programme of an African country and two international western nursing programmes will be discussed. The countries selected are Kenya, United Kingdom and United States of America will be included. Under each country post-basic nursing programmes will be discussed, for example diplomas, honours, degrees, masters degrees and doctoral degree programmes. Guidelines for the future preparation of the graduates will also be examined. Emphasis will be on three specialities, viz. nursing management, nursing education and community health nursing science. The similarities and differences in these nursing programmes will be identified and highlighted. Lastly problems encountered by nursing students undergoing their education and training will be discussed.

5.2 INTERNATIONAL NURSING PROGRAMMES

5.2.1 Programmes of African countries

The programmes in Kenya will be discussed here and will be compared with other countries like United Kingdom, United States of America and those of the University of Zululand nursing science department.

Kenyan nursing programmes

This country, like other countries, inherited the Nightingale System of Nursing education, after which they developed their own nursing programmes after the independence in 1963.

In Kenya formal training for registered nurses begun in 1952. Training for enrolled nurses started in 1950. Health care was previously offered by traditional healers and traditional midwives.

5.2.1.1 Diploma courses in nursing education and management

The nursing courses in Kenya produced curative nurse practitioners; the community needs for material and child health services, primary health care and family planning services were not met. This led to the need for training nurses who would render curative services, preventive and promotive services. From 1966 the enrolled community nurse was trained who functioned as a public health nurse. This led to a need for qualified nurse educators.

The Nairobi University faculty of medicine then started offering a two-year course for nurse educators and nurse managers in 1968 (Ehlers, 1997:102). Emphasis of all the courses was on family planning because of the high population growth rate. Before this

these courses were done overseas.

The nurse educators and nurse managers course was the highest in the country in nursing. The curriculum content was composed of the following:

1. Theory in social sciences,
2. biological sciences,
3. Concepts in community health nursing , and
4. Administration.

Like in Kenya, diploma in nursing education is offered also for the duration of two years at University of Zululand nursing science department. On completion this nurse educator could be utilized in teaching different subjects in nursing.

Clinical practice expertise was gained in the community and teaching institutions, including hospital settings for administration practice. After completion, the graduate worked in school of nursing and hospital administration. These graduates are in par with graduates with a bachelor of science degree offered by many institutions in the USA (Brink & Ehlers, 1997:209).

There was also a need for more nurse managers which resulted in offering the course in registered nursing in 1952 with the first qualified nurse in Kenya produced by 1958. This led to development of more schools for registered nurses. The duration of this course was three and half years and included both practical and theory components. On completion of the course, the graduate is called a nursing officer III and performs patient care and ward administration duties. Promotions to nursing officer II and I is on merit and experience. Upward mobility is to nursing officer I, whose duties involved teaching in clinical areas and in schools of nursing. This course measured up to international standards (Brink & Ehlers, 1997:207). A diploma course in nursing

administration is offered for one year only at the University of Zululand and not for three and a half years as in Kenya.

Programmes in community health nursing

Community health nursing course is offered on the basic course like in South Africa, but a registered nurse who completed a public health nursing course separately is called a public health nurse and not a community health nurse as is the case in South Africa.

- A diploma in public health nursing is offered to registered nurses with experience and midwives and is offered by Ministry of Health in Nairobi.

Duration of course

The duration of the course is one year. According to Brink & Ehlers, (1997:208) approximately 80% of the total population live in the rural areas. This led to a need for a new programme for a registered community health nurse course. This course was offered by Nursing Council of Kenya. The duration of the course is 4 years. On completion of the course the graduate will be able to function as a general nurse, midwife and community health nurse and will have knowledge and experience in a psychiatric setting, which is the same as in South Africa.

The Kenyan registered public health nursing course was started in 1972 in the medical training centre. The minimum qualification for entry was that of Kenyan registered nurse or midwife. Course participants should have at least five years experience, good reports from supervisors and family planning course. The course is aimed at community diagnosis, preventive medicine, health education and immunisation (Brink & Ehlers, 1997:209).

- **Diploma in advanced nursing**

  Requirements The course is done by registered nurses with six 'O' levels. Two of these must be science subjects.

  Duration of course The course takes at least two years. It is offered by department of advanced nursing, University of Nairobi.

- **Diploma in health education**

  Requirements To do the course, one must be a registered nurse. Midwives and public health officers can also be admitted to this course.

  Duration of course The course is of a duration of at least one year of study.

- **Diploma in hospital and health services administration**

  This course is for graduate and experienced hospital secretaries. It is offered by Kenya Institute of Administration under directorate in 'Personnel Management'. of the President's office. It is different from the diploma or degree for nurse managers in South Africa (Ehlers, 1997:104).

It is clear from the above literature that postgraduate programmes are not yet offered in Kenya. Nurses who want to do honours, masters and doctorate are sent overseas to develop themselves.

5.2.2 United Kingdom post-basic nursing programmes

5.2.2.1 Diploma courses

Post-basic courses are offered in health visiting, district nursing, school nursing, psychiatric community services and career health. There are two post-basic courses in clinical specialising fields like intensive care, oncology, orthopaedics and operation ward, nursing courses for nurse educators and nurse managers offered by the Royal College of Nursing and Universities (Potgieter, 1992:54).

A diploma in advanced nursing management is a one-year international course. Students interested in this course must have five years experience as a trained nurse in a hospital, community centre or other administrative departments before admission to the course (Potgieter, 1992:55).

Project 2000, which is the current approach to nursing education in the United Kingdom, recommended that nurse educators should hold degrees not diplomas and also attend reorientation courses to teach students following the 2000 project courses. Diploma courses may be phased out in future. There was a need for nursing services to be provided primarily by registered nurses not unqualified nurses, whilst clinical responsibilities are to be assigned to nurse educators (Potgieter, 1992:59; Brink and Ehlers, 1997:82).

New approach at the University of London

The University of London offers a one-year course leading to the qualification of a nurse tutor and a diploma in nursing which can be pursued as part of a general nursing course, or as a post-registration qualification. It can be done in the institute of education or through private guided study through five specified steps which ultimately

leads to a master's degree in curriculum studies (Potgieter, 1992:55).

Each step is a prerequisite for the next one.

Step I

Consists of basic registration as a general nurse. A certificate of the general nursing council is obtained via a hospital school course.

Step II

Consists of a first level post-basic qualification certificate in clinical instruction or a certificate in health visiting or diploma in nursing offered full-time or part-time.
Duration:

Varies from one year to two years.

Step III

Consists of a second level post-basic qualification diploma in nursing education or registration as a tutor with the general nursing council.

Duration

One year full-time course.

Step IV

Three years teaching experience and a diploma in education from an institute of education of the University of London and a diploma in general education taken part

time for the last two years.

Step V

Master's degree in curriculum studies.

Duration

The course is a 2 year part-time or 1 year full-time. A registered nurse holding a basic nursing degree skips step two and takes step 3; and skips step four and presents a paper for admission to step 5.

The only problem is that the master's degree in curriculum studies does not provide in-depth study of nursing education, which is so important (Brink, Alberts, Tjallinks, Van der Wal & Campbell, 1997:187).

The United Kingdom is still offering diploma courses like South Africa, which is no longer the case in the United States of America.

5.2.2.2 Degree Nursing Courses

Degree courses for registered nurses that emphasises management training and research are presented by Universities and Polytechnics. There are three categories of graduate nurses in Great Britain.

- Graduates who enrolled for basic nursing training.
- Registered nurses who enrol for a degree in nursing.
- Students for an integrated degree course in nursing

(Potgieter, 1992:52-54).

5.2.2.3 Honours degrees

The institute of advanced nursing education affiliated to the University of Manchester offers the following courses:

- BSc (honours) in nursing studies.
- BA or BA (honours) in nursing education are offered for registered nurses on a temporary basis and are based on a modular system.

Duration of course is 4 years.

The programme includes research as a subject. A variety of BA, BSc and BSc Honours degree in nursing, social science and related sciences can be taken (Potgieter, 1992:55).

5.2.2.4 Master's degree in nursing

Development of nursing on magister and doctoral levels in Great Britain are historically in their younger stages. Degree courses at Masters levels leading to the qualification as a nurse educator or tutor are offered at London University, Edinburgh and Manchester (Brink & Ehlers, 1997:86).

University of Edinburgh

Offers MSc in nursing education and MSc in Nursing management.

King's College

An MSc in nursing was initiated at King's College in 1984 by the department of nursing studies.

Objectives of the course are as follows:

1. To provide nurses with scientific basis for nursing research.
2. To provide nurses with thorough knowledge of relevant studies and research methods.

Curriculum

First year of study

The following courses are offered at first-year level:

- Courses are presented in theory development.
- Current problems in advanced nursing practice.
- Research methods.
- Application of these methods in nursing practice.

Methods of teaching

Teaching methods are in the form of:

- Lectures.
- Seminars and practical sessions.

Evaluation is in the form of:

- Written examinations.

Second year

- In the second year, students had to complete and hand in an independent research project.
- Seminars and tutorials are held to assist students with their needs.

Evaluation takes the form of:

- Oral examinations are completed at the end of second year (Potgieter, 1992:56).

North East London Polytechnics

It offers postgraduate courses that are designed to fulfil the individual needs of adult students. An MA or MSc degree course is available. Subjects are offered according to the individual needs of the student.

Requirements

Potential students must possess an honours degree or postgraduate diploma, or a professional qualification which is equivalent to an honours degree and prospective students are required to write a proposal for studies.

Duration of the course

The duration of the course is one year for full-time students and two years for part-time students.

Methods of teaching

Methods of teaching are contact times arranged with lecturers, central student sessions are held some evenings in the form of seminars, group meetings and workshops.

Evaluation

Evaluation is in the following form:

- Students are evaluated in the middle and at the end of their study period.
- Oral examinations are done on the research work that they hand in.
- Internal and external examiners are appointed (Potgieter, 1992:56).

5.2.2.5 Doctoral degrees

University of Edinburgh

This was the first University to offer the first degree course for nurses and produced a doctorate in nursing in 1961 through the department of nursing studies. They have produced M.Phil and Ph.D degrees in nursing.

University of London

Offers M.Phil and Ph.D degree for nurses (Potgieter, 1992:56).

Like the University of Zululand nursing science department ,the United Kingdom still offers post-basic nursing programmes at diploma, degree and honours level. Some of the Universities in South Africa are no longer offering honours programmes before doing a masters degree, for example, University of South Africa. In the near future the

University of Zululand will phase out the honours degree for students interested in studying masters degree. Masters and doctoral degrees are already offered both in the United Kingdom and University of Zululand. As a whole post-basic programmes of the University of Zululand are the same as those of the United Kingdom.

5.2.3 United States of America post-basic nursing programmes

5.2.3.1 Diploma nursing programmes

In the United States of America there are no courses similar to the diploma in nursing education offered in South Africa and the United Kingdom and there is no registration body for nurse educators.

Teaching of nursing is considered an important matter and nurse educators are prepared at postgraduate levels. The idea is that all nurses teaching at the Universities and senior colleges should have at least a doctoral degree. This is a norm in the United States of America for University lecturers (Ehlers, 1997:91).

From 1983 statistics indicated a decrease in diploma courses and an increase in associate and bachelors degree courses as well as masters degree courses for registered nurses (Potgieter, 1992:121).

5.2.3.2 Baccalaureate degrees in nursing

Bachelor's degree in nursing is a minimum requirement for professional practice (Potgieter, 1992:121). Individuals with baccalaureate or higher degrees in other fields can enter accelerated baccalaureate programme, generic masters or access the entry level of a doctorate.

The transition from Bachelors degrees or higher degrees in another field to a nursing degree takes only 15 months. The above students have to meet certain requirements for

admission.

These requirements are:

Generic or entry level master programmes are designed to combine general and advanced nursing content in a three-year course of study.

Students in these programmes do basic nursing education course-work during the first component of the course and proceed to advanced work in an area of their choice, some are prepared for a general role, nurse midwife's role and others for clinical specialists or nurse practitioners. On completion of the programme students are eligible to sit for the national certificate examination (Ehlers, 1997:91).

5.2.3.3 Masters degree in nursing

No honours degrees are offered in the USA, they only offer a master's degree. The shortage of lecturers, administrators and clinical specialists suggest a shortage of nurses with masters degrees.

Most colleges, universities and junior colleges demand masters degrees as a minimum qualification for lecturing staff. There are universities which only admit candidates for a master's degree in nursing if they have a bachelor's degree. Two-year and three-year masters degree programmes in nursing are offered to students with a general college degree (Potgieter, 1992:123).

Most masters degrees and doctoral degrees are offered part-time in a clinical area, like medical-surgical nursing, mother and child nursing, community health nursing, psychiatric nursing, with advanced experience based on a theoretical framework and advanced courses in the Natural and Social Sciences (Ehlers, 1997:91). In general, masters education includes research methodology and an independent research project. The degrees that are granted are usually MS, MSM, MEd, MA and MN.Sc (Ehlers, 1997:91).

Wayne State University introduced a graduate certificate programme in nursing education which is open to students who meet the general masters programme. This programme is designed to prepare students and other nurses for teaching positions in education and service settings which require a minimum of a master's degree in nursing.

Course content

Courses focus on learning theories, cognitive, affective and psychomotor learning, teaching methods, concepts of teaching, computer assisted instructions, multimedia, curriculum development theory in nursing, programme planning, evaluation and testing, grading, clinical teaching from theoretical and research perspectives. Students examine research into nursing education in each of the courses offered.

To receive a certificate, students must complete 12 graduate credits with a minimum grade point average of 3.0 (60%) and this certificate should be obtained within three years (Ehlers, 1997:92).

Masters in nursing education offered by University of Utah College of Nursing

The University of Utah also offers a master's degree, in which a student must complete 58 graduate credits within four years.

Programme content

The programme consists of 5 compulsory courses in caring (14 credits), one compulsory speciality course (27 credits), a compulsory cognate or related subject (5 credits) and a master's thesis (12 credits).

Compulsory caring courses consist of the following:

Research courses in practice, nursing theory, teaching and learning in nursing practice, advanced nursing I and advanced nursing II.

Compulsory speciality

This can be chosen from human physiological nursing, defences, introduction to curriculum and instruction, teaching nursing practicum (classroom), teaching nursing practicum (clinical), patho physiology (2 courses), clinical practicum, concepts in physiological nursing, organisation and governance of colleges, universities and nursing programmes, admissions and progression of nursing students and evaluation in nursing.

Cognate course

This includes Principles of physiology.

Methods of teaching

Methods of teaching include peer group teaching is utilised to a large extent in the classroom and the preceptor is there in clinical teaching (Ehlers, 1997:93).

While masters degree of the United States of America focus on clinical masters, that

of the University of Zululand during the study were not offering these, they were still in the process of development. Only academic or research masters were offered on different specialities like nursing management, nursing education, community health nursing and other clinical specialities.

5.2.3.4 Doctoral programmes in nursing

It became necessary to discuss doctoral degree programmes of the United States of America in order to compare them with those of the University of Zululand nursing science deparment.

In 1983 there were 27 different types of doctoral degree programmes in nursing in the USA, but they are still in great demand.

The current trend favours two directions for obtaining a doctoral degree. These are:

Academic doctorate (Ph.D), which emphasises basic research and theory formulation and professional doctorate which includes a teaching component as well as a research component in clinical nursing (Potgieter, 1992:124).

There is also an entry level doctorate which is designed for people with liberal education who are intellectually gifted and are willing to devote themselves to a rigorous and demanding programme. This programme consists of 3 years of academic work and a fourth year in a clinical professional residency (Ehlers, 1997:81).

The different doctoral degrees that are offered include: doctor of nursing (DN), Doctor of Nursing Science (DNS or DNSC), the doctor of nursing education (DNED), doctor of public health nursing (DPHN) and doctor of education (EDD) (Ehlers, 1997:91).

Doctor of nursing programme (MD) offered by Case Western Preserve University

This university offers an exceptional programme which differs dramatically from other doctoral programmes. This programme lasts for 3 years after obtaining a four-year bachelor's degree. It covers a diverse range of subjects.

Course content

Course content includes theory on organisation of health services, nursing as a profession and a discipline, a practical component in any chosen field of nursing and the completion of several essays (Potgieter, 1992:124).

Different doctoral degree programmes are offered in the United States of America, unlike the university of Zululand which only offeres academic or research doctoral degree programme on specialities like nursing education, nursing management, community health nursing science and clinical specialities.

5.2.4 Differences between nursing programmes of the United Kingdom, United States of America and Kenya

In this chapter nursing programmes of the United Kingdom, United States of America and Kenya were discussed. These three countries seemed to offer different nursing programmes. Though diploma programmes are still offered in the United Kingdom, they will be phased out with the introduction of project 2000. Instead nurses will pursue degree programmes only. In Kenya nursing education programmes are still offered at diploma and undergraduate levels, which reveals a need for more development in nursing programmes in future. This development will prevent the high waste of taxpayers' money where nurses are sent overseas to further their studies at honours, masters and doctoral levels. There is a hope that these professional nurses

who are prepared in the international countries will improve the post-basic nursing programmes offered in this previously disadvantaged country.

Another important difference identified in respect of these three countries is that post-basic nursing programmes offered in the United States of America are more advanced than those of the other two countries, because no honours degree programmes are offered. From a basic degree, students go straight onto masters degrees. This is very important because the students do not spend many years studying before employment. This is a new trend in South Africa too. There are some universities that have phased-out their honours degree programmes. In contrast, the United Kingdom is still offering honours degree programmes. It is hoped that the introduction of project 2000 nursing education approach, will improve the post-basic nursing programmes in that country.

Nursing programmes offered in the United Kingdom are almost the same as those of South Africa. In future it is clear that South African post-basic nursing programmes will match those of the United States of America which are well developed. Kenyan post-basic nursing programmes need to be developed to advanced levels.

5.2.5 Guidelines for future preparation of graduate nurses at Masters level, Doctoral level and Baccalaureate nurses internationally for research

The guidelines for future preparation of the graduate nurses at baccalaureate, masters and doctoral levels will be discussed. These guidelines will help to guide nurse leaders in the planning and development of future post-basic nursing programmes. More emphasis will be on research methods, research findings, their application to clinical practice, education of the nurses and the evaluation of nursing theory appropriate for advanced professional practice. It is obvious that the future graduate nurses should be prepared extensively in research in order to improve their knowledge and skills in identifying and solving the problems that are facing the nursing profession.

According to the American Nurses Association (ANA) Commission and the National league of nurses, the following guidelines on research criteria for baccalaureate prepared nurses are important. These nurses should be able to:

- Read, interpret and evaluate research for applicability for nursing practice.
- Identify nursing problems that need to be investigated and participates in the implementation of scientific studies.
- Use nursing practice as a means of gathering data for refining and attending practice.
- Apply established findings of nursing and other health related research to nursing practice.
- Share research findings with colleagues since it serves as foundation for masters degrees (Starck 1987:37).

5.2.5.1 Masters degree programmes

Starck (1987:38) states that there was general agreement that masters prepared nurses should be able to assume an active collaborative role in such research activities as data collection, analysis of data, critiquing research studies and applying research findings to clinical practice problems.

Starck (1987:39) further stated that the national league for nursing criterion relative to research competence at the masters level is criterion 32 which reads: "The curriculum provides for acquisition of knowledge and skills in scientific inquiry, the ability to validate and extend research findings in practice, and the ability to evaluate nursing

theory appropriate for advanced professional practice."

Through course-work and clinical practice students are provided the opportunity to:

- Derive their knowledge from nursing theory and other theory propositions which can be tested in practice;
- Analyze research findings and test their application in practice;
- Derive their knowledge from their practice generalisations or propositions which can be tested systematically (Starck, 1987:39).

Masters level programmes must be designed to ensure that the graduate will be able to analyze theoretical and empirical knowledge from the sciences, humanities, and nursing applicable to the provision of nursing care for a defined population. Students also need the opportunity to develop and demonstrate knowledge of research methodology, advanced statistics with opportunities to do research critiques, conduct investigations, participate in research projects, write research papers and present research findings (Starck, 1987:42).

Lastly, Starck (1987:39) commented that a typical masters programme in nursing includes separate research, country statistics content, computer science content, and formalised research (thesis) or a project. Upon completion of a master's programme the graduates should possess a repertoire of research competencies that become integrated into their advanced clinical practice as well as into their teaching and management roles.

5.2.5.2 Guidelines for future preparation of graduate nurses at doctoral level for research

Jolly and Hart (1987:60) cited in Starch (1987:37), state that prior to the mid-1970s there were four programmes for doctorates in the United States of America with a major in nursing. Since then the number has increased. The authors further state that the degrees awarded at doctoral level in nursing include the doctor of philosophy (Ph.D), the doctor of nursing science (DNS, DNSC and DSN) and the doctor of education (EDD). The PhD degree was described as a research degree which implies an ability to carry out meaningful research, discover new knowledge and usually indicate appropriate preparation for university teaching.

Holzemer (1987:90), cited in Starck (1987:40) sees doctoral education in nursing as focusing on two primary degree routes, namely the professional doctorate and the doctor of philosophy in nursing. With professional doctorate programmes the emphasis is on the application of research findings to clinical nursing whilst the doctor of philosophy emphasise basic research to a greater extent.

The American Nurses Association developed the two sets of guidelines for research competencies expected from 'practice-oriented and research oriented doctoral programmes'.

They developed the following guidelines for practical oriented doctoral programmes.

- Provide leadership for the integration of scientific knowledge with other sources of knowledge for the advancement of practice.
- Conduct investigations to evaluate the contributions of nursing activities to the wellbeing of clients.

For the graduate of a research oriented doctoral programme the following guidelines applied:

- Development of theoretical explanations of phenomena relevant to nursing by empirical research and analytic processes.

- Use of analytical and empirical methods to discover ways to modify or extend existing scientific knowledge so that it is relevant to nursing.

- Development of methods for scientific inquiry of phenomena relevant to nursing (Starck, 1987:44).

Starck (1987:41) further states that the curriculum of the research oriented doctoral degree should reflect a belief system that emphasise a comprehensive knowledge of the research process and active participation in a variety of research activities, investigations and scientific inquiries related to nursing to include the following:

Advanced content in research design and methodology, advanced statistics, computer science, theoretical foundations and theory development, including content specific to the development of nursing science and the opportunity for independent scientific investigations.

According to Starck (1987:42) the research oriented doctoral research programme should ensure that graduates have advanced knowledge of the research process and demonstrate the ability to conduct independent scientific investigations.

She further stated that the primary purpose of these programmes was to prepare nurse scientists who have advanced knowledge and research competence to discover and extend knowledge relevant to nursing. She said that the terminal research competencies

for these graduates were to include, the ability to test and/or generate knowledge from the biological and behavioural sciences for application to advanced clinical nursing practice, test and/or generate nursing theory to advanced clinical nursing practice, design, conduct, or direct clinically oriented research designed to improve nursing and health care, and analyze and judge research for its incorporation in nursing (Starck, 1987:42).

Lastly Kelley (1995:384) states that in the North-eastern University College of Nursing, nurses has gained experience in using community based research projects as a method of teaching nursing concepts and skills. This research and service
was committed to preparing nurses who value primary health care, community involvement, and community based research, genuine partnership between nursing students and the community committed to building a research infrastructure in the community health centres.

It is obvious from the above extensive literature that research is important in the development and preparation of the future graduate nurses in order to improve their utilisation by the health institutions. Above all, it will eventually improve their research skills, clinical practice and nursing education skills.

5.2.6 International views and guidelines for future preparations of post-basic graduate nurses on three specialities, namely nursing administration, nursing education and community health nursing

The literature reviewed highlighted the future preparations of the graduates on three specialities: nursing administration, nursing education and community health nursing or public health, in all the levels of education: diploma, basic degrees, masters and doctoral degrees.

5.2.6.1 Preparation of nurse administrators

Hart (1987:11-14) envisaged a dilemma in the preparation of nurse administrators. He said that the health care world of today needs well prepared nurses with expertise in administration, but mentioned that there were disagreements on this. He then suggested that at least four models that can be found in today's educational systems which are:

- model one is a registered nurse with a baccalaureate degree in nursing or a non-nursing field who obtained a non-nursing masters in an administration discipline, such as masters in business administration or a masters degree in health care administration.
- model two is a masters degree in nursing with a clinical speciality as well as role preparation in administration.
- model three is a masters degree in nursing with speciality in nursing management, and
- model four is a joint or dual degree of nursing and management.

Hart (1987:13) further makes three (3) recommendations for curricula inclusion. These are:

- a solid base in the field of management including organisational theory and organisational behaviour, accounting, finance, productivity, personnel management, computer literacy, fiscal management, resource management and information management.
- organisational politics, and

- content related to general knowledge of nursing practice, the nursing profession and other related industries.

On the other hand Pittman (1992:62) discovered the following when opinion leaders were asked about improving educational preparations of nurse administrators:

- that education need not necessarily take place within the primary nursing oriented course, but that administrative skills and theory which would be learnt equally well in business or hospital administration courses. Pittman stated that this would bring nurses into contact with other administrators and would be seen as equivalent education.

- that nurses who gained their first degree with a nursing major would move to a masters degree in other disciplines.

- that attention should be given to administrative skills, monetary management, statistics, organisational behaviour, behavioural and social science subjects and social change.

A combination of nurses with other students from other disciplines is an ideal model even in South Africa. This model is practised in other institutions and it will eventually be implemented by all educational institutions. Also other nursing programmes in the South African universities have included options in economics, financial management, computer literacy and accounting. This will improve the management skills of many nurse administrators in South Africa.

Baker (1995:62) identified the multiple leadership roles required in nursing which has made some nursing influentials to call for doctoral programmes in nursing administration focusing on three models. They are as follows:

Model 1

- The research doctorate.

Model 2

- The clinical or applied doctorate.

Model 3

- The professional doctorate.

The type of programmes to be developed would be influenced by the faculty conceptualisation of the nursing phenomenon, the strengths of the academic environment and the country's needs.

In South Africa most of the universities are offering mostly research doctorate in nursing administration. Introduction of the other two models could be a great achievement of this speciality in the future doctoral programmes.

Reid (1995:80) made suggestions about future preparations of nurse administrators. He suggested a multi-disciplinary approach to education involving both private and public sector in order to meet management needs. He stated that this approach would enable nurse administrators to analyze the socio-economic phenomena relative to health systems management. Sciences and information technology which is an essential component of advanced education programmes.

Nursing management programmes offered in South Africa are already using this multi-disciplinary approach. All the programmes are offering lectures in public and private

administration.

5.2.6.2 Future preparation of community health nursing

Peters (1995:378) commented that the future changes in health care will demand community focused care. To meet these changes he suggested that nurses should develop a population focused wellness-oriented approach to practice and gain expertise at macro level.

The North-eastern University College of Nursing develops partnership which encourages a dialogue encounter. This is an opportunity for mutually significant interactions, which is to occur between providers and clients and thereby creating a consortium (Ganthier and Matterson, 1995:393). The University College of North-eastern also developed a collaborative approach. This approach creates an interactive process in the development of the structure of learning experiences which fosters creativity, enhances development and the process of utilisation of self. The students in this approach learn to develop critical thinking skills, communication skills, and therapeutic interventions in the clinics, homes and in the variety of public and private neighbourhoods (Ganthier and Matterson, 1995:393; Kuennen and Moss, 1995:387 and Salmon, 1989:228).

A collaborative approach and partnership in the provision of health care is already introduced in the international community health and primary health care programmes. This is a great achievement to improve quality of care of the society.

Anderson (1989:233) stated that a national consensus conference convened in 1984 to discuss future preparation of public health nurses arrived at the following agreement:

- that the subject content of undergraduate and postgraduate programmes should

have five types of competencies in order to meet their responsibilities. These are:

1. Technical competence

This is the ability to acquire and mobilise scientific and other substantive knowledge, information and technical skills to solve problems. Content is to include scientific methods, introduction to epidemiology, biostatistics and involvement in community assessment. At masters level, sophistication in applying concepts is needed, awareness of major data sources, how to assess them, how to interpret data and how to collect valid and reliable data.

2. Political competence

Political competence includes the ability to mobilise the support of important constituencies, develop relationships, educate legislators, cultivate relationships with the physicians and other private sectors. Undergraduate and graduate programmes are to include programme evaluation, programme planning, policy interventions at aggregate level, social change, community change and management, especially masters programmes.

3. Managerial competence

This includes both managerial and leadership skills. This is essential for both undergraduates and graduate programmes. Course content is to include administration, programme planning and evaluation, economics, ethics, multi-disciplinary focus and international issues.

4. Programmatic competence

Programmatic competence refers to the ability to recognise factors that influence health related behaviour and to develop comprehensive strategies that take these factors into account. Content includes identification and intervention with high risk populations, application of public health concepts to the care of the culturally diverse groups, community assessment, interventions at aggregate level issues in public health, epidemiology and politics, multidisciplinary or multisectoral cooperation will be encouraged.

5. Fiscal competence

Fiscal competence refers to understanding of policies related to intergovernmental strategies for strengthening the fiscal base of public health. Content includes introductory content about health care systems, orientation to regulations affecting public health nursing practice, essential economics, public health administration, politics, issues in public health, introduction to various factors affecting funding for public health and influence by involvement in the policy-making bodies.

Public health speciality is not yet introduced in the nursing programmes of the Univerisity of Zululand, only community health nursing is available. In future when public health is introduced the above mentioned competences would be appreciated when included in the programme.

All the above competencies were identified as necessary for future preparations of public and community health nurse specialists (Anderson, 1989:233-235). There is also a great need for graduate nurses in South Africa especially those of the University of Zululand, to be prepared in these competencies in order to understand the community

that they will be dealing with. Political competencies are very important since the South African nurses often disassociate themselves with politics.

Salmon (1989:229) argued that nurse educators should commit themselves to public health nursing education which must be questioned separately from that of community health nursing. Joosten (1989:233) recommended that future preparation of public health nurse administrators and leaders should have its major focus on the skills of political coalition building, community organisation, effective relationships with elected officials and widely available continuing education courses to improve nurses' skills.

Changes in the preparation of the public health nurses requires accompanying changes beyond the scope of individual programmes and nurses in nursing. Public health must spearhead the development of more supportive national state and local bodies affecting education.

5.2.6.3 Future preparation of nurse educators

The future preparation of nurse educators need to be discussed. This was discussed by several authors.

Starck (1987:16) commented about the future preparations of nurse educators by suggesting that masters level programmes should have the following content:

- Patient teaching
- in-service staff development teaching
- continuing education for practising nurses and those teaching in nursing schools

- suggestions were made by some faculties that nurse educators should be prepared at doctoral levels for teaching and other faculties emphasised clinical speciality at masters level.

Brookes and Thomas (1997:67) and Reid (1995:80) emphasise a holistic philosophy which will require curriculum changes. Their content includes the following: interdependent critical thinking, communication, psychological concerns, primary health care, problem-solving strategies and integrating theory into practice with emphasis on the whole person and broad knowledge. A holistic approach to nursing education and nursing practice is important in the solution of Patients' and students' problems. Reid (1995:77) further states that the curriculum for nurse educators should be futuristic and not emphasise only the present in terms of what the graduates will do, but to help students to cope with society, and understand themselves and their investment in future. The graduates must develop means of directing change, identifying their roles in the change process, transferring classroom learning into their immediate environment and anticipate future responsibilities and help mature and maturing individuals change immature institutions. Changes that affect health services and nursing education at present require graduates who are well prepared in curriculum changes and who are change agents. Manuel and Sorensen (1995:252) and Brookes and Thomas (1997:67) emphasised active participation of the graduates in their learning process both individually and in groups. Coursework and teaching strategies should encourage active thinking, exploration of situations, opening their minds to new ideas and different perspectives. Passive learners will be a hazard in nursing education. Active participation should be encouraged for effectiveness and health utilisation. Reid (1995:80) identified the following curriculum for preparation of future graduates. More emphasis on teaching and counselling persons to adopt lifestyles conducive to good health and self-care skills, decision-making ability, appropriate educational technology to implement nursing education programmes and quality improvement.

Starck (1987:20) commented that the future characteristics of Masters in nursing education curriculum should challenge the nurses towards trends in managed care. This is care planned and contracted for and based on baseline needs of the patient nursed at home. This care in the home requires increasing knowledge levels and clinical competency with greater independence and autonomy in making judgements. A masters-prepared care-giver can be ideal in providing this care. In South Africa home-based care has been started because of increased chronic diseases like HIV/AIDS, stroke and paralysed patients. Graduates at masters level are encouraged to conduct research studies on this field.

Pittman (1992:94) after conducting a research study about future preparation of nurse educators discovered the following:

- That nurse educators need more teaching practice in education courses.
- The need for intervals of experience in the clinical areas.
- The need to update teaching skills at regular intervals.
- The need for more knowledge in behavioural sciences.
- Better preparation in curriculum development.
- That gerontology should be included to care for the community which is ageing.
- That teaching methods are required which are more student directed and student paced.
- Community centred nursing needs emphasis where nurses will participative more in the community-based health centres that incorporate both preventive

education health programmes as well as interventional programmes (Pittman, 1992:113-118).

There is a need for nurse educators to update their skills in clinical areas so that they are able to contribute effectively in student accompaniment.Gerontology and community-based education are already included in nursing education programmes in South Africa.

In this section of the chapter future preparations of nurse administrators, community health nurses and nurse educators at international level was discussed. There is not much difference between the future preparations of the graduate internationally and nationally. This points to the high standard of nursing programmes offered in South Africa which are comparable to any other in the world.

5.2.7 Problems encountered by post-basic nursing students undergoing their education and training internationally

Problems are encountered in any educational endeavour, some severe and others fairly mild. These problems need to be discussed, so that they can be compared with the problems that the post-basic nursing students of the University of Zululand will be found to have experienced during their education and training process. After identification they need to be solved because they could affect the proper utilization of the nursing graduate negatively in their areas of work.

Baker (1995:62) identified the following problems in nursing education internationally:

- shortage of nursing personnel qualified enough to teach doctoral nursing education programmes, to supervise students doing direct research dissertations and to function as research mentors.

This problem is facing the University of Zululand nursing science department, there is

also shortage of staff to teach doctoral students since they are in the process of developing their lecturers in obtaining doctoral degrees.

- other problems are concerned with physical resources. Doctoral students require sophisticated computer technology, a quality library, retrieval resources, access to research sites, laboratory, classroom and office space. Lack of financial resources make it impossible to cater for all the above resources, since doctoral education is expensive.

Van Dyk (1994:22) stated that nurse educators need to examine the roles and responsibilities of registered nurses. In doing this, they need to focus more on how to reshape nursing education, to remove the disparities between the demands of current nursing practice and nurses educational preparation for management of patient care provision. This is very important because registered nurses are supposed to teach the student nurses in the clinical areas, but because of the high demands of patient care they are unable to fulfil their teaching functions.

The above-mentioned problems are also experienced in South Africa especially the University of Zululand. Lack of financial and physical resources have contributed to difficulty in educating and training more doctoral students especially in the previously disadvantaged black universities. Another problem that is facing South African professional nurses, is the teaching of student nurses in the clinical areas, caused by high demands of patients care and shortage of nursing personnel. These problems need more attention for better solutions. Van Dyk (1994:23) further states that nurses are complaining that education managers do not have an adequate understanding of clinical problems experienced by the student nurses.

On the other hand Henry, Hamran and Lorensen (1995:14) commented on the problems that affect nearly all the countries, namely a lack of well prepared nurses for health

services administration. This also affected Nordic countries. They stated that the available educational programmes and materials tend to isolate nursing services administration from the larger health services. More attention is paid to health systems within which nurses' function.

Thorburn (1987:202) identified the following factors as affecting students' success and failure in their courses: excessive content, personal problems, student unrest on campus and incorrect personal studying methods. Salmon (1989:227) of the institute of medicine in America, released the landmark report of its two-year study on the failure of public health. The following findings were highlighted:

- Present changes in public health had caused it to be subsumed in community health nursing education programme, which made it lose its stature as an identifiable speciality. This has led to the following problems in preparing public health nurses.

- Nursing theory and content which predominate in public health nursing education with the exclusion of public health content. This is happening at graduate level programmes. The results are production of "specialist" who are extensively equipped to function at advanced levels in public health, but with little administrative and programme development preparation. There is also no environmental health content knowledge, and only sketchy acquaintance with epidemiology or biostatistics and who lack the ethical and theoretical basis for public health.

- Secondly, nursing programmes fail to identify and define public health roles and concerns for students, also there are no role models in the practice areas.

- Thirdly, the dilution of public health nursing content and the adoption of broad

community health nursing concepts in the educational programmes.

- Fourthly, a nurse with expertise in public health and public health nursing often encounters major barriers to using their competencies in nursing. For example a dean who must choose between a prospective community health nurse with advanced nursing degrees and no public health expertise, and the nurses with advanced public health nursing education and expertise will frequently opt for the former.

- Students also encounter educational barriers to the involvement in public health nursing careers, such as inadequate preparation for functioning in interdisciplinary settings. This may result in little opportunity to master the interdisciplinary leadership and team building skills needed for public health practice. This will frequently deny them access to career advancement and other professional challenges in the field beyond the direct service and supervisory levels.

- Lastly another barrier for students is a lack of credibility in the field. The concept of community health nursing preparation is not widely understood in the public health field. Nurses who are prepared as community health nurses do not have the automatic credibility of those whose preparation is explicitly for public health nursing (Salmon, 1989:227-228).

5.3 CONCLUSION

It is obvious from the above discussions that internationally post-basic nursing students are experiencing different problems during their education and training processes. The worst problem is the confusion between community health nursing and public health nursing. The confusion is that the concepts public health, public health nursing and

community health nursing are not clearly defined for better understanding by anybody. Professional nurses with public health nursing expertise are more preferred then those with public health expertise in the job market. At the same time they say graduates prepared in public health nursing are inadequately prepared for interdisciplinary leadership and team building skills, and that this denies them access to career advancement. Lastly, that public health seem to have lost its recognition as an identifiable speciality, because its content and theory has been subsumed in community health nursing programmes and has been excluded in the public health nursing programme.

Nursing programmes of the University of Zululand put more emphasis on community health nursing rather than on public health and public health nursing. At present in South Africa public health programmes are commenced by some universities and technikons to correct the above problem. In future there will have to be a clear difference made between these three fields in order to prevent confusion among the students.

CHAPTER 6

THEORETICAL FRAMEWORK

6.1 INTRODUCTION

In this study the theory of quality assurance called the, Donabidian's model will be used. It consists of three major methods for evaluating quality nursing education. These are (a) the structure, (b) process and (c) outcome (Stanhope & Lancaster, 1992:220-222). Each will be discussed briefly.

According to Donabidian the structure method includes philosophy, objectives, resources, policies, procedures, job descriptions, personnel qualification needs. This form the foundation for all educational programmes and their evaluation.

In the process method evaluation examines professional standards application, nursing process applications, nursing care procedures, client satisfaction and personnel performance evaluation.

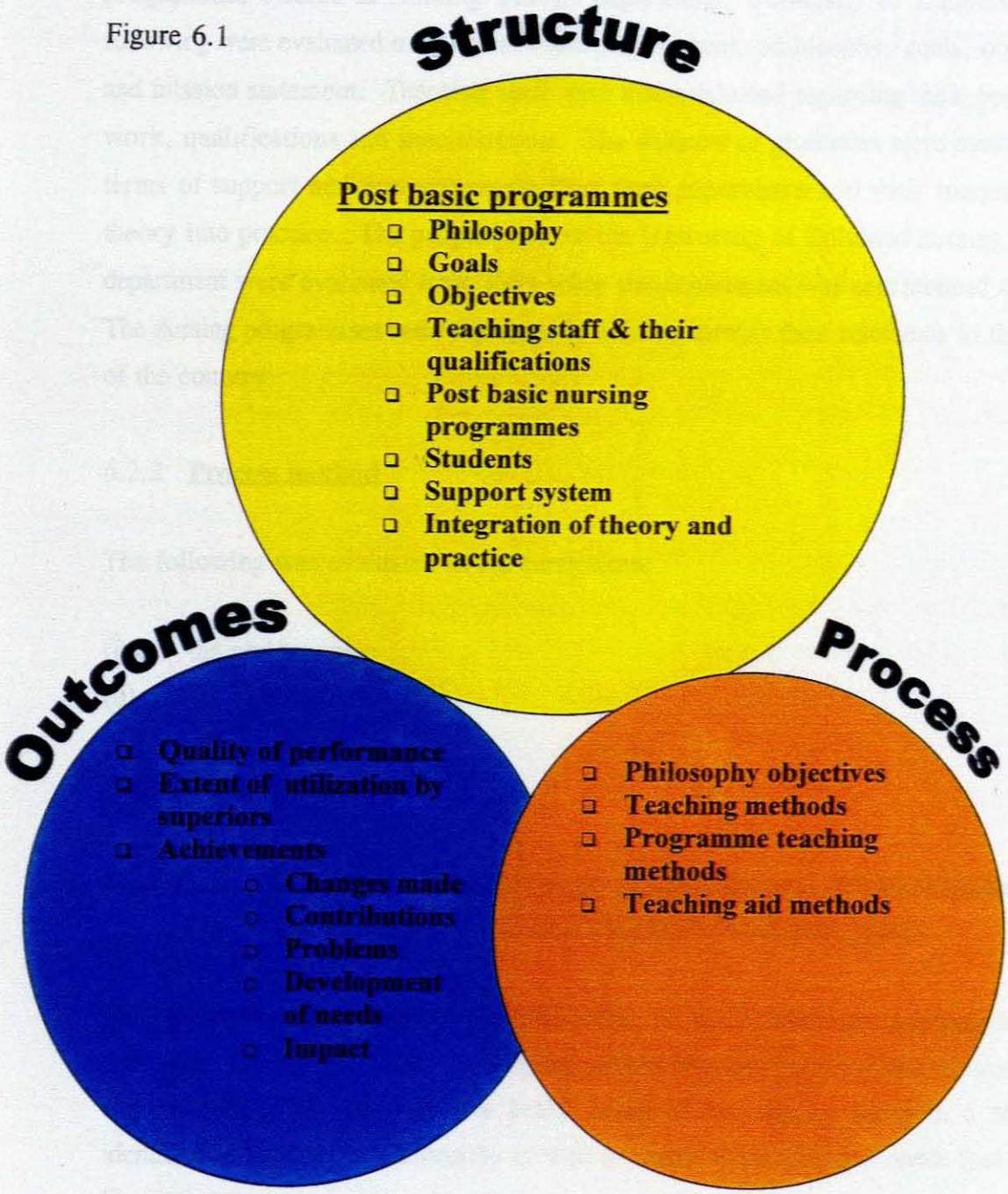
In the outcome method Donabidian identifies the standards and criteria used for evaluation as including change in client health status, client disposition, personnel/client safety, client/personnel satisfaction, malpractice suits, documentation of care, effectiveness and efficiency of services (Stanhope & Lancaster, 1992:221).

Whilst all the aspects identified by Donabidian are important, in this study the researcher concentrated on selected aspects of this model. The conceptual framework, that the researcher has constructed, as presented in figure 6.1 is an adapted version of Donabidian's model of quality assurance which shows only the aspects that were evaluated comprehensively in this study.

6.2 APPLICATION OF ADAPTED DONABIDIANS MODEL OF QUALITY ASSURANCE

Donabidians model was used to suit this research study:

Figure 6.1



- **Model adapted from Donabidian Quality Assurance Model.**

(Stanhope and Lancaster 1992:220-222)

6.2.1 **Structure**

The first method is structure which was used to evaluate the post-basic nursing programmes offered at Nursing Science department, University of Zululand. The following were evaluated on the post-basic programmes, philosophy, goals, objectives and mission statement. Teaching staff were also evaluated regarding their position at work, qualifications and specialization. The students or graduates were evaluated in terms of support and encouragement from their supervisors and their integration of theory into practice. The programmes of the University of Zululand nursing science department were evaluated from 1981 when the department was commenced to 1998. The nursing programmes were evaluated in order to identify their relevance to the needs of the country.

6.2.2 **Process method**

The following was evaluated in the curriculum:

(i) the philosophy
(ii) the objectives
(iii) subject content
(iv) teaching methods.

6.2.2.1 Evaluation of the philosophy of the post-basic nursing programmes of the University of Zululand Nursing Science Department

The philosophy was evaluated from 1981-1998. It was divided into two between 1981 and 1995. During this period the original philosophy was used in this University. As the department advanced and the health needs of the country changed, a need was identified to change the philosophy as well to match those changed needs (see chapter 8).

The Curriculum must be based on a particular philosophy which serves as a compass and a regulator. It provides a point of view, a belief, value, construct, a speculation about the nature and value of things. Philosophy influences the knowledge of things. It also influences the knowledge of the students. In the absence of the philosophy, the curriculum tends to be a product of ad hoc decisions.

6.2.2.2 Evaluation of the objectives

The objectives of the programme were also evaluated in chapter 8. They are obtained from the philosophy and conceptual framework because it follows the initial philosophy. Objectives are formulated according to data gathered from the situational analysis of the needs of the society, students and the learning content. Objectives were evaluated to see if they were formulated according to the three domains, cognitive, psychomotor and affective and if they were divided into three levels, macro-level which is presented by the South African Nursing Council for adequate standards and according to the health needs of the population, meso-level objectives for the nursing department and micro-level objectives or specific objectives at the implementation level by the lecturers concerned. The process of evaluation will lead to the statement of new objectives and modification of the existing ones.

The objectives of the nursing science department were done, also the objectives of the post-basic nursing programmes. The objectives ranged from general objectives to specific objectives in each course offered.

6.2.2.3 Evaluation of course content

Many reasons for evaluating the curriculum content was identified. The content for diplomas, degrees, honours, masters and doctoral programmes were covered.
This was done for the three programmes nursing education, nursing management and community health nursing science.

The content of the programmes was also evaluated to ensure if it was formulated from the findings of the situational analysis, philosophy, the goals and objectives realised in teaching and was based on the needs assessment before selection.

The content of the programmes should ensure the following - preparation of the student for his/her eventual task which includes the provision of a comprehensive health service, the core of the illness in its totality, in all phases of life, to be a responsible practitioner who works within the laws of the country and the profession, capable of analytic thought, able to teach, to undertake research and manage the health service units. The course content was evaluated to determine if it provided for the following requirements

- Provision of well-prepared recent and scientific knowledge for students, to ensure skills on cognitive, affective and psychomotor levels.
- academic, professional and personal growth and moulding.
- that the nurse will comply with the particular needs of the nursing profession.
- that the nurse will be able to master the demands made on her in future.

The content was examined if it took the form of formative and summative evaluation on cognitive and vertical levels.

The following information was used to evaluate the content:

- Feedback from the students and lecturers in respect of the degree of difficulty and volume.

- The performance of the students in the tests and examinations (Tjallinks, Van der Wal, Botha & Norval, 1990:24).

Calitz, Du Plessis and Steyn (1992:48) stated that the content should have to do the following:

- Make an educational impact
- promote productive thought
- develop critical analytic thought

6.2.2.4 Evaluation of Teaching Methods

Teaching methods were evaluated. According to Isaacs (1997:3) the traditional methods that were used prior the new system of education National Qualifications Framework were not promoting analytical critical and creative thinking. The teaching methods that were utilized by the lecturers at the University of Zululand nursing science department were evaluated (see chapter 8) for all the programmes.

The teaching methods or strategies were evaluated in order to assess if they stimulated the required learning among the students. The teaching methods should suit the personalities, capabilities, subject knowledge, interest and teaching styles of each lecturer. The methods become of value if they are seen in relation to the objectives and the content, learning opportunities of the students and learning experiences. It should be seen in relation with curriculum elements and lecturers' teaching strategies. Teaching methods were also evaluated to determine if they were based on any learning theories which have a profound influence on the way in which students will be approached and taught in the actual educational settings. It will consequently influence the implementation of the curriculum. Lastly the teaching methods were evaluated to determine if they were based on the three domains, cognitive, psychomotor and

affective.

Diamond (1989:10) cited in Bitzer (1997:8) stated that evaluators of any programme have to be clearly informed about the philosophy, goals, strategies, context and constraints as well as its outcomes before any valid conclusion can be drawn.

Bitzer (1997:8) also stated that within the context of higher education, the quality of programmes is mainly determined by the effective achievement of educational goal formulation (aims / goals / objectives) and particularly by efficient utilisation of resources.

6.2.2.5 Assessment of evaluation methods

Evaluation strategies were evaluated by asking both the graduate and the supervisors about their utilisation in the work places.

Evaluation methods used in the programmes were evaluated. Programme evaluation takes place by means of formative and summative evaluation. Formative evaluation is carried out continually during the presentation or implementation of the curriculum to identify the strengths and weaknesses. It concerns value judgement on the effectiveness and quality of the curriculum design, development and its implementation. For effective evaluation of the student, the programme and the lecturer should be evaluated. Evaluation takes place according to the goals and objectives that have been formulated.

Information was obtained from the lecturing staff in respect of problems experienced, subject structuring, subject matter, subject integration, progress of the student and students' performances.

Evaluation was done to determine whether the theory was being carried out in practice and whether meaningful learning opportunities and learning experiences for the students

were being created and utilised.

Summative evaluation was done to ensure that the curriculum does not remain static and that the students and teachers are not indefinitely exposed to shortcomings, differences and mistakes.

6.2.3 Outcome Method

The third method is outcome. Evaluation of the changes and impact of the post-basic nursing programmes on the graduate professional nurses was done including their quality of performance and their extent of utilisation in their work places and by the health care services as a whole. Jennings and Staggers (1998:72) commented that outcomes are the end results of care. They help to illuminate success and areas for improvement, and are foundations of professional accountability.

The results will display the performance of the graduates, the teachers and the quality of the programme, and should be evaluated in their application of cognitive, psychomotor and affective domains in the implementation of theory into practice.

Poor performance by the post-basic students will indicate weaknesses in the programmes content and the educational process, and good performance and progress of the students will indicate the effectiveness of the curriculum and teaching.

Evaluation will also be done to establish whether the goals and objectives of the curriculum were realised or addressed for each subject. It is advisable that this evaluation should be a continuous aspect to identify strengths and weaknesses.

Mitchell *et al.* (1995:286) stated that the impact or outcome evaluation data are collected from graduates to determine the degree to which formal objectives were

achieved and is also used to ensure that learners' practical learning experiences were effective. In their evaluation of an educational programme to prepare neonatal nurse practitioners, Mitchell *et al.* (1995:287) discovered that most frameworks for educational evaluations, while each framework is unique, focus in some way on the concepts of structure, process and product or outcome. This is originally suggested by Donabidian in (1979). Each of these concepts was important, but resources do not normally permit simultaneous evaluation of all the three.

Tjallinks *et al.* (1990:227) state that the factors that lend themselves to community dissatisfaction are:

- lack of knowledge
- lack of psychomotor skills and
- undesirable attitudes displayed by the nurse practitioners either by acts of omissions and commissions. Employer satisfaction is as important as overall community satisfaction of the nurse practitioner with the career of his/her choice

Curriculum or programme change and innovation can then be attributed to research results, international and national trends in the field, community demands on the profession, changes in the disease profile, economic and political trends.

Jennings and Staggers (1998:76) commented that Donabidian's outcomes are those changes either favourable or adverse that can be attributed to prior or concurrent care and that the most accurate assessment of outcomes will occur when structure, process and outcomes are considered simultaneously.

The graduates of the University of Zululand were also evaluated about the achievements

that were made. This information was obtained from interviewing their supervisors and graduates themselves. The following aspect were evaluated contributions made by the graduates, changes that they made, problems they have encountered and their developmental needs.

6.3 CONCLUSION

Donabidian's model of quality assurance is a very common model that can be used when evaluating nursing educational programmes. All the methods can be used at the same time or one at a time.

In this chapter the three methods were discussed this is, structure, process and outcomes. The modified model as was formulated from this model was presented.

Even if the three methods were applied in this research study, but more emphasis was on the outcomes method. Post-basic nursing graduates of the Univerisity of Zululand had their impact and utilization evaluated at their areas of work. They had to comment about their utilization by the supervisors and the supervisors had to comment about how they were utilizing the graduates.

This model is presented in this chapter (see figure 6.1).

CHAPTER 7

THE RESEARCH METHODOLOGY

7.1 INTRODUCTION

The evaluation of the impact of a nursing training programme was an exhaustive survey. It required a carefully crafted research methodology to help clarify the issues involved and establish the factor of effective utilization of graduates, subject to the research exercise very clearly. Without being pedantic this exercise included the assumptions that served as a rationale for research and standards and/or criteria used for interpreting the data and reaching conclusions. As indicated below research approaches designed to elicit preliminary information and develop specific understanding was used.

In this chapter a description of the research methods and procedures used is given. The description includes the research design used and the rationale for its use. The target population, sample and sampling method as well as the research instrument and its administration are also described.

7.2 THE RESEARCH DESIGN

The research design was an exploratory descriptive survey where a historical approach was also used to collect the data.

Historical approach

Historical research investigates events of the past (Uys & Basson, 1995:52). In this research design the historical method was used to evaluate and analyze the post-basic

nursing programmes that are offered by the University of Zululand Nursing Science department. The post-basic nursing programmes were analyzed and evaluated in order to assess their relevance and appropriateness in catering for the changing needs of the country from 1981 when the Nursing Science department started, to 1998. Use was made of primary and secondary sources which included information from original documents such as minutes of meetings, records, previous calendars of the University, manuals of nursing programmes and other articles. Interviews of present and past professors who started the nursing department were done in order to gain more information and perspectives on the training programmes.

The supervisors of the graduates in the work place were asked about the changes that the students had made in each institution and their contributions thereof. The graduates were also asked about the contributions that they made and their competency in the working situation.

The second research design used was an exploratory descriptive survey which was used to evaluate the impact of the post-basic nursing programmes of the University of Zululand. This research design is appropriate when the researcher wants to gain insight and increase knowledge about a phenomenon or topic which has not yet been researched (Burns and Grove, 1997:11). The evaluation of the impact of the post-basic nursing programmes of the University of Zululand has not been done.

Polit and Hungler (1995:12) demonstrate the value of combining the exploratory and the descriptive approaches in order to extend the comprehensiveness of the evaluation of the phenomenon by answering a wider array of questions, including:

- Exploration - which sets out to explore a relatively unknown field with a purpose of gaining new insights and understanding into the domain phenomenon (Uys and Basson, 1998:38). In this case more information on and insight is needed about the utilization of the graduates of the University of Zululand by the health services and the educational institutions in KwaZulu-Natal.

- Description - which is the collection of accurate data on the domain phenomenon to be studied. The researcher describes accurately and carefully "that which is" (Uys and Basson, 1995:38). This is what was done in this study. Information was collected from the graduates of the University of Zululand nursing science and their supervisors about their utilization, using a questionnaire after which the results were accurately and carefully described.

The explorative/descriptive research is either quantitative or qualitative or both and in social research it is usually a jumping-off point for the study of new areas in a more vigorous manner on the basis of acquired knowledge. A descriptive research is, however characterised by more systematic and also vigorous techniques for selecting and analysing the data. These attributes of scientific research are obscured in this research.

This research study therefore attempted to answer questions in order to contribute to the comprehensiveness and depth of knowledge on the impact of post-basic nursing programmes of the University of Zululand, the utilization of the students from this programme and their profile.

Survey

A survey method was also used. Babbie (1995:8) agrees that in using a survey method the researcher asks questions to determine the attitudes of the population and then provides descriptions of the variables.

Surveys provide data about current situations, individuals expectations, values and relationships necessary for understanding a behaviour. Indeed, in this study the

graduates will provide information about their utilization by the supervisors, and this information will be compared with their expectations, values and relationships and with what the supervisors are saying about utilization of the graduates. The Deputy and Assistant Directors, chief professional nurses and senior professional nurses supervising the graduates of the University of Zululand were interviewed and in turn had to say something about the utilization of the graduates and displayed their own attitudes, expectations, values and relationships towards them.

7.3 DATA COLLECTION

7.3.1 Area of study

The study took place in the Province of KwaZulu-Natal which is one of the nine Provinces delineated in South Africa after 1994 government elections.

Location

KwaZulu-Natal is situated on the eastern side of South Africa on the coastline of the Indian Ocean. It is bordered by Mozambique and Swaziland in the North and Eastern Cape in the South. It touches on other provinces and the Kingdom of Lesotho in the west (see Annexure 1).

Total Population

According to media estimate (2000) the population of this province is 8986857 million. It forms 21,2% of the whole of the South African population of 43685699 million (central statistics services).

Climate

KwaZulu-Natal enjoys a subtropical climate that is fairly constant all year round. This east side is warmer than the west. Humidity levels can be high at certain times of the year. Towards the midland area, snow often covers the mountain heights. Annual rainfall varies. The average winter temperature is about 18°c. The warm water of the Indian ocean ensures that temperatures rarely fall below 17°c (New African Yearbook 1999-2000:53).

Amalgamation of KwaZulu-Natal

Although there is one province, the administration of health services belonged to two different health authorities, that is the KwaZulu-Natal Government and the Natal Provincial Administration respectively. There has been an amalgamation of all health services in the province under one employing authority namely the KwaZulu-Natal Provincial Health Department.

7.3.2 **Health regions of KwaZulu-Natal**

The KwaZulu-Natal Health Department is divided into 8 (eight) health regions, namely A, B, C, D, E, F, G and H.

In each health region there are district and regional hospitals, clinics, private hospitals, nursing colleges and nursing schools. The institutions identified for inclusion in this study are the district and regional hospitals, nursing colleges and nursing schools.

The total number of regional and district hospitals in KwaZulu-Natal is 63 provincial hospitals, 63 state-aided hospitals and 77 private hospitals (Health Services statistics as at August 1999).

at August 1999).

The above description serves to highlight the position in the KwaZulu-Natal province where this study was conducted.

7.4 TARGET POPULATION

The target population for this study included all professional nurses who undertook their post-basic nursing programmes at the University of Zululand Nursing Science Department from 1981-1998. This was done irrespective of their rank.

The graduates who were evaluated did the following courses:

- Diploma in nursing administration.
- Diploma in nursing education.
- Diploma in community health nursing.
- B.Cur E *et* A (post-basic undergraduate degree).
- B.Cur honours in Nursing Administration, Nursing Education and Community Health Nursing.
- M.Cur in Nursing Management, Nursing Education and Community Health Nursing.
- Doctoral degree in nursing management, nursing education and community health nursing.

Also supervisors of the ex-graduates of the University of Zululand nursing science that were in the health services and educational institutions. Included was any supervisor irrespective of the rank, from professional nurses, senior professional nurses, chief professional nurses, assistant directors and deputy directors.

7.5 SAMPLE AND SAMPLING METHOD

A sample is the number of elements of the population being studied (Uys and Basson, 1995:87). The sample size consisted of 75 (seventy-five) graduates of the University of Zululand and 29 (twenty-nine) supervisors of the graduates.

Purposive stratified random sampling was used in this study to select the sample of nursing personnel. In purposive sampling, sample elements are selected purposely by an expert on the subject as being representative of the population (Uys and Basson 1995:93). Van der Merwe (1996:53) warns that this type of sample selection requires careful monitoring by an experienced researcher to strengthen its logical and scientific basis. In this case the criteria was selection of post-basic students who studied at the University of Zululand Nursing Science Department from 1981 to 1998 and their supervisors.

Stratified random sampling

Stratified random sampling is used when the population is heterogeneous in respect of the population (Uys and Basson, 1995:91). In this study the sample was stratified according to the different diplomas and degrees, they possess, that is diplomas in nursing administration, nursing education and community health nursing science, B.cur E *et* A, honours, masters and doctoral degrees in the three mentioned specialities.

The students that were included were those working in the district and regional

hospitals, colleges of nursing and nursing schools in the health regions B, D, E, F and H of the KwaZulu-Natal province, and their supervisors.

These health regions were selected according to the availability of the numbers of graduates in the health services and educational institutions. The health regions were selected after a situational analysis survey was conducted by the researcher in all the regional and district hospitals, nursing colleges and nursing schools in the KwaZulu-Natal province.

The results obtained from the situational analysis revealed that health regions A, C and G had no students of the University of Zululand working in their health services and educational institutions.. The copy of the questionnaire and the letter that was sent to the institutions are attached (see annexure 4.1, 4.2 and 4.3). A table showing the number of graduates of the University of Zululand is displayed below (see table 7.1). It was discovered that Region A had no students, Region B had ten (10), Region C had no graduate, Region D had twelve (12), Region E had seventeen (17), Region F had thirty-five (35), Region G two (2) graduates, Region H had hundred and seventy-five (175) and University of Zululand had nine (9) graduates. The total number of graduates of the University of Zululand Nursing Science in the health services and educational institutions in these regions were found to be two hundred and forty-nine (249).

Table showing number of graduates of the University of Zululand Nursing Science in KwaZulu-Natal health services and educational institutions

Table 7.1 Table showing number of graduates of the University of Zululand Nursing Science in KwaZulu-Natal health services and educational institutions

Region	District and Regional Hospital	No of students	Nursing college	No of students	Nursing school	No of students
A	Umzimkhulu	Nil	-	-	-	-
	AJ Crookes	Nil	-	-	-	-
	Assissi	Nil	-	-	-	-
	Murchisson	Nil	-	-	Murchisson	Nil
	Taylor Bequest	Nil	-	-	Taylor Bequest	Nil
	Port Shepstone	Nil	-	-	-	-
				Total	= Nil	
B	Edendale	5	Edendale	2	-	-
	Greys	1	Greys	Nil	-	-
	Fort Napier	1	-	-	Fort Napier	Nil
	Northdale	Nil	Northdale	Nil	-	-
	Christ the King	Nil	-	-	Christ the King	1
	Greytown	Nil	-	-	-	-
				Total	= 10	
C	Estcourt	Nil	-	-	-	-
	Ladysmith	Nil	-	-	-	-
	Emmaus	Nil	-	-	Emmaus	Nil
				Total	= Nil	
D	Benedictine	2	Benedictine	4	-	-
	Ceza	1	-	-	Ceza	1
	Nkonjeni	2	-	-	Nkonjeni	1
	Thulasizwe	1	-	-	-	-
	St Francis	Nil	-	-	St Francis	Nil
	St Mary's	Nil	-	-	-	-
	Pongola	Nil	-	-	-	-
				Total	= 12	
E	Mosvold	1	-	-	Mosvold	Nil
	Hlabisa	4	-	-	Hlabisa	3
	Bethesda	4	-	-	Bethesda	4
	Mseleni	1	-	-	Mseleni	Nil
	Ingwavuma	Nil	-	-	Ingwavuma	Nil
				Total	= 17	

Table 7.1 (continued)

Region	District and Regional Hospital	No of students	Nursing college	No of students	Nursing school	No of students
F	King Edward VIII	9	King Edward VIII	Nil	-	-
	RK Khan	Nil	RK Khan	Nil	-	-
	K George V	Nil	-	-	-	-
	Prince Mshiyeni Memorial	6	Prince Mshiyeni	4	-	-
	Addington	Nil	Addington	Nil	-	-
	Clairwood	1	-	-	-	-
	Stanger	5	-	-	-	-
	Montobello	4	-	-	Montobello	Nil
	Fossa	Nil	-	-	-	-
	Hillcrest	Nil	-	-	-	-
	Charles James	Nil	-	-	-	-
	Wentworth	4	-	-	-	-
	McCords	2	-	-	McCords	Nil
	Mahatmagandhi	Nil	-	-	-	-
	Osindisweni	Nil	-	-	Osindisweni	Nil
				Total	= 35	
G	Newcastle	Nil	-	-	-	-
	Madadeni	Nil	-	-	Madadeni	Nil
	Church of Scotland	Nil	-	-	-	-
	Dundee	Nil	-	-	-	-
	Niemeyer Memorial	Nil	-	-	-	-
	Charles James	Nil	-	-	Charles James	Nil
				Total	= Nil	
H	Ngwelezane	120	-Ngwelezane	40	-	-
			University of Zululand	9	-	-
	Eshowe	Nil	-	-	-	-
	Nkandla	1	-	-	Nkandla	1
	Catherine Booth	Nil	-	-	Catherine Booth	Nil
	Ekhombe	1	-	-	Ekhombe	1
	Mbongolwane	1	-	-	Mbongolwane	1
	Manguzi	Nil	-	-	Manguzi	Nil
				Total	= 175	

Grand Total = 249

7.6 SAMPLING PROCEDURE OF INSTITUTIONS

Selection of the regional and district hospitals, nursing colleges and nursing schools was done purposely, the criterion for inclusion being institutions where the graduates of the University of Zululand were employed. (see table 7.1).

- In terms of this study Regional hospitals are those hospitals with 401 beds and above and District hospitals are those with 400 beds and below (see table 7.2).
- Nursing colleges are those educational institutions which are affiliated to the universities, and educating and training student nurses doing the four-year comprehensive nursing courses.
- Nursing schools are those nursing schools that are attached to the hospitals and involved in the education and training of student nurses doing sub-professional nursing courses, that is enrolled nursing and enrolled nursing auxiliaries.

7.7 SAMPLING PROCEDURE OF GRADUATES OF THE UNIVERSITY OF ZULULAND NURSING SCIENCE DEPARTMENT AND SUPERVISORS

In the health services and educational institutions where the post-basic nursing graduates of the University of Zululand were ten and less no sampling was done, and therefore all the graduates were included in the study.

During the real study after the situational analysis,the number of graduates as dipicted (in table 7.1 page 171) from the analysis of situational survey had changed. The researcher on the methodology (refer page 170) had indicated that she will interview nursing graduates of a particular institution within a particular region, those graduates she will find on duty. This then brings an element of convinient sampling. The reason

being that purposely post-basic nursing graduates were identfied first through a situational analysis survey and when it came on interviewing for this study only the graduates found on duty on that day were interviewed.

In region B for instance there were ten (10) graduates that were found in the situational analysis survey, but when interviews were done for the study there were only 5 graduates on duty on that day, thus they formed sample for that region.The same **trend** was found in region D where only six (6) graduates were found when interviews for the study were done instead of twelve (12) that were found during the situationl analysis survey.In region E while there were seventeen (17) nursing graduates on situational analysis survey, only thirteen (13) were found on the day of interviews for the study and in region F while thirty-five (35) graduates were found on the situational analysis survey only twenty (20) were found. A total of forty-four (44) graduates were included in the sample from these regions.

In region H all six (6) graduates that were found in smaller hospitals and nursing schools and nine (9) working in the nursing science department University of Zululand were all selected for the study because of their small number within the region. Ngewelezane hospital was found to be having one hundred and twenty (120) graduates of the University of Zululand and forty (40) nursing graduates were found to be working at the Ngwelezane college. The reason is that Ngwelezane hospital is nearer the University of Zululand. Most of the professional nurses undertake their post-basic education and training in this university.

A list of nursing graduates from the University of Zululand that worked at Ngwelezane side together with those working at the college side was compiled for making a total of one hundred and sixty (160) graduates. Then a systematic random sampling was used where every tenth graduate of the nursing science department of the University of Zululand was selected and sixteen (16) graduates were selected using this method.Therefore from region H if you add fifteen (15) graduates from smaller hospitals and nursing schools,University of Zululand and the sample from Ngwelezane

hospital and college, a total of thirty-one (31) nursing graduates were selected from this region.

The following summary indicate the sample as drawn from all the regions that were included in the study:

- Region B =5
- Region D =6
- Region E =13
- Region F =20
- Region H =31
- Total =75

The health regions A,C and G were excluded because they had no graduates from the University of Zululand nursing science department.

The supervisors of the graduates were purposely selected, ranging from Professional nurses to Deputy Directors. Every supervisor supervising the graduate was selected in each hospital, nursing college and nursing school until a total number of twenty nine (29) was reached.

7.8 DISTRICT HOSPITALS, REGIONAL HOSPITALS, NURSING COLLEGES AND NURSING SCHOOLS INCLUDED IN THE STUDY FROM EACH REGION

These health regions were purposely selected according to the availability of the graduates of the University of Zululand Nursing Science Department as displayed by the results of the survey conducted by the researcher in the health services and educational institutions before collecting the data (see table 7.1). The study included five health regions only: Region B, which is the Pietermaritzburg area; Region D, falling under Ulundi; Region E, which includes Jozini hospitals; Region F, which falls under the Durban area and Region H, which includes the Empangeni area (see table 7.2).

The other health regions, A, C and G, were excluded because there were no graduates at all.

In health region B, Grey's hospital, Edendale hospital, Fort Napier and Christ the King hospitals were selected for the study. Edendale nursing college, Christ the King and Fort Napier nursing schools were selected.Hospitals, colleges and nursing schools that had no post-basic students of the University of Zululand were mentioned because they fell on the selected regions.

In region D Benedictine, Ceza, Nkonjeni, and Thulasizwe hospitals were included in the study. Benedictine college of nursing, Nkonjeni and Ceza nursing schools were also included.

In region E Mosvold, Hlabisa, Bethesda and Mseleni hospitals were selected. Only Bethesda and Hlabisa nursing schools were selected since there is no nursing college in this region.

In region F King Edward VIII hospital, Prince Mshiyeni Memorial hospital, Stanger hospital, McCords, Wentworth hospital and Montobello hospital were selected for the study. King Edward VIII nursing college and Prince Mshiyeni nursing college were selected. Included were Montobello, McCords and Osindisweni nursing schools.

In region H Ngwelezane, Ekhombe, Mbongolwane and Nkandla hospitals were selected. Ngwelezane nursing college, University of Zululand, Mbongolwane and Nkandla nursing schools were selected. The health services with no students from the University of Zululand were not selected.

Table 7.2 Bed number of Regional and District hospitals - including nursing colleges and nursing schools

Region	Regional or Big hospitals	No of Beds	District or Small hospitals	No of Beds	Colleges	Nursing schools
B	●●●● Greys ●●●● Edendale ●●●● Fort Napier	485 1 645 456			●●Edendale	● Christ the King
D	●●●● Benedictine	598	●●● Ceza ●●● Nkonjeni ●●● Thulasizwe St Francis	265 360 155	●● Benedictine	● Nkonjeni ● Ceza
E	-		●●● Mosvold ●●● Hlabisa ●●● Bethesda ●●● Mseleni	246 296 230 119		● Bethesda ● Hlabisa
F	●●●● King Edward VIII ●●●● Prince Mshiyeni Clairwood ●●●● Stanger	1 813 472 1 200 1 307 449	●●● McCords ●●● Wentworth ●●● Montobello	282 372 320	●●Prince Mshiyeni	
H	●●● Ngwelezane	756	●●●Mbongol-wane ●●● Ekhombe ●●● Nkandla	196 266	●● Ngwele zane ●● Univers-ity of Zululand	● Mbongolwane ● Nkandla Ekhombe,

Regions, Hospitals, Colleges and Nursing Schools included in the sample

Key	
●●●●	Regional hospitals
●●●	District hospitals
●●	Nursing colleges
●	Nursing schools

7.9 DESCRIPTION OF NUMBER OF PROFESSIONAL NURSES IN SOME OF THE REGIONAL HOSPITALS WHERE GRADUATES OF THE UNIVERSITY OF ZULULAND WERE WORKING

The total number of the professional nurses of the following regional hospitals were identified, King Edward VIII hospital, Edendale hospital, Ngwelezane hospital and Prince Mshiyeni memorial hospital. This is necessary since these hospitals are big hospitals and were found to have more graduates of the University of Zululand.

King Edward VIII hospital

King Edward VIII hospital is a 1813 bed hospital. It is situated approximately seven (7) kilometres south of the centre of the city of Durban in KwaZulu-Natal.It is next to Congella Post Office, between Francois road and Sydney road in front and Francios road and Umbilo road at the back. This hospital has a total of 691 occupied posts professional nurses, nine (9) of which did their post-basic courses at the University of Zululand Nursing Science Department.

Table 7.3 Number of professional nurses working at King Edward hospital

Chief Manager Nursing Service (now Deputy Director)	1
Senior Nursing Service Managers (now Assistant Directors)	7
Professional nurses	683
Total	**691**

Edendale hospital

Edendale hospital is a 1 645 bed hospital. It is situated approximately 10 kilometres from the centre of the city of Pietermaritzburg. It caters for rural and urban population of Pietermaritzburg and surrounding areas. The total number of the professional nurses is 518; of these seven (7) undertook their post-basic courses at the University of Zululand Nursing Science Department.

Table 7.4 Number of professional nurses working at Edendale hospital

Chief Manager Nursing Service (now Deputy Director)	1
Senior Nursing Service Managers (now Assistant Directors)	9
Professional nurses	508
Total	**519**

Ngwelezane hospital

This is a 756 bed hospital situated approximately five (5) kilometres from the centre of the town of Empangeni. It has a total number of 246 professional nurses; 160 of these obtained their post-basic qualifications at the University of Zululand Nursing Science Department. This hospital is a referral centre for rural and urban population of Empangeni and surrounding areas.

Table 7.5 Number of professional nurses and different categories at Ngwelezane hospital

Chief Manager Nursing Service (now Deputy Director)	1
Senior Nursing Service Managers (now Assistant Directors)	3
Professional nurses	242
Total	**246**

Prince Mshiyeni Memorial hospital

Prince Mshiyeni Memorial hospital is a 1 200 bed hospital situated about 20 km from the centre of the city of Durban catering for Umlazi population and surrounding areas. It has a total of 430 professional nurses. Ten (10) of these professional nurses obtained their post-basic qualifications from the University of Zululand Nursing Science Department.

Table 7.6 Number and categories of professional nurses at Prince Mshiyeni hospital

Chief Manager Nursing Service (now Deputy Director)	1
Senior Nursing Service Managers (now Assistant Directors)	6
Professional nurses	423
Total	**430**

7.10 THE RESEARCH INSTRUMENT

In this study structured and semi-structured interviews were used to collect data from the respondents. In structured interviews, use is made of questions which have been structured in advance, so that the respondent expresses his option by choosing one of various given answers (Uys & Basson, 1995:60).

Semi-structured interviews were used in this study because they allowed the graduates and supervisors to describe their feelings, thoughts and opinions about utilization of the graduates. The instrument consisted of closed- and open-ended questions so that the graduate nurse was free to explain how she was utilized in the health service and educational institution in KwaZulu-Natal.

Two sets of instruments were used, one for the graduates of the University of Zululand Nursing Science department and another one for the supervisors of the graduates. This was done so that the supervisors were able to explain how these graduates are utilized in the health services and educational institutions where they were working. The graduates were also expected to explain how they were utilized in the institutions where they were working.

7.10.1 **Description of the interview guide**

The patterns of the two interview guides were almost similar to allow for easy organization of data and cross tabulation. The instruments for graduates contained the following sections:

7.10.1.1 Interview guide for the graduates

Section 1 - Demographic data

This was included to provide a profile of the respondents as this may have implications

for their utilization in the health services and educational institutions.

Section 2 - Educational information

This section dealt with educational information to establish and describe the educational background of the participants, because this may also affect their future preparation. This future preparation may improve their utilization by the institutions.

Section 3 - Employment history

Employment history is important because it will reveal how the graduates are utilized and where, so that corrective measures can be implemented in future, if possible.

Section 4 - utilization of the graduates

Utilization of the graduates' section was included to find out how they are utilized by the health services and educational institutions. Improper utilization can affect their work output and results in poor quality of patient care.

Section 5 - Problems experienced

This question was included to establish the problems that the employers and the graduates are experiencing in their work places. These problems can hinder the work performance of the graduates, they need to be discovered and promptly addressed.

Section 6: Relevance of the programmes to cater for needs of the country

This question was asked in order to evaluate the relevance of the programmes to the needs of the country. The questions for the graduates were 24 in all.

7.10.1.2 Interview guide for the supervisors

Section 1: Demographic data

This section was included to provide a profile of respondents as this may have implications for the utilization.

Section 2: Employment history

Employment history is important because the supervisors should be aware of how they are placing the graduates for proper utilization.

Section 3: Utilization of the graduates

Utilization questions are important so that the supervisors become aware of the importance of utilizing the graduates properly.

Section 4: Problems experienced

This question was included in order to establish the problems experienced by the supervisors during the utilization of the students for better solution and better utilization of the graduates.

Section 5: Relevance of the programmes to the needs of the country

This question will help in order to find out if the programmes of the University of Zululand nursing science department were relevant and appropriate in catering for the needs of the country. There were 26 questions for the supervisors.

Conducting the interviews

Graduates and supervisors were interviewed face-to-face. Interviews were used in order to obtain facts from the respondents.

Each interview took about fifteen to twenty minutes. The graduates were interviewed in their work places for better cooperation. The supervisors were also interviewed in their offices to avoid any disruption in the process.

7.11 PILOT STUDY

Permission was obtained to conduct pilot interviews in an urban hospital which did not have graduates of the University of Zululand Nursing Science Department. The aim of the pilot study was to pretest the interview guide's reliability and validity. Ten professional nurses with post-basic courses from other universities and five chief professional nurses from this hospital were interviewed.

In the pilot study, time taken for each interview ranged between 15 and 20 minutes. This length of the instrument was acceptable. Only a few minor grammatical changes were made to the instrument before it was administered to the respondents.

7.12 ETHICAL CONSIDERATION

Permission for conducting a research study was initially requested from the KwaZulu-Natal Province Department of Health. Another request was sent to the medical superintendents and deputy directors of each institution. An informed consent was obtained from each graduate of the University of Zululand and the supervisors. Anonymity and confidentiality were assured and subjects were asked to partake voluntarily.

7.13 CONCLUSION

In this chapter a comprehensive description was given of the research design, data collection which included area of study, target population, sample and sampling, the research instrument, pilot study and ethical considerations.

CHAPTER 8

ANALYSIS OF THE EXISTING POST-BASIC NURSING PROGRAMME OF THE UNIVERSITY OF ZULULAND

8.1 HISTORICAL OVERVIEW OF THE DEPARTMENT OF NURSING SCIENCE AT THE UNIVERSITY OF ZULULAND

Any educational programme at any given period should address the needs of that country according to the discipline or sector of operation. Nursing programmes in South Africa, like in any country need to be relevant in terms of the needs of the citizens of that country.

Health services in South Africa have been greatly influenced by the political philosophy as well as the socio-economic conditions in the country.

In 1971 when the Homeland system came into existence there were fourteen departments (a system which focused on separating the people of South Africa in terms of colour and race with the Africans further separated in terms of ethnicity). There were fourteen Departments of Health for "Whites", for "Coloureds", for "Indians" and one that catered for general affairs , including Blacks who remained as residents of South Africa.There were further ten departments for African "Black state" that were created in terms of Bantu Homelands constitution act, of 1971 (Nzimande, 1984:83).

These states were:

1. KwaZulu
2. Venda
3. Gazankulu

4. Leboa
5. Bophuthatswana
6. Qwa-Qwa
7. Transkei
8. Ciskei
9. Ndebele
10. Kwangwane

For each of the Homeland states Coloureds, Africans and Indians had to have their own health department.

At the time when the Department of Nursing Science was established, a comprehensive health service approach was followed in South Africa which emphasised the importance of community health services to the people.

Inherent to separate development (Homeland System) was a principle that each group would serve its own people. Thus nurses in their "Homelands" had to be equipped with leadership skills and skills to lead and implement the curriculum.

In 1974 the ad hoc committee that was appointed by the Council of the University of Zululand, held discussions with professor C.Searle who was the President of the South African Nursing Association and Miss D Radloff the then Executive Director, to discuss possibility of introducing nursing in university courses. Prof. C. Searle thereafter wrote a memorandum to the then Rector and Vice-Chancellor of the University of Zululand Prof. A.C. Nkabinde giving permission for the introduction of degree nursing courses and post-registration diplomas in nursing. Prof. Searle and Miss Radloff thereafter visited Ngwelezane Hospital under nursing leadership of Mrs P.N. Nzimande to evaluate the clinical facilities necessary for the programme. These facilities were found to be appropriate for practising of student nurses. Permission was obtained from the then kwaZulu government to use these facilities in 1978.

Subsequently an application by the University of Zululand for introduction of the nursing degrees was lodged with the Department of Education and Training. In 1979 the Minister of Education gave approval for these courses. Several discussions were held between KwaZulu health officials and the officials of the University of Zululand in 1980 for the implementation plan.

8.2 MOTIVATION FOR THE INTRODUCTION OF NURSING COURSES

One of the objectives of this study was to analyse the existing post-basic nursing programme of the University of Zululand. It then became necessary to discuss the reasons for introduction of these programmes to give a clear picture. Several appeals were made by nurses in KwaZulu and Natal to the University of Zululand for introduction of nursing courses and post-registratin diplomas. A survey was conducted in 1979 which revealed that there were 380 "Black" students from KwaZulu-Natal pursuing degrees and diplomas in nursing courses through the University of South Africa in Pretoria, a distant learning education institution.

The terminology used in the text is the reflection of the political position in which South Africa was when the programmes for the University of Zululand were commenced. The post-apartheid laws emphasised differences in humanity in terms of race and colour, thus the use of "Black" and "White" people. It must be stated though, that the researcher and the promoter did not and still do not support this past philosophy. Even the University of Zululand which housed the nursing science department did not and does not support the previous apartheid laws.

- Health services for "Black" people were hampered by an acute shortage of suitably qualified nursing personnel for appointment to higher positions.

- More concentration was needed on the production of **leaders** and specialised teaching personnel who would be able to cope with modern concepts of health care on a comprehensive level.

- The development of in-service education and of specialised post-basic nursing education depend on the availability of nurse leaders and nurse educators. There was a need to develop such expertise.

- There was a plea from members of the nursing profession in KwaZulu-Natal for the establishment of a nursing science department at the University in Zululand.

About 80% of "Black" nurses who were employed in KwaZulu-Natal needed skills in nursing management and nursing education. Through the relentless and intensified efforts of Rector of the University of Zululand, Prof. A.C. Nkabinde and active encouragement, support and cooperation by Professor Searle, Mrs D. Dlomo, chief nursing officer KwaZulu and Mrs P.N. Nzimande the then principal matron of Ngwelezane Hospital, the South African Nursing Council approved the offering of the advanced nursing courses at the University of Zululand nursing science department at Empangeni. The information discussed above gives the rationle for the establishment of the nursing science department at the University of Zululand in 1981.

On 2 January 1981 the department of nursing science was established in the Faculty of Arts at the University of Zululand. The two lecturers appointed were Mrs T.G. Mashaba who acted as Head of the department and focused on nursing education, Mrs P.N. Nzimande who specialised in nursing administration and Ethos and professional practice and Professor Searle was appointed as academic advisor to assist the process. In 1982 Mrs R.V. Gumbi was appointed as a lecturer and specialised in community health nursing science. In 1987 Mrs T.G. Mashaba was appointed as a professor and Head of department and Mrs P.N. Nzimande was appointed as full professor and

deputy head incharge of the nursing management and Nursing Ethos Component.

The curriculum that was approved initially focused on post-basic courses. It commenced in 1981. Then in 1984 a basic degree programme was commenced.

This study does not focus on graduates from a basic programme but focused on post-basic programmes.

Chronologically the courses unfolded as follows:

1981 - Students registered for post-basic courses
- For B Cur E et A - (a 3 year degree)
- Diploma in Nursing Administration (1 year)
- Diploma in Nursing Education

1982 - Students enrolled for the diploma course in Community Health Nursing Science

1984 - The first group of B Cur students commenced. This is a basic nursing degree that admitted matriculants from school (4½ years degree) but later in 1995 reduced to 4 years.

1989 - Five (5) honours degree students registered for a course in nursing management.

- Other specialities on nursing education and Community Health Nursing Science followed thereafter.

1991 - A Masters degree programme was commenced.

1995 - The first Doctoral student registered and graduated in June 1997.

In terms of evaluation these are important milestones for the Department of Nursing Science, University of Zululand.

1995 - A branch of the Nursing Science Department was commenced at Umlazi Campus of the University of Zululand. Two lecturers were transferred from the Main Campus that is, Mrs D. Nzimakwe and Mrs P.J. Kunene. Professor P.N. Nzimande the Deputy Head of the Department of Nursing Science at the Main Campus was assigned to oversee this process.

At the time of collecting data for this research project, Mrs B.M. Zungu was acting as Head of Department, located at the Main Campus in Empangeni and Dr D. Nzimakwe was assistant Head of the Nursing Science Department at the Durban-Umlazi campus.

8.3 THE PHILOSOPHY UNDERLYING THE NURSING SCIENCE DEPARTMENT

The philosophy of the department of Nursing Science was initially developed in 1981 and then revised in 1995 when a new dispensation and new political order commenced after 27 April 1994.

The first philosophy focused on the need to develop nurse leaders in kwaZulu-Natal, and the reviewed one focuses on the transformation that has to take place in the provision of health services, and preparation of nurse practitioners and nurse leaders for a transformed health service for one country. These two philosophies influence the offering of the post-basic nursing programmes of the University of Zululand.

8.3.1 **Philosophy 1981**

This philosophy was developed when the nursing programmes of the University of Zululand were first offered.
It was based on the beliefs that:

- Nursing is a service to mankind to enable him at all times to attain and maintain the highest possible level of health.

- Man is created in the image of God, is unique, has worth and has a plan and purpose to fulfil.

- Every man has a right to life and to the safety of his name, his person and his possessions.

- The family is the basic **unit in the community.**

- Nursing is a service to the whole man and takes note of the spiritual, physical, mental, emotional and social dimensions of man in his constant interaction with his environment.

- Nursing care seeks to conserve life, promote health, prevent disease, provide care in illness and to maintain the individual at maximum level of functioning.

- Nursing has at its heart concepts of care, concern, compassion and empathy and seeks to provide holistic humane care acknowledging the individual's rights as a citizen and human being.

- Nursing provides care based on sound scientific knowledge of the Nursing

Sciences and other related sciences such as the social and biological sciences.

- Nursing uses problem-solving techniques such as the nursing process to assess the needs of clients, to devise and implement a plan of care and treatment, to record the actions taken and to evaluate the results.

- Nursing is teamwork within the profession itself, with other health workers, with field workers in other disciplines and with the community itself.

- The nurse assumes responsibility, an accountability for individual nursing judgements and actions.

- Nursing intervention is provided in both the institutional and non-institutional levels for individual nursing judgements and actions.

- Nursing intervention is provided in both the institutional and non-institutional contexts and seeks to meet health needs and solve health problems at all stages of man's development.

- As effective nursing care is based on the cognitive, affective and psychomotor skills of the nurse practitioner, great responsibility is needed in teaching these skills to the nurse.

- The teacher is a fellow explorer with and an accompanier of the student.

- Nurse teachers are held accountable for their teaching by their students, their profession, their university/college and the community.

- The curriculum is student -centred, patient/client-centred and community-

centred.

- The learning experiences must develop creativity and an enquiring mind and must provide for the integration and application of the various scientific components with nursing practices.

- Learning experiences should follow a sequential order and work from the simple to more complex situations.

- Learning experiences must be future-orientated and emphasise the acquiring of the principles of practice.

- Learning experiences must provide evaluation of student course and teacher.

- Learning experiences must create the opportunities and experiences necessary to produce a mature, educated, groomed and trustworthy professional member of society.

- Nursing education is dynamic and must change according to new needs, new knowledge, new approaches to the provision of nursing care and findings from its own research programme.

- Nursing is life-long learning and expects its practitioners to be responsible for their own self-development.

- Nursing is shaped in the history of the country and is committed to teach its philosophy to its students. (Nzimande, 1990:7-10)

As the department advanced in a new environment it became necessary to revise the

philosophy of the nursing science department University of Zululand. The philosophy was revised in 1996, under the leadership of Professor P.N. Nzimande, after the birth of the new South Africa.

8.3.2 Revised philosophy of the Nursing Science Department

1. The philosophy and mission of the nursing science department flow from the character and mission statement of the University of Zululand which underscores the concept of one University. This statement of belief commits the University Community to organizing its unique, and varied resources to provide educational opportunities that are tailored to the needs of each student and the needs of the community. The University adopts its fundamental mission to be the pursuit of academic excellence. The ideal will be pursued in teaching and research and dissemination of learnt skills and research findings for the benefit of the society.

2. The academic staff of the department of nursing science believe that individuals are unique holistic beings who merit support in the maintenance of wellness, require care during periods of illness and deserve dignity in their approach to death. They believe also that the person and the environment are open systems engaged in continuing dynamic interaction.

3. The academic staff believe that the comprehensive primary health care focus in health care delivery and nursing education is appropriate for the transformation and restructuring in South Africa.

4. They believe that nursing research is fundamental to the advancement of knowledge and improvement of nursing practice. Nursing research is an integral part of the curriculum and all programmes offered.

5. They believe that nursing is an autonomous profession whose focus is caring for persons throughout the lifestyle and during periods of illness and wellness. Nurses collaborate with clients and colleagues in other disciplines and in particular other health care professions.

6. Academic staff believe that the learning process encourages the spirit of inquiry, the excitement of discovery, creativeness, critical thinking, increased breath of knowledge and interactions with others who hold different values.

7. They believe that advanced nursing speciality derives from conceptual system of nursing and is supported from humanities.

8. The academic staff further believe that advanced nursing speciality practice encompasses educational, management and consultative functions as part of the care of clients (Nzimande, 1990:7-10).

The revised philosophy was relevant to the recent changes in the curriculum, needs of the students and needs of the society. More emphasis was on comprehensive primary health care delivery and nursing education which is **transformational and restructured**. This philosophy changed to cater for the requirements of the Government of the National Unity in 1994 and the needs of the communities. More emphasis was also put on research, caring and learning process which is based on inquiry, discovery, creativity and critical thinking. It will enable the graduate to function within the transforming health care system and society. Based on the revised philosophy the goals, objectives as well as post-basic nursing programmes were revised in order to be relevent to the needs of the health services.

8.3.3 Goals and objectives of the post-basic programmes offered

These goals and objectives are in accordance with the stated philosophy and mission statement of the University of Zululand.

1. Goals and objectives of post-basic programmes Baccalaureate Curationis and diploma programmes in nursing education (DNE) diplomas in nursing management (DNA) and diplomas in community health nursing science (DCHN).

- To provide individuals with a broadly-based education which includes liberal and professional knowledge with emphasis on inquiry of skills.
- To prepare already qualified nurses to function within and to giving direction to emerging nursing roles as patterns of health care delivery change.
- To develop students so that they can assume leadership responsibilities within their profession, within the transforming health systems and within the larger society.
- To prepare nursing practice specialists in the fields of community health nursing science, nursing education and nursing management.
- To develop students to become generic health managers (Directors of health services within a transforming health service).

The terminal objectives of post-basic degree B Cur (E et A) and diplomas are to:

- Synthesize knowledge from the humanities, natural and social sciences as the basis for personal, intellectual, social and professional development.

- Participate in collegial relationships with nurses and other members of the health team and related disciplines through referral, consultation and planning client care as well as other primary health care initiatives.
- Demonstrate leadership and management skills through direction and support of clients and colleagues.
- Participate as agents of change in social and political action for the empowerment of health care and its delivery.
- Communicate coherently, comprehensive and systematically.
- Apply research skills to evaluate and the improve nursing and health care delivery system.

8.3.4 **Goals and objectives of postgraduate programmes: honours and master's**

- To prepare advanced nursing practice specialists to be competent to meet current and future challenges in the restructuring and transforming health care systems.
- To provide students with advanced nursing practice speciality education that includes knowledge of conceptual and theoretical systems of nursing practice.
- To prepare students to use analytical knowledge and skills required to identify nursing problems and to develop solutions to these problems.
- To develop students at doctoral levels who are able to provide scholarly depth in nursing knowledge and to augment this with content derived from other disciplines related to their research interest.

8.3.5 Terminal objectives for honours, master's and doctoral programmes

Upon completion of the programme the Honours and Masters students will have developed the ability to:

- Demonstrate knowledge and skills in a selected advanced nursing practice speciality role.
- Synthesize, evaluate and implement a conceptual-theoretical system of knowledge for nursing practice.
- Appraise research methods and propose research that will advance nursing practice.
- Apply research findings to advanced nursing speciality practice.
- Demonstrate a level of communication appropriate for public speaking and professional writing.
- Apply leadership knowledge and skills in implementing the role of advanced nursing practice specialists and developing strategies that advance health care.
- Assume responsibility and accountability for independent nursing practice.
- Serve as a client advocate in individual and organizational situations within the transforming health care systems.
- Develop collaborative relationships with professionals in other disciplines to assess and meet the health needs of the society.

- Demonstrate continued personal and professional development.

8.3.6 Terminal objectives of doctoral programmes

Upon completion of the programmes doctoral students should be able to:

- Use advanced skills in research design methods and analysis to conduct scholarly inquiry.
- Undertake and complete independent research.
- Assume leadership and collegial roles in advanced nursing knowledge.
- Evaluate and test theories related to nursing science,.
- Develop innovative approaches to the solution of professional and health policy issues at local, national and international levels.
- Demonstrate a skill in communicating knowledge both orally and in writing (Nzimande, 1996:10).

8.4 POST-BASIC NURSING PROGRAMMES OFFERED BY THE UNIVERSITY OF ZULULAND NURSING SCIENCE DEPARTMENT FROM 1981-1995

Table 8.1 below displays the post-basic Nursing programmes that were offered by the University of Zululand from 1981-1995. During this time these programmes were offered on full-time basis.

Table 8.1 Post-basic programmes offered by the University of Zululand from 1981 to 1995

Programme	Requirements	Duration	Curriculum content	Teaching methods
1. **Diploma courses**	Matriculation or Matriculation exemption certificate			- Lectures - Discussion groups - Assignments - Role plays - Practicals at workplace and nursing colleges
(a) **Diploma in Nursing Education**	- Proof of Registration with SANC as general nurse and midwife for females. - general nursing in case of males - candidates who wish to select midwifery or psychiatry nursing as teaching subjects in nursing education 215, 225, also register as midwife in psychiatry	At least 2 years of full-time study	**OPTION 1 - Registration as a Tutor and Nursing Administration** **First year** - Nursing Education ..... 115/125 - Nursing Administration ..... 115/125 - Community Health Nursing Science ..... 115/125 - Medical biophysics and bio chemistry ..... 015/025 - Human Anatomy ..... 015/025 **Second year** - Nursing Education ..... 215/225 - Nursing Administration ..... 215/225 - Human Physiology ..... 015/025 - Public Administration ..... 115/125 - Sociology 115/125	

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Table 8.1 Continued

Programme	Requirements	Duration	Curriculum content	Teaching methods
(b) **Diploma in Nursing Administration (DNA)**	- Matriculation or Matriculation Exemption Certificate - Proof of Registration with South African Nursing Council as general nurse or psychiatric nurse	At least one year full-time study	**For Registration in Nursing Administration** - Nursing Administration ..... 115/125 - Nursing Administration ..... 215/225 - Community Health Nursing Science ..... 115/125 - Public Administration ..... 115/125 - Sociology 115/125 - Psychology 115/125	All 4 above including placement at a Nursing Management set-ting under the supervision of a nurse manager
(c) **Diploma in Community Health Nursing Science (DHNS)**	- Matriculation or Matriculation Exemption Certificate - Proof of registration with SANC as general nurse and midwife	At least 1 year of full-time study	**For Registration in Community Health Nursing Science** - Community Health Nursing Science ..... 115/125 - Community Health Nursing Science ..... 115/125 - Sociology ..... 115/125 - Psychology 115/125	All 4 above including placement at Primary Health Settings in the community
(d) **Degree of Bachelor of Nursing Education and Nursing Administration B Cur E et A**	- Matriculation or Matriculation Exemption Certificate - Proof of Registration with SANC as general nurse and psychiatry	At least 3 years full-time study	Curriculum shall consist of at least 26 semester courses at 100 and 200 levels. **First year** - Nursing Education ..... 195 - Nursing Administration ..... 115/125 - Community Health Nursing Science ..... 115/125 - Medical biophysics and medical bio-chemistry ..... 015/025 - Human Anatomy ..... 015/125 **Second year** - Nursing Education ..... 215/225 - Nursing Administration ..... 215/225 - Community Health Nursing Science ..... 215/225 or - Psychology ..... 115/125 - Human Physiology ..... 015/025 - Public Administration for candidates already registered as Community Health Nurses ..... 115/125 **Third year** - Nursing Education ..... 315/325 - Nursing Administration ..... 315/325 - Sociology 115/125	All methods used above

8.5 POST-BASIC NURSING PROGRAMMES OFFERED BY UNIVERSITY OF ZULULAND NURSING SCIENCE DEPARTMENT SINCE 1996

From 1996 the post-basic nursing programmes of the University of Zululand started being offered on full-time and part-time basis. Programmes were offered at diploma levels, bachelor degrees, honours degrees, masters degrees and doctoral degree levels. Communication Science and a language or anthropology were added in option 1 and option 3 of the programmes (see Table 8.2). To cater for the changed needs of the students.

Table 8.2 Post-basic nursing programmes offered by University of Zululand Nursing Science department since 1996

Programme	Requirements	Duration	Curriculum content	Teaching methods
1. **Diploma courses** (a) **Diploma Nursing Education (DNE)**	- Matriculation or - Matriculation Exemption Certificate - Proof of registration with SANC as general nurse in females - General nurse in males - Candidate who wish to select midwifery or psychiatry as teaching subject in ANE 215/225 must register as midwife and psychiatry nurse	- At least 2 years of full-time study - 3 years for part-time study	**OPTION 1** For registration as a nurse-tutor and in nursing management. **First year** - Nursing Education ..... 115/125 - Nursing Management ..... 115/125 - Community Health Nursing Science ..... 115/125 - Medical bio-physics and bio-chemistry ..... 115/125 - Human Anatomy ..... 115/125 **Second year** - Nursing Education ..... 215/225 - Nursing Administration ..... 215/225 - Human Physiology ..... 115/125 - Public Administration ..... 115/125 - Sociology 115/125	- Lecture - Practicals - Discussion group - Peer group - Assignment - Role plays - Practicals at work place and nursing colleges

(UNIVERSITY OF ZULULAND CALENDAR 1995:22-30)

Table 8.2 (continued)

Programme	Requirements	Duration	Curriculum content	Teaching methods
Diploma in Nursing Education (continued)			**OPTION 2 - For Registration as a Nurse-Tutor and Community Nurse** **First year** - Nursing Education ..... 115/125 - Community Health Nursing Science ..... 115/125 - Medical Biophysics and bio-chemistry ..... 015/025 - Human Anatomy ..... 015/025 - Sociology ..... 115/125 **Second year** - Nursing Education 215/225 - Community Health Nursing Science ..... 215/225 - Public Administration ..... 115/125 - Human Physiology ..... 015/025 A language or anthropology 115/125	
(b) **Diploma in Nursing Administration (DNA)**	Matriculation or - Matriculation Exemption Certificate - Proof of Registration with South African Nursing Council as General Nurse or Psychiatric Nurse	At least one year full-time study	**For Registration in Nursing Administration** - Nursing Administration ..... 115/125 - Nursing Administration ..... 215/225 - Community Health Nursing Science ..... 115/125 - Public Administration ..... 115/125 - Sociology ..... 115/125 - Psychology 115/125	
(c) **Diploma in Community Health Nursing Science**	Matriculation or Matriculation Exemption Certificate - Proof of registration with SANC as general nurse and midwife	At least 1 year of full-time study	**For Registration in Community Health Nursing Science** - Community Health Nursing Science ..... 115/125 - Community Health Nursing Science ..... 115/125 - Sociology ..... 115/125 - Public Administration ..... 115/125 - Psychology 115/125	

Table 8.2 (continued)

Programme	Requirements	Duration	Curriculum content	Teaching methods
2. Degree of Bachelor of Nursing Education and Nursing Administration B Cur E et A	Matriculation or Matriculation Exemption Certificate - Proof of Registration with SANC as general nurse and psychiatry	At least 3 years full-time study	Curriculum shall consist of at least 26 semester courses at 100 and 200 levels **OPTION 1** **First year** - Nursing Education ..... 195 - Nursing Administration ..... 115/125 - Community Health Nursing Science ..... 115/125 - Medical bio-physics and Medical bio-chemistry .. 015/025 - Human Anatomy ..... 015/025 **Second year** - Nursing Education ..... 215/225 - Nursing Administration ..... 215/225 - Psychology ..... 115/125 - Human Physiology ..... 015/125 - A language of anthropology ..... 115/125 **Third year** - Nursing Education ..... 315/325 - Nursing Administration ..... 315/325 - Sociology ..... 115/125 - Public Administration 115/125	- Lectures - Demonstration - Peer group - Group discussion - Practical work

Table 8.2 (continued)

Programme	Requirements	Duration	Curriculum content	Teaching methods
Bachelor's degree (continued)			**OPTION 2** **First year** - Nursing Education ..... 115/125 - Nursing Management ..... 115/125 - Community Health Nursing Science ..... 115/125 - Human Anatomy ..... 115/125 - Medical biophysics / Biochemistry ..... 115/125 **Second year** - Nursing Education ..... 215/225 - Nursing Management ..... 215/225 - Human Physiology ..... 115/125 - Public Administration ..... 115/125 - Nursing Ethos and Professional Practice ..... 115/125 **Third year** - Nursing Education ..... 315/325 - Nursing Management ..... 315/325 - Sociology 115/125 - Psychology ..... 115/125 **OPTION 3** **First year** - Nursing Management ..... 115/125 - Community Health Nursing Science ..... 115/125 - Nursing Education ..... 115/125 - Sociology ..... 115/125 - Ethos and Professional Practice ..... 115/125 **Second year** - Nursing Management ..... 215/225 - Community Health Nursing Science ..... 215/225 - Public Administration ..... 115/125 - Sociology - Industrial Psychology ..... 115/125 OR - Psychology 115/125	- Lecture - Group discussion - role play - Peer group

Table 8.2 Continued

Programme	Requirements	Duration	Curriculum content	Teaching methods
			Third year - Nursing Management . . . . . 315/325 - Community Health Nursing Science . . . . . 315/325 - Communication Science . . . . . 115/125 - A language or Anthropology 115/125	

(University of Zululand Calendar 1995:22-50)

Table 8.2 (continued)

Programme	Requirements	Duration	Curriculum content	Teaching methods
3 **Bachelor Degree of Nursing (Honours) (B Cur Hons)**	1 Bachelor's degree in nursing 2 Proof of current registration with SANC 3 Candidate to pass her major subject with 60%	At least 1 year	**Programme of study** Paper 1 - Nursing and Research ANR 591 Paper 2 - Ethos and Professional Practice ANP 511, 521 Paper 3 - Electives - Nursing Education ANE 511, 521 or - Nursing Management ANM 511, 521 or - Community Health Nursing Science AHN 511, 521 or - General Nursing Science AGN 511, 521 or - Midwifery AMW 511, 521 or - Psychiatric Nursing APC 511, 521 Paper 4 - Nursing Education ANE 512, 522 - Nursing Management ANM 512,522 or - Community Health Nursing Science AHN 512, 522 - Midwifery AMW 512, 522 - Psychiatric Nursing APC 512, 522 Paper 5 - Nursing Education ANE 513, 523 or - Nursing Management ANM513, 523 - community Health Nursing Science AHN 513, 523 - General Nursing Science AGN 513, 523 - Psychiatric Nursing APC 513, 523 - Midwifery AMW 513, 523	- Assignments - Discussion groups - Role plays - Undertook research on an approved topic - Lectures

Table 8.2 (continued)

Programme	Requirements	Duration	Curriculum content	Teaching methods
4 **Masters Degree in Nursing (M Cur)**	1 Honours degree in nursing 2 Proof of current registration with SANC	1-2 years full-time 2-3 years part-time students	Dissertation on approved topic on following: - Nursing education 700 - Nursing Management 700 - Community Health Nursing Science 700 - Midwifery nursing 700 - Psychiatric nursing 700 - General Nursing Science 700	- Actively involved in doing a Research Project under supervision
5 **Doctoral degree in nursing science (D Phil)**	Masters degree in Nursing Science	1-2 years full-time study 2-3 years part-time study	Thesis on an approved topic on following: - Nursing education 800 - Nursing Management 800 - Community Health Nursing Science 800 - Midwifery 800 - General Nursing Science 800 - Psychiatric Nursing 800	- Actively involved in doing a Research Project under supervision

(UNIVERSITY OF ZULULAND CALENDAR 1998:22-27)

8.6 HUMAN RESOURCES

The table 8.3 below shows the year, name, qualifications and specialities of all the lecturers, senior lecturers and Professors that were involved in education and training of the graduates of the University of Zululand nursing science department. This is from 1981-1998. The nursing department started with two senior lecturers in 1981, and a third lecturer was employed in 1982. After these years the number of lecturers increased as the department developed. By 1998 there were seventeen lecturers in all. This is a sign of fast growth and development of the nursing science department of the University of Zululand.

Table 8.3 (a) Human resources of University of Zululand Nursing Science Department for period 1981 to 1987

YEAR	NAME	QUALIFICATIONS	SPECIALITY
1981 Acting Head Lecturer	Mrs T.G. Mashaba Mrs P.N. Nzimande	BA Cur BA	Nursing Education Nursing Administration
1982 Acting Head Lecturers	Mrs T.G. Mashaba Mrs P.N. Nzimande Mrs R.V. Gumbi	B Cur Honours BA Honours Masters in Public Health (Liverpool)	Nursing Education Nursing Management Community Health Nursing Science
1983 Acting Head Lecturer	Mrs T.G. Mashaba Mrs P.N. Nzimande Mrs R.V. Gumbi	BA Honours M Cur Masters degree M Cur Masters degree	Nursing Education Nursing Administration Community Health
1984 Acting Head S/Lecturers Lecturer	Mrs T.G. Mashaba Mrs P.N. Nzimande Mrs R.V. Gumbi Mrs D.M. Dlamini	M Cur M Cur M Ph BSc Nursing	Nursing Education Nursing Administration Community Health Nursing General Nursing Science
1985 Acting Head S/Lecturer S/Lecturers Lecturer Jnr Lecturer	Mrs T.G. Mashaba Dr P.N. Nzimande Mrs R.V. Gumbi Mrs D.M. Dlamini Mrs H.G. Mtshali	M Cur PhD - DLitt et Phil M Com Sc Nursing B Cur	Nursing Education Nursing Management Community Health General Nursing General Nursing
1986 Acting Head S/Lecturer Lecturer Jun Lecturers	Dr T.G. Mashaba Dr P.N. Nzimande Mrs R.V. Gumbi Mrs D.M. Dlamini Mrs N.G. Mtshali Mrs C.S. Mhlongo Mrs E.J.K. Nkabinde	D Litt et Phil D Litt et Phil M Com BSc Nursing B Cur B Cur B Cur E et A	Nursing Education Nursing Administration Community Health Nursing General Nursing General Nursing Nursing Education Nursing Education
1987 Professor and Head S/Lecturer Lecturers Jun. Lecturer	**Prof. T.G. Mashaba Prof. P.N. Nzimande Dr R.V. Gumbi Mrs D.M. Dlamini Mrs E.S. Mhlongo Mrs E.J.K. Nkabinde Mrs M.J. Dlamini Mrs L.L. Mthembu Mrs B.M. Zungu Miss N.D. Mzimela	D Litt et Phil D Litt et Phil D Litt et Phil BSc Nursing B Cur B Cur B Cur BA Nursing B Cur B Cur	Nursing Education Nursing Management Community Health Nursing General Nursing Nursing Education Nursing Education Midwifery Psychiatry General Nursing Psychiatry

Table 8.3 (b) Human resources of University of Zululand Nursing Science Department for period 1988 to 1992

YEAR	NAME	QUALIFICATIONS	SPECIALITY
1988 Head of Department	Prof. T.G. Mashaba	D Litt et Phil	Nursing Education
	Prof. P.N. Nzimande	D Litt et Phil	Nursing Management
Deputy Head	Dr R.V. Gumbi	D Litt et Phil	Community Health
	Mrs M.D. Dlamini	B Cur Honours	General Nursing Science
S/Lecturer	Mrs C.S. Mhlongo	B Cur Honours	Nursing Education
Lecturers	Mrs E.J.K. Nkabinde	B Cur	Nursing Education
	Mrs N.J. Dlamini	B Cur	Management
Jun. Lecturer	Mrs L.L. Mthembu	BA Nursing	Psychiatry
	Miss N.D. Mzimela	B Cur	Psychiatry
	Mrs B.M. Zungu	B Cur	General Nursing Science
1989 Head of Department	Prof T.B. Mashaba	D Litt et Phil	Nursing Education
	Prof. P.N. Nzimande	D Litt et Phil	Nursing Management
Deputy Head	Dr R.V. Gumbi	D Litt et Phil	Community Health Nursing
	Dr A. Nhlanhla	M BCh B	Natural Sciences
S/Lecturer	Mrs D.M. Dlamini	BSc Nursing	General Nursing Science
	Mrs C.S. Mhlongo	B Cur honours	Nursing Education
Lecturer	Mrs P.J. Kunene	B Cur	Nursing Management
Junior Lecturers	Mrs M.J. Dlamini	B Cur	Midwife
	Mrs L.L. Mthembu	BA Nursing	Psychiatry
	Miss N.D. Mzimela	B Cur	Psychiatry
	Mrs E.J.K. Nkabinde	B Cur	Nursing Education
	Mrs B.M. Zungu	B Cur	General Nursing Science
1990 Head of Department	Prof. T.G. Mashaba	D Litt et Phil	Nursing Education
	Prof. P.N. Nzimande	D Litt et Phil	Nursing Management
Deputy Head	Mrs M.D. Dlamini	D Litt et Phil	General Nursing Science
Lecturers	Mrs C.S. Mhlongo	BSc Nursing	Nursing Education
	Mrs E.J.K. Nkabinde	B Cur Honours	General Nursing Science
	Mrs D.P. Nzimakwe	B Cur Honours	Community Health
	Mrs N.J. Dlamini	B Cur Honours	Nursing Management
Junior Lecturers	Mrs P.J. Kunene	B Cur E et A	Nursing Management
	Mrs L.L. Mthembu	B Cur	Psychiatry
	Miss M.D. Mzimela	B Cur	Psychiatry
	Mrs B.M. Zungu	B Cur	Nursing Education
		B Cur	General Nursing Science
1991	Prof T.G. Mashaba	D Litt et Phil	Nursing Education
	Prof P.N. Nzimande	D Litt et Phil	Nursing Management
Lecturers	Mrs D.M. Dlamini	BSc Nursing	General Nursing Science
	Mrs C.S. Mhlongo	B Cur Honours	Nursing Education
	Mrs E.J.K. Nkabinde	B Cur Honours	Nursing Education
	Mrs D.P. Nzimakwe	B Cur Honours	Community Health
	Mrs L.L. Mthembu	M Soc Sc	Psychiatry
Jun. Lecturers	Mrs N.J. Dlamini	B Cur Honours	Management
	Mrs P.J. Kunene	B Cur Honours	Nursing Management
	Miss N.D. Mzimela	B Cur	Psychiatry
	Mrs B.M. Zungu	B Cur	General Nursing Science
1992	Prof T.G. Mashaba	D Litt et Phil	Nursing Education
	Prof P.N. Nzimande	D Litt et Phil	Nursing Management
Lecturer	Mrs N.J. Dlamini	B Cur Honours	Management
	Mrs C.S. Mhlongo	B Cur Honours	Nursing Education
	Mrs L.L. Mthembu	B Cur Honours	Nursing Education
	Mrs E.J.K. Nkabinde	M Soc Sc	Psychiatry
Jun. Lecturers	Mrs D.P. Nzimakwe	B Cur Honours	Community Health Nursing
	Miss N.D. Mzimela	B Cur	Community Health Nursing
	Mrs B. Zungu	B Cur	General Nursing Science

Table 8.3 (c) Human resources of University of Zululand Nursing Science Department for period 1993 to 1996

YEAR	NAME	QUALIFICATIONS	SPECIALITY
1993 Head of Department	Prof T.G. Mashaba	D Litt et Phil	Nursing Education
	Prof P.N. Nzimande	D Litt et Phil	Nursing Management
Deputy Head	M.J. Zulu		Nursing Education
	B.J. Chamane	B Cur Honours	Natural Sciences
Lecturers	M.J. Dlamini	B Cur Honours	Management
	P.J. Kunene	B Cur Honours	Nursing Management
	C.S. Mhlongo	B Cur Honours	Nursing Education
	L.L. Mthembu	M Soc Sc	Psychiatry
	E.J.K. Nkabinde	B Cur Honours	Psychiatry
	D.P. Nzimakwe	B Cur Honours	Community Health Nursing
	B.B. Ntombela	B Cur Honours	Nursing Education
Junior Lecturers	N.D. Mzimela	B Cur	Psychiatry
	B.M. Zungu	B Cur	General Nursing Science
1994 Head of Department	Prof T.G. Mashaba	D Litt et Phil	Nursing Education
	Prof P.N. Nzimande	D Litt et Phil	Nursing Management
Deputy Head	B.J. Chamane	B Cur Honours	Natural Sciences
	N.J. Dlamini	B Cur Honours	Administration
Lecturers	P.J. Kunene	B Cur Honours	Midwifery
	C.S. Mhlongo	B Cur	Nursing Education
	L.L. Mthembu	M Soc Sc	Psychiatry
	B.B. Ntombela	M Cur	Nursing Education
	D.P. Nzimakwe	B Cur Honours	Community Health Nursing
	N.D. Mzimela	B Cur Honours	Psychiatry
	N.J. Xulu	B Cur Honours	Nursing Education
	B.M. Zungu	MSc Soc	General Nursing Science
Temp. Junior Lecturer	S.A. Mchunu	B Cur Honours	Nursing Education
1995 Head of Department	Prof T.G. Mashaba	D Litt et Phil	Nursing Education
	Prof P.N. Nzimande	D Litt et Phil	N/A
Deputy Head	B.J. Chamane	B Cur Honours	Natural Sciences
	M.J. Dlamini	B Cur Honours	Management
Lecturers	L.C. Dlomo	B Cur Honours	Nursing Education
	P.J. Kunene	B Cur Honours	Nursing Management
	C.S. Mhlongo	B Cur Honours	Nursing Education
	L.L. Mthembu	M Soc Sc	Psychiatry
	B.B. Ntombela	M Cur	Nursing Education
	D.P.Nzimakwe	M Soc Sc	Community Health Nursing
	N.D. Mzimela	B Cur Honours	Psychiatry
	D. Sibiya	B Cur Honours	Nursing Administration
	M.J. Xulu	B Cur Honours	Nursing Education
	BM. Zungu	M Sc Soc	General Nursing Science
	Mrs N.D. Luthuli	B Cur Honours	Nursing Education
Temp. Lecturer	Miss S.A. Mchunu	B Cur Honours	Nursing Education
1996 Head of Department	Prof P.N. Nzimande	D Litt et Phil	Nursing Education
	Prof T.G. Mashaba	D Litt et Phil	Nursing Management
	Miss N.D. Mzimela	M Cur	Psychiatry
S/Lecturer	L.L. Nkonzo-Mthembu	D Soc Sc	Psychiatry
	B.M. Zungu	M Cur	General Nursing Science
	D.P. Nzimakwe	M Soc Sc	Community Health Nursing

Table 8.3(d) Human resources of University of Zululand Nursing Science Department for period 1997 to 1998

YEAR	NAME	QUALIFICATIONS	SPECIALITY
Lecturers	B.J. Chamane	B Cur Honours	General Nursing Science
	H.R. Dladla	B Cur Honours	and Natural Sciences
	M.J. Dlamini	B Cur Honours	Nursing Education
	L.C. Dlomo	B Cur Honours	Nursing Administration
	C.S. Mhlongo	M Cur	Nursing Education
	D.J. Sibiya	B Cur Honours	Nursing Education
	P.J. Kunene	M Cur	Nursing Administration
	T.E. Matsane	B Cur Honours	Nursing Administration
	S.A. Mchunu	B Cur Honours	Midwifery
Temp Lecturers	N.D. Luthuli	B Cur Honours	Nursing Education
	B.A. Kubheka	M Soc Sc	Nursing Education
1997 Assistant	Prof P.N. Nzimande	D Litt et Phil	Nursing Education
Head	Prof T.G. Mashaba	D Litt et Phil	Nursing Administration
Head of	B.M. Zungu	M Soc Sc	General Nursing Science
Department	N.D. Mzimela	M Cur	Psychiatry
S/Lecturer	D.P.Nzimakwe	M Soc Sc	Community Health Nursing
	P.J. Kunene	M Cur	Nursing Administration
	B.J. Chamane	B Cur Honours	Natural Sciences
	H.R. Dladla	B Cur Honours	General Nursing Science
Lecturers	N.J. Dlamini	M Cur	Nursing Administration
	L.D. Dlomo	B Cur Honours	General Nursing Science
	P.J. Kunene	M Cur	Nursing Administration
	T.E. Matsane	B Cur Honours	Midwifery
	S.A. Mchunu	B Cur Honours	Nursing Education
	C.S. Mhlongo	M Cur	Nursing Education
	T.E. Mthethwa	B Cur	Nursing Education
	D.J. Sibiya	B Cur Honours	Nursing Administration
Temp Lecturers	N.D. Luthuli	B Cur Honours	Nursing Education
	B.A. Kubheka	M Soc Sc	Nursing Education
1998 Assistant	Prof P.N. Nzimande	D Litt et Phil	Management
Head	B.M. Zungu	M Soc Sc	General Nursing Science
Head of	N.D. Mzimela	M Cur	Psychiatry
Department	Dr D.P. Nzimakwe	D Litt et Phil	Community Health Nursing
S/Lecturer	P.J. Kunene (Umlazi)	M Cur	Management
	B.J. Chamane	B Cur Honours	General Nursing Science
	H.R. Dladla	B Cur Honours	and Natural Sciences
	N.J. Dlamini	M Cur	General Nursing Science
Lecturers	L.C.Dlomo	M Cur	Management
	E.M. Dube	M Cur	Nursing Education
	T.E. Matsane	B Cur Honours	Community Health Nursing
	S.A. Mchunu	M Cur	Science
	C.S. Mhlongo	M Cur	Midwifery
	T.E. Mthethwa	B Cur Honours	Nursing Education
	D.J. Sibiya	B Cur Honours	Nursing Education
	N.D. Luthuli	B Cur Honours	Nursing Education
	B.A. Kubheka (DUC)	M Soc Sc	Nursing Education

(UNIVERSITY OF ZULULAND CALENDARS 1981:35 AND 1998:34)

This data is based on the information as reflected on the University Calendars and interviews with Prof. P.N. Nzimande who, together with late Prof. T.G. Mashaba established the Nursing Science Department.

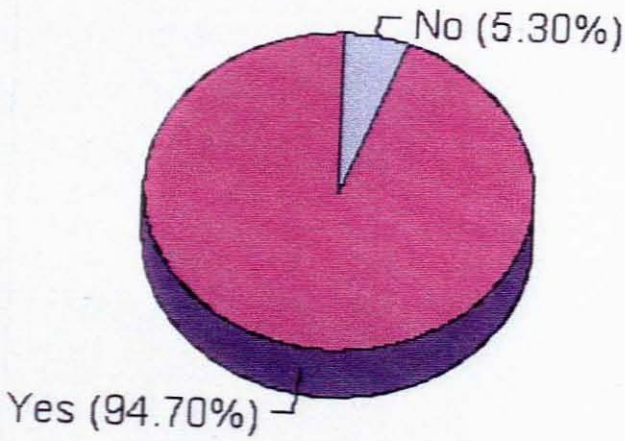
8.7 DATA ANALYSIS FOR GRADUATES OF THE UNIVERSITY OF ZULULAND NURSING SCIENCE DEPARTMENT TO CONFIRM THE RELEVANCE OF THE PROGRAMMES TO CATER FOR THE NEEDS OF THE COUNTRY

It became necessary to ask certain questions from the graduates in order to ascertain whether the nursing programmes that they undertook catered for their educational needs and the needs of the country. Stanhope and Lancaster (1995:208) state that one of the aims of programme evaluation is to identify the relevance and the impact of the programmes to the needs of the country.

Item 19 Ability of the graduates to practice what was taught in the University

This question was asked in order to ascertain whether the graduates were able to correlate theory into practice.

Figure 8.1 Ability of the graduates to correlate theory into practice



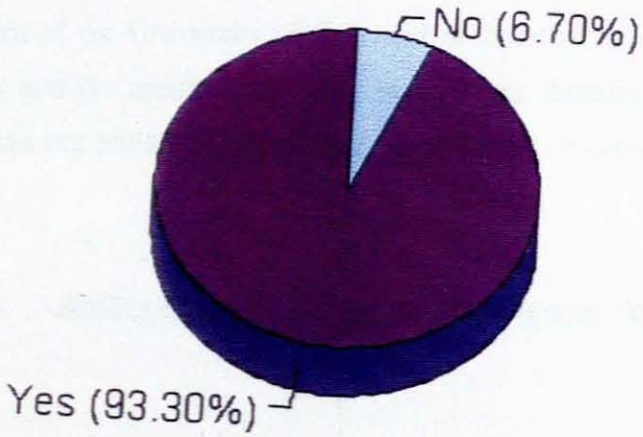
The figure 8.1 above revealed that 94,70% (71) graduates were able to practice what was taught at the University. In other words they were able to integrate theory into practice. Only 5.30% (4) were unable to practice what was taught at the University.

The ability to practice is a sign that the nursing programmes were relevant to the needs of the graduates and the needs of the country. It also meant that the post-basic programmes improved their knowledge and skills. Mellish and Brink (1993:316) suggest that nursing programmes should be evaluated in order to find out if the graduates are able to act effectively in their clinical areas.

Item 20 Competence in the work performance

It became important to ask the graduates if they were competent in their work performance. Competence of the graduates will always reveal the appropriateness of their knowledge and skills in catering for the changing health needs of the country.

Figure 8.2 Competence in the work performance



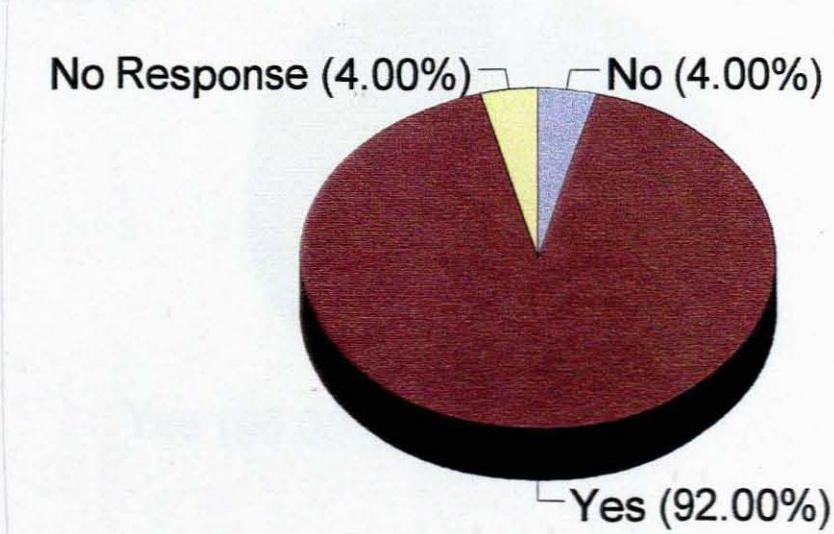
The majority of graduates 93,30% (70) were competent in their work performance as compared to 6,70% (5) who reported that they were not competent. Competent performance is the end result or outcome of nursing programme. This means that the graduates of the University of Zululand Nursing Science Department are competent and are able to cater for the needs of the citizens they serve. There is a need for competent graduates who are able to perform all their roles and functions with safety and competency.

Ferguson and Calder (1993:31) argued that competence should not involve only psychomotor performance, but also knowledge, values, critical thought, clinical judgement and other complex skills.

Item 21 Ability of post-basic nursing programmes to cater for work needs of the graduates

The main theme of the study focuses on evaluation of post-basic nursing science programmes of the University of Zululand in terms of their relevance to the needs of the country and the needs of the graduates. It was therefore important to ask specific questions on the ability of the nursing programme in catering for work needs of the graduates.

Figure 8.3 Ability of post-basic programmes to cater for work needs



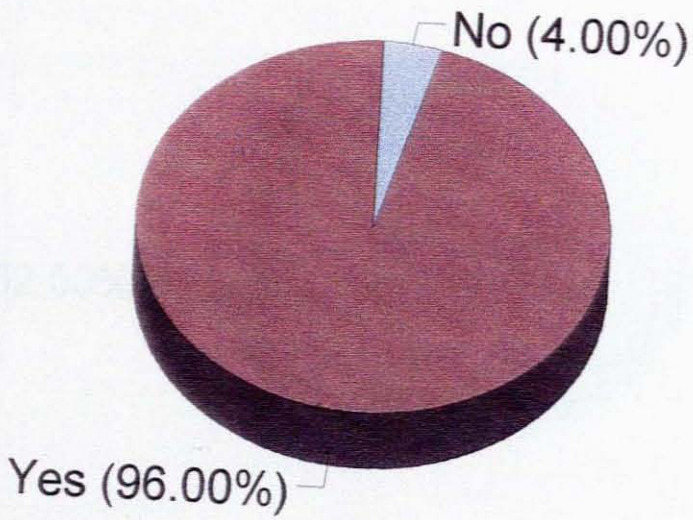
The figure 8.3 indicates that post-basic nursing programmes catered for graduates' needs 92.00% (69) as compared to 4.00% (3) who responded negatively and 4.00% (3) who did not respond. It is clear from the above results that nursing programmes of the University of Zululand are relevant to the needs of the community they serve and the graduates they teach. Billing and Halstead (1998:198) see programme evaluation as aiming at assessing the effect of the programme in helping graduates to acquire

knowledge and skills necessary to function effectively.

Item 22 Coping with recent advances

Graduates were asked if they were able to cope with the recent advances in the health services for purposes of assessing the relevance of the post-basic nursing programmes of the University of Zululand nursing science department.

Figure 8.4 Coping with recent advances



The majority 96.00% (72) graduates were coping with recent advances in the health services as compared to 4.00% (3) who responded negatively. There are many changes that are taking place in the country, these changes require continuous updating of knowledge and skills of the nursing personnel in order to cope appropriately. Each practising nurse has to attend continuing and in-service education programmes that are offered to gain recent information for relevance. Mellish and Brink (1993:316) stated that nurse educators should evaluate the programmes they offer jointly to evaluate whether they meet health needs of the country.

Item 23 Relevance of Education and Training

The graduates were asked to comment about the relevance of their education and training to recently implemented changes in the curriculum like outcome-based education, and primary health care.

Eigure 8.5 Relevance of Education and Training to outcome-based education (OBE) and Primary Health Care (PHC)

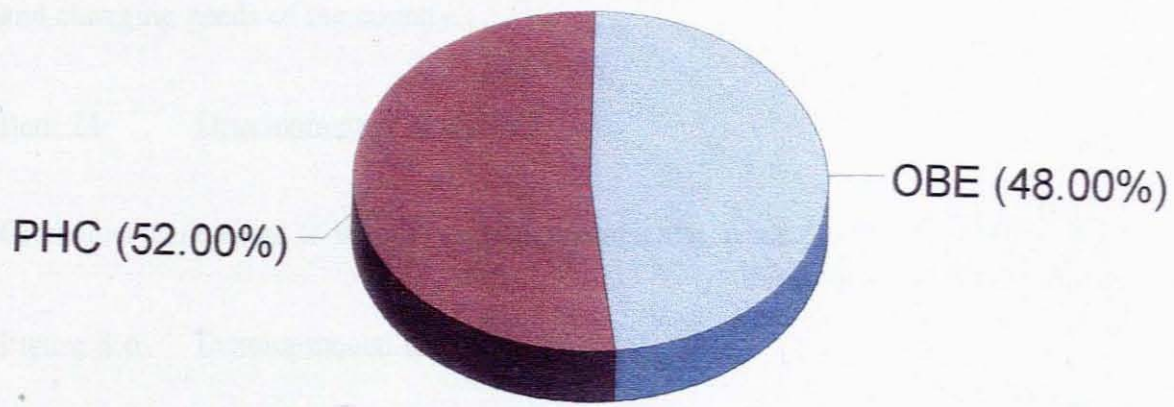


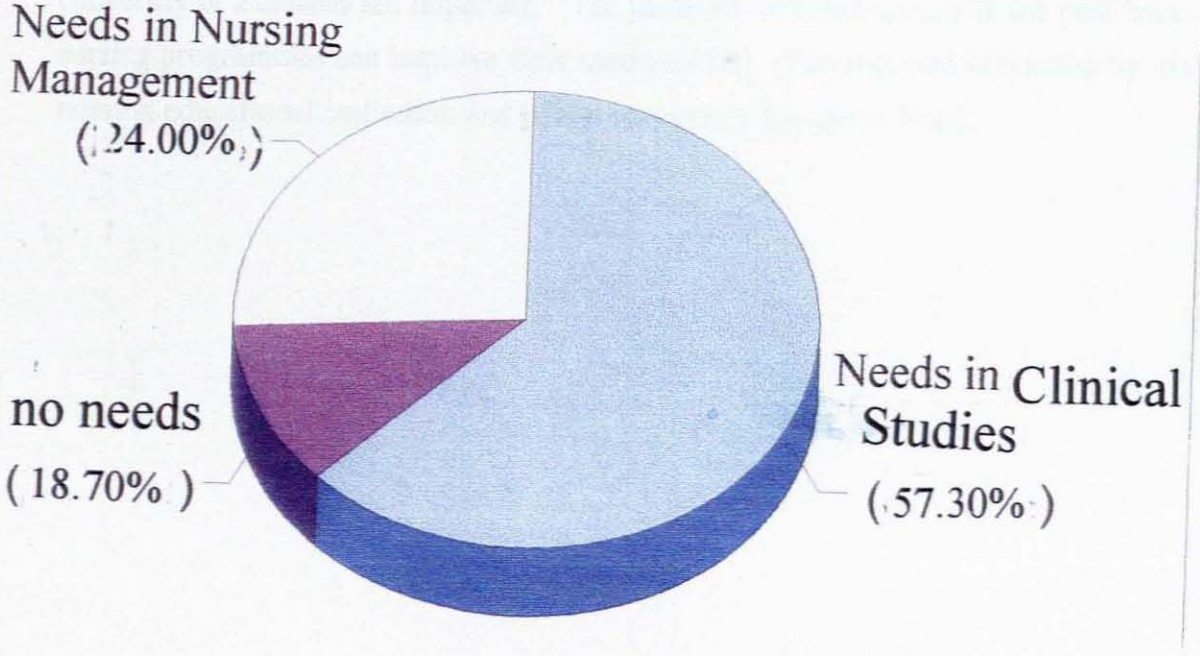
Figure 8.5 reveals that graduates felt that their education and training was relevant, 52.00% (39) to Primary Health Care and 48.00% (36) to outcome-based education. These two educational strategies were recently introduced in the nursing curriculum. These strategies are relevant to all the programmes, that is, nursing education, nursing management and community health nursing. Zuma (1996:15) the previous Minister of

Health in the government of national Unity mentioned that training programmes of all health professionals should be reviewed to include primary health care. It is important that changes are focused on adoption of a new educational approach based on concept of transformational outcome-based education (Department of Health, 1996:4). It is clear from the above discussions that primary health care and outcome-based education are important inclusions in the nursing programmes. Hamran *et al.* (1995:11) saw the changes in health systems which will affect the roles of nurse managers with a shift in resources to primary health care. There is no doubt that the graduates of the University of Zululand nursing science department have been exposed to the above strategies, because the study extended from 1981-1998 of which more graduates fell under the nineties. This points to the relevance of these programmes to the needs of the graduates and changing needs of the country.

Item 24 Developmental needs

Graduates were asked to identify their developmental needs.

Figure 8.6 Developmental needs



The figure 8.6 above revealed the following needs of the graduates.

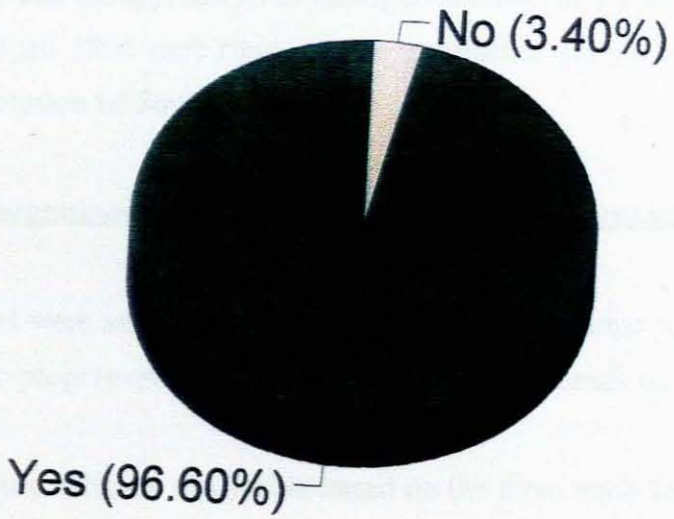
Of the 24.00% (18) graduates who indicated that they need nursing management skills, the majority 16.00% (12) indicated the need for skills in transformational administration (management) including dealing with grievances from the public. The rest 8.00% (6) indicated the need for more development in business management, Health service management, District health systems management, human resources management. With the new Labour Relations Act of 1995 in South Africa, the focus on human resources management was increased.

Of the 75 graduates 57,30% (43) the majority needed development on clinical studies like clinical masters including intensive care, trauma care nursing courses. There was also a need expressed for computer literacy courses. These areas were not covered in the post-basic nursing courses of the University of Zululand at the time of collecting data. There was a need expressed 10,70% (8) out of the 57,30% (43) respondents for a Doctoral degree.Only 18,70% (14) did not express any developmental needs.

The developmental needs mentioned by the post-basic nursing graduates of the University of Zululand are important. The inclusion of these aspects in the post-basic nursing programmes can improve their marketability, relevence and utilization by the nursing educational institution and health services in KwaZulu-Natal.

Item 25 Appropriateness of graduates training to face the future need of health services

Figure 8.7 Appropriateness of graduates training to face the future needs of health services



The majority 96,60% (28) of the supervisors confirmed that graduates from the post-basic nursing programmes of the nursing science department of the University of Zululand were appropriately trained to face the future transformational needs of South African health services needs. Only 3.40% (1) Supervisor responded negetively. These graduates had been prepared in the new curriculum strategies as well as new transformational leadership skills. This confirms Gumbi (1996:35) the National human resource planning, Chief Director for National Department of National Health, when she said "one of the contributions of human resources development will be education

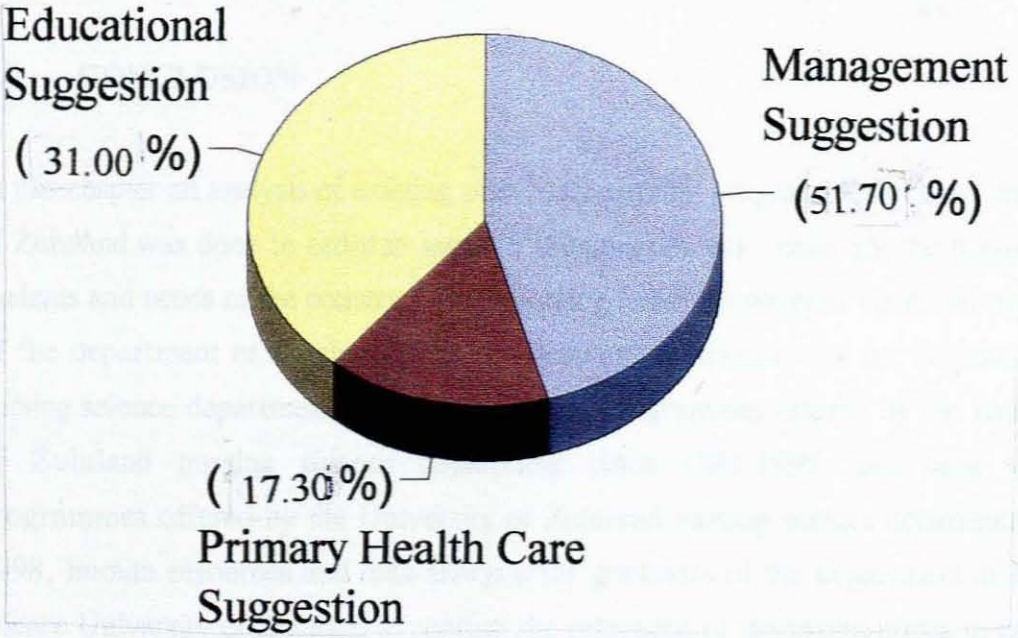
of health personnel who are innovative, with good leadership, supervisory skills and good decision-makers". She further said that the strategy will be to provide matured and contented health personnel who will effectively address the countries health needs. Bitzer (1994:42) states that programmes are evaluated in terms of knowledge gained by the graduates in correlation of that knowledge into practice. For instance, one indicated that they could not deal with absenteeism which could have been avoided. Matsane, (1998:60) in her study on Industrial relations in health care in the late eighties and early nineties, observed that the approaches to management used by nurse managers prior to the new era 27 April 1994 were rigid. These approaches did not always conform to the current constitution of South Africa.

Item 26 Suggestions made by supervisors for future preparations of graduates

The 29 supervisors were asked to give suggestions as to which areas would be necessary for the post-basic programmes in order to cater for future needs of the country.

The following figure indicates suggestions based on the three main focused areas of the post-basic programmes.

Figure 8.8 Suggestion for preparation of the graduates



Of the 100% (29) supervisors 51,70% (15) suggested courses focusing on assertiveness, new legislation, transcultural nursing, financial management and transformational skills as well as human resource management. The 31,00% (9) supervisors suggested that graduates educational programmes should be focused on creative thinking, counselling and stress management skills. There were also suggestions for the introduction of advanced midwifery, paediatric nursing and psychiatric nursing courses, including computer literacy programmes.

There were 17,30% (5) supervisors who made suggestions on primary health care areas like training on rural health and project management courses to assist primary health care nurses on community project management.

The suggestions made by both supervisors and graduates indicate that graduates needed more development on new courses and supervisors suggested more courses on nursing

management. However both groups suggested that there is an urgent need for computer literacy courses.

8.8 CONCLUSION

In this chapter an analysis of existing post-basic nursing programmes of the University of Zululand was done in order to assess if the programmes cater for the needs of the students and needs of the country. The following headings covered historical overview of the department of nursing science department, motivation for the introduction of nursing science department, post-basic nursing programmes offered by the University of Zululand nursing science department since 1981-1995, post-basic nursing programmes offered by the University of Zululand nursing science department since 1998, human resources and data analysis for graduates of the department of nursing science University of Zululand to confirm the relevance of the programmes to cater for the needs of the country. In the next pages data analysis for the graduates and supervisors will be done.

CHAPTER 9

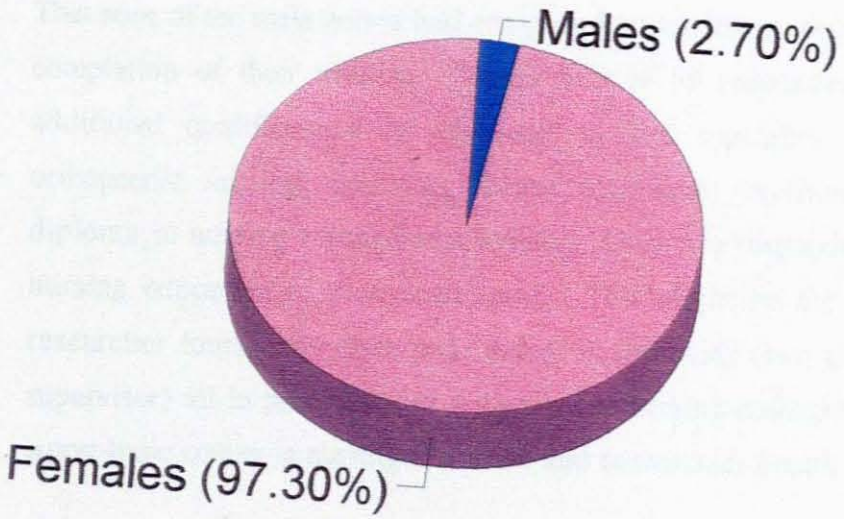
DATA ANALYSIS AND INTERPRETATION FOR THE GRADUATES OF THE POST-BASIC NURSING PROGRAMMES OF THE UNIVERSITY OF ZULULAND

9.1 INTRODUCTION

In order to establish the profile of graduates from the Nursing Science Department, University of Zululand, it became necessary to ask questions on the trends related to gender, age, marital status and area of employment. The following figures, graphs and tables depict these trends.

9.2 ITEM 1: GENDER OF THE RESPONDENTS

Figure 9.1: Gender of the Respondents



The figure 9.1 on gender indicates that the majority 97,30 (73) graduates were females while male graduates were only 2,70% (2) of the sample studied. This is a worldwide trend where female nurses outnumber male nurses, while this trend is slowly changing,

it can be accorded to the current statistics of South African Nursing Council. According to the South African Nursing Council yearly figures, there were 76 933 female nurses in the register and rolls as against 3 183 males in 1993 with a total of 79 654 nurses in the Register. In 1996 there were 84 827 female nurses as compared to 3 936 male nurses with a total of 88 764 nurses in the register. From these statistics it is obvious that there is a sturdy increase in the number of male nurses each year, but this increase is far less than female nurses (SANC Statistics, 1993:5) and (1996:5).

Moleko (1989:72-83), in her study on a career profile of black males in KwaZulu, revealed the following factors that might be contributing to decreased number of male nurses joining the nursing profession as compared to female nurses.

- A number of male nurses leaving nursing after training to take employment in the private sector, prison service and industry.

- That none of the male nurses had completed an academic course (degree) since completion of their training. Thirty-four of 89 respondents had acquired additional qualifications in post-basic clinical speciality like diploma in orthopaedic nursing, operating theatre technique, psychiatric nursing and diploma in nursing management mainly. Only two respondents had pursued nursing education at a diploma level. This might be the reason why the researcher found only three male nurses in this study (two graduates and one supervisor) all in possession of a diploma in nursing management. None had a post-basic course in nursing education and community health nursing science.

- Seventy-seven percent (77%) of respondents stated that the following special problems affected male nurses:

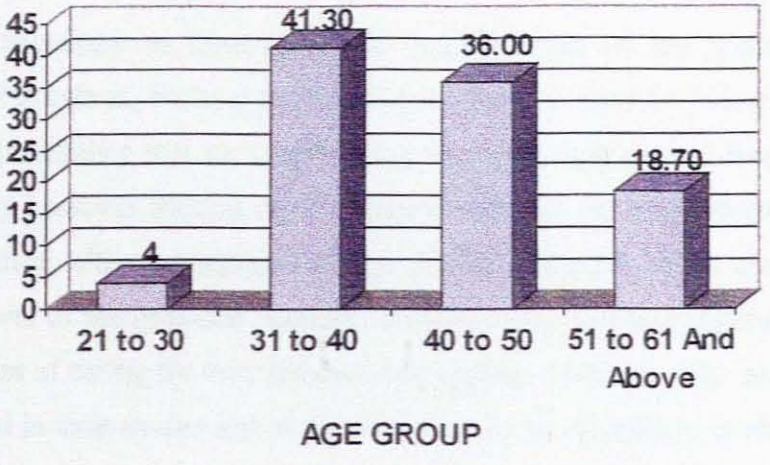
  (1) Sex: They are regarded as "half men" because they are engaged in women's work and

(2) A lot of adjustment is required from them since they have to render nursing care such as changing babies' napkins and bathing female patients, which is not their culture.

Even though the above factors have been identified, the majority of respondents felt accepted by colleagues 93%, by authorities 86%, whilst 47% felt accepted by patients and 7% were uncertain. The above results were confirmed by nurse managers and nurse educators that male nurses were indeed in the nursing profession because they give a valuable service and are a stable force. This is an indication that the majority of nurses in the profession have no prejudice against more males entering nursing. This positive attitude might eventually attract more males in the profession.

9.3 ITEM 2: AGE DISTRIBUTION

Figure 9.2: Age Group



The next personal characteristics of graduates to investigate was their age distribution.

Figure 9.2 indicates that the majority of graduates, that is 41,30% (31) fell into the age group 31-40 years versus 36.00% (27), within the category of 41-50 years, 18,70%

(14) within the age group 51-60 years. The youngest age group 4% (3) fell into the category of 21-30 years.

The post-basic courses at the Nursing Science Department, University of Zululand were designed in such a way that they would attract those nurses who strove to become leaders of the nursing profession. According to Nzimande (1990:3) the reasons for introducing University Nursing Courses was to correct the acute shortage of suitably qualified nursing personnel for appointment to key positions in nursing services and the leadership and professional expertise were critical elements in the development of nursing service. Thus majority 96.00% (72) of graduates were above 31 years old. The majority of graduates worked in supervisory positions even before they studied post-basic courses of the University of Zululand. Some of them were sponsored by their employers to study on full pay. Thus the younger nurses were not always granted a paid study leave as indicated in the 4.00% (3) of the respondents.

9.4 ITEM 3: MARITAL STATUS

It became necessary to investigate the marital status of the graduates from the University of Zululand, Nursing Science Department. It must be pointed out that there could be a possibility that the respondents were still single when they studied. The current study however focuses on the marital status of the respondents at the time of their utilization after completion of the studies. Marital status could affect the utilization level of the graduate because, besides being working married mothers with responsibilities of caring for their children and ageing mothers, they are also expected to be engaged in their studies and at the same time to be competent professional nurses.

Figure 9.3: Marital Status

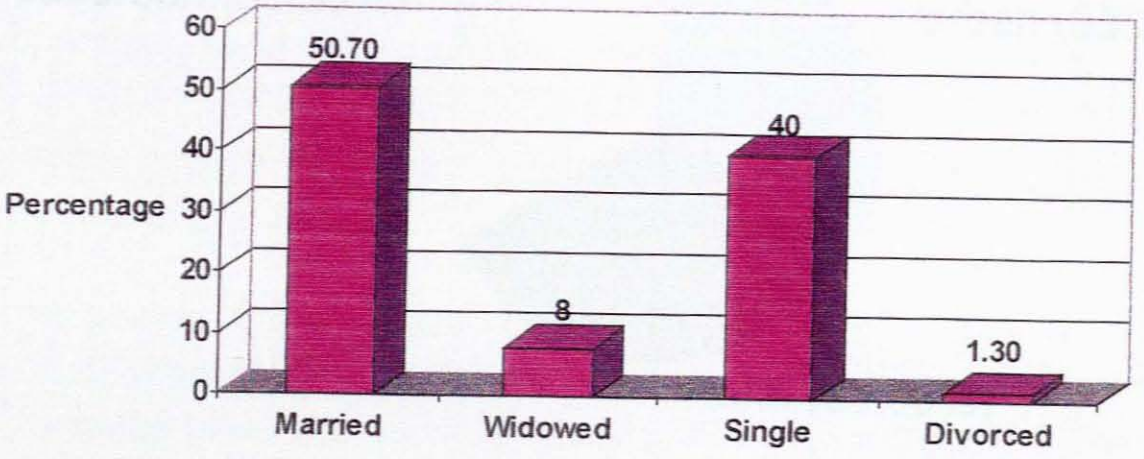
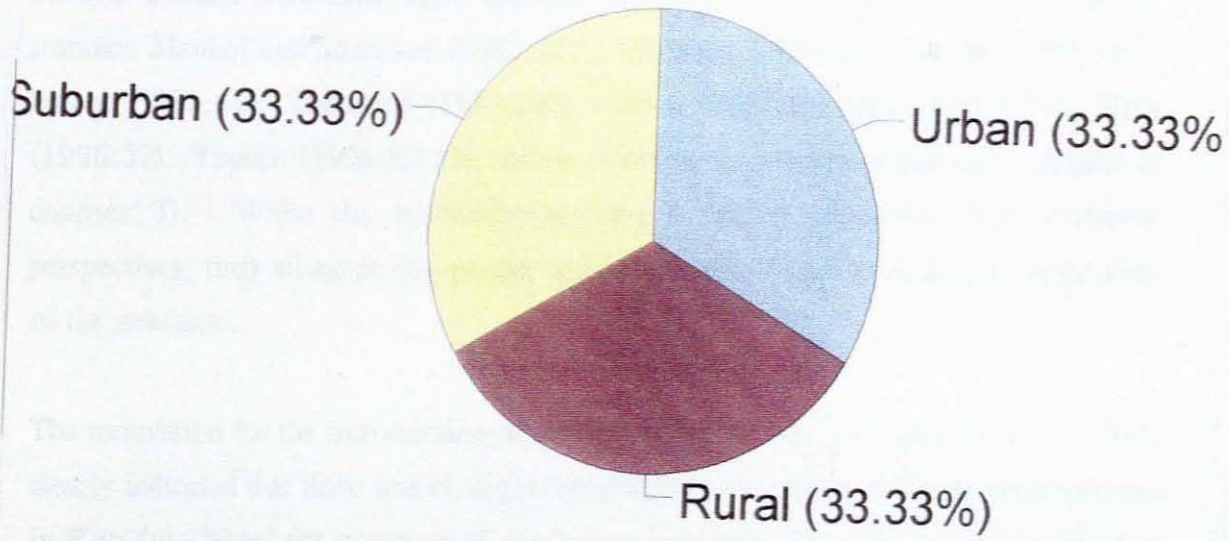


Figure 9.3 on marital status indicates that the majority 50,70% (38) graduates were married followed by those that are single at 40% (30). The slight difference between married and single graduates is an indication that the professional achievement provides economic security which otherwise was thought to be obtained through marriage. Very few respondents were widowed and divorced as indicated at 8% (6) and 1.30% (1) respectively.

In this study marital status did not negatively affect the utilization level of the graduates of the University of Zululand. The performances of married, single, and widowed graduates did not reveal any differences in their utilization by educational institutions and health services..

Figure 9.4: Area of Employment



The figure 9.4 indicates that the utilization of University of Zululand nursing graduates is evenly distributed. An equal number of 33,30% (25) is utilized in rural, urban and sub-urban areas.

Assuming that semi-urban areas are townships situated not very far from town, then 66,60% (50) graduates worked at urban-related areas. The tendency of graduates is that they will seek employment in urban areas where their husbands can get employment as well. With the opening up of all schools to all people of South Africa, since 1994, most professionals enrol their children in schools which were predominantly used by "whites only".

9.6 ITEM 5: EDUCATIONAL QUALIFICATIONS

The study aimed at evaluating the appropriateness of the utilization of graduates from the post-basic nursing programmes of the University of Zululand, nursing science department. Therefore it was necessary to ascertain from the graduates themselves what courses they had done at the University of Zululand to evaluate their appropriate utilization.

Several authors have undertaken research on the proper utilization of graduates for instance Manuel and Sorenson (1995:251), Mhlongo (1994:51), Gumbi (1987:315), Baker (1995:61), Thorburn (1987:200), Gibbs (1987:35), Reid (1995:79), Mills (1996:37), Yassim (1996:32-33), Brink (1988:4) and Paton (1988:10). (Refer to chapter 3). While the authors/researchers studied utilization from different perspectives, they all agree that proper utilization must be linked with the preparation of the graduate.

The motivation for the introduction of post-basic courses by Professor Searle in 1974, clearly indicated that there was an urgent need for the introduction of post-basic courses in KwaZulu-Natal for purposes of producing graduates that will be nurse leaders to cope with the comprehensive health model challenges.

This study attempts as an overall objective to establish whether the graduates produced, are used to fulfil the leadership roles in the promotion of primary health care.

Table 9.1 Educational qualifications

Courses	Frequency	Percentage
Diploma in nursing management	14	18,70%
Diploma in nursing education	7	9,30%
Diploma in community health nursing	8	10,70%
B Cur E et A	30	40%
B Cur Honours in nursing administration	5	6,70%
B Cur Honours in nursing education	4	5,30%
B Cur Honours in community health nursing	2	2,70%
Masters in nursing administration	1	1,30%
Masters in nursing education	2	2,70%
Masters in community health nursing	1	1,30%
Doctor in community health nursing	1	1,30%
TOTAL	**75**	**100%**

The table 9.1 on post-basic educational qualifications indicates that 40% (30) of graduates obtained a Baccalaureate Curationis (B Cur E et A) degree with two majors, one in nursing management, the other in nursing education or community health nursing science. On the diploma category there is a total of 38,70% (29) graduates, 18,70% (14) focused on nursing management, 9,30% (7) on nursing education and 10,70% (8) on community health nursing science.

As stated by Nzimande (1984:148) and Robertson (1984:196) an additional qualification in Nursing Management is necessary for nursing leadership especially in managing health care services. The services provided in South Africa are primary care focused. Therefore it is necessary to have graduates that are qualified in community health nursing science and primary health care as well.

Amongst graduates during the study period, there were few that had graduated at honours, masters and doctoral levels. For instance there were 6,70% (5) with honours qualifications in nursing management, 5,30% (4) with honours qualifications in nursing education and 2,70% (2) with honours in community health nursing science, 2,70% (2) with masters in nursing education 1,30% (1) with masters in nursing management qualifications, 1,30% (1) with community health nursing masters and with a doctoral degree in community health nursing science also 1,30% (1).

The above results are associated with the political system of apartheid which existed in South Africa from 1948 to 1994 where "Black" nurses could not enrol or register at the then only existing universities which catered for "white" nurses only. The University of Zululand only commenced the honours programme in 1989 with only five students whose study was on nursing management.

The then Minister of Health Dr Nkosazane Dlamini-Zuma (1996:15) emphasised the importance of having a health science curriculum which included primary health care that is community-based.

9.7 ITEM 6: METHOD OF TUITION/TRAINING

It was necessary to ascertain how graduates from the nursing science department attended lectures. The aim here was to find out whether they were full-time students or part-time students.

As indicated on the description of the programme, it was evident that these students who were granted study leave by the employer, could attend on a full-time basis and those that had to work, could only attend classes on part-time basis.

Table 9.2 Allocation

Place	Frequency	Percentage
Hospital	41	54,70%
Clinical Area/Preceptors	2	2,70%
College of Nursing	7	9,30%
Nursing School	5	6,70%
University	9	12%
Community Health	11	14,60%
TOTAL	75	100%

Broadly speaking the majority of respondents 54,70 (41) worked in a hospital setting, while 28% (21) worked in educational institutions. The remaining 17,30% (13) worked in primary health care settings.

Table 9.3 Specific Departments where graduates are working

Department	Frequency	Percentage
Management		
Matron's office (Administration)	9	12%
Clinical Areas		
Surgical wards	2	2,70%
Neurology department	3	4%
Intensive care unit	2	2,70%
Obstetrics	9	12%
Paediatric	7	9,30%
Medical ward	3	4%
Thoracic surgery department	1	1,30%
Cardio-thoracic	1	1,30%
Infection control	1	1,30%
Casualty	1	1,30%
Operating theatre	2	2,70%
Nursing Education Department		
Nursing Science (Education)	9	12%
Nursing school	5	6,70%
Clinical teaching department	2	2,70%
College of Nursing	7	9,30%
Primary Health Care		
Outpatient department - PHC	5	6,70%
Community health department	3	4%
Primary health care	2	2,70%
Administration and Primary health care	1	1,30%
TOTAL	75	100%

On further ascertaining from the 75 graduates the specific departments that they worked at, those that worked in clinical areas of the hospital were 42,70% (32), those that worked at educational institutions involved in educational activities were 30,70% (23) and involved in management functions were 12% (9) and in primary health care were 14,70% (11).

These results indicate that the high number 54,60% (41) of the graduates that had qualifications in Nursing Management were not utilized effectively, there is an indication that they might have been involved in clinical practice rather than activities related to management.

The respondents with an education qualification were properly utilized since 30,70% (23) were involved in educational activities. Brink (1987) cited in Khumalo (1993:55) to her study discovered that nurse educators were not always properly utilized.

The results from this study indicate that the trend has now changed towards utilization. The number of qualified nurses in community health nursing from the sample is the lowest 14,70% (11). At utilization level, the many graduates from the University of Zululand, seem not to be utilized in KwaZulu-Natal. It could be that they do not take employment in the province.

A conceptual framework on utilization of professional nurses with post-basic qualifications as presented after an extensive literature review indicates that the utilization should be considered with the following contexts:

- Policy and procedures
- knowledge
- attitudes
- resources

Nurse managers need to be utilized in leadership, management, facilitation of clinical care and human resources utilization. The high number of respondents that were utilized in the clinical areas could be used in facilitation of clinical care. (The study did not explore this far).

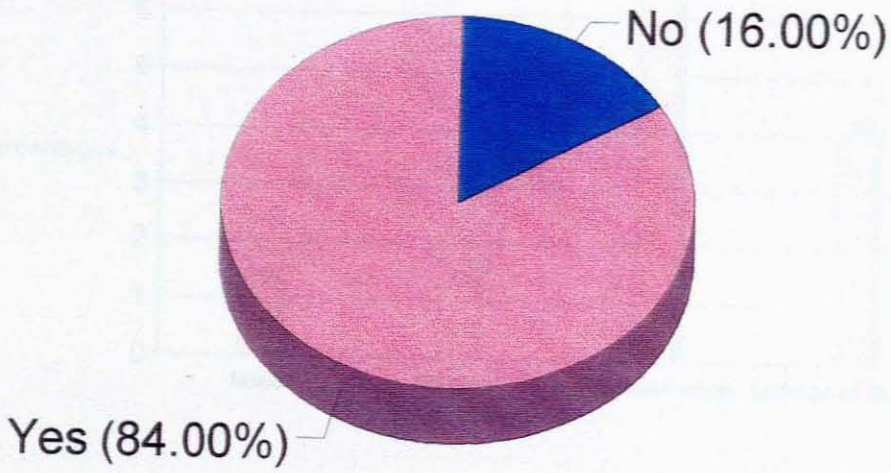
Community health nurses' functions are on primary, secondary and tertiary prevention at institutional and community level.

Nurse educators ideal functions and utilization activities are development, review, evaluation of nursing education programmes, theoretical and clinical instruction and nursing education leadership (Refer to chapter 3).

9.9 ITEM 8: SATISFACTION OF GRADUATES ABOUT PLACEMENT

In order to ascertain whether respondents in their opinion, were well utilized, they were asked to comment about their placement at departmental level.

Figure 9.6: Satisfaction of graduates about placement

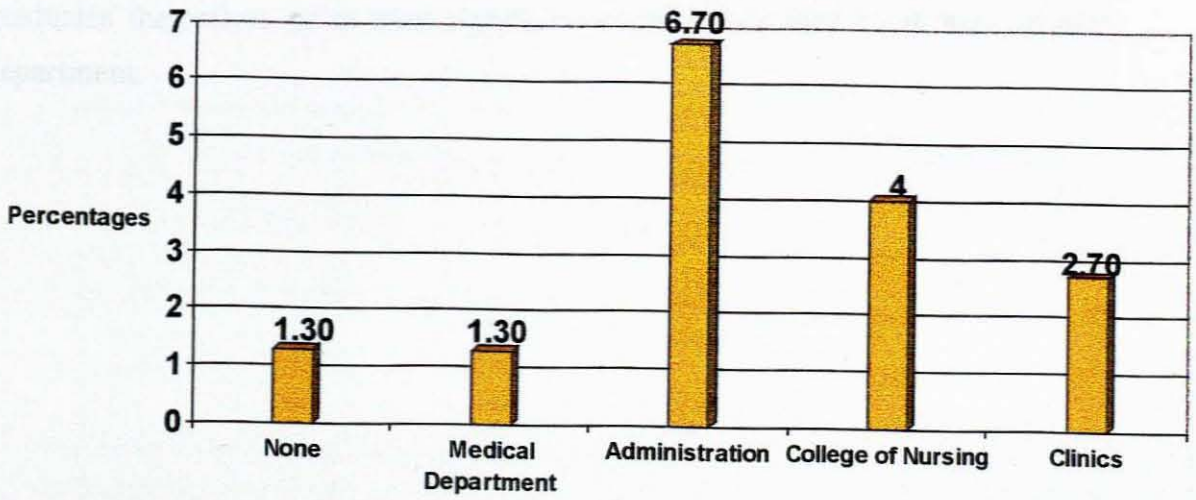


The majority 84.00% (63) respondents were satisfied and 16.00% (12) were not satisfied. These responses do not tally with the findings on table 8.3 where most of the nurse managers were not placed according to their qualifications. It might be deduced that the high number of qualified nurse managers were utilized in facilitating clinical care at different departments.

9.10 ITEM 9: PREFERENCE OF DEPARTMENT

It became important to ask 15% (12) graduates that were not satisfied about their placements to which departments they would prefer for effective utilization.

Figure 9.7: Preference of department



The figure 9.7 above revealed that 6,70% (5) graduates preferred to work in administration doing matrons' duties, 4% (3) mentioned the college of nursing in order to do active teaching, 2,70% (2) preferred to work in the clinics and the remaining 1,30% (1) mentioned medical department and the last 1,30% (1) did not mention any specific department.

These graduates seemingly were not well utilized because they worked in the departments which they were not satisfied with but were suitably qualified to be in those departments. Being dissatisfied and being suitably qualified are different concepts.

Even if the graduate is suitably qualified for the department where she is allocated, the interest of working in that department should also be considered for proper utilization. Khumalo (1993:59) discovered that personnel with special qualifications are not always utilized in these specialities.

Significant contribution made by the graduates will be an indication that the graduates

were properly utilized by the supervisors. If there are no contributions made it may mean that they are not allowed to implement or make contribution, which may be one of the indications of improper utilization. Therefore it was necessary to ascertain from graduates themselves as to what significant contributions they have made in each department.

9.11 ITEM 10: SIGNIFICANT CONTRIBUTIONS MADE BY THE GRADUATES IN EACH DEPARTMENT

Table 9.4 Significant contributions

Contributions	Frequency	Percentage
Administrative contributions		
Formulation of policies, rules and regulations	13	17,30%
Improved administrative skills for nurses	5	6,70%
Involved in conflict management of multidisciplinary team	2	2,70%
Improved implementation of infection control policies and procedures	1	1,30%
Conducted nursing audits, patient quality assurance and quality improvement	5	6,70%
Helped supervisors in planning, organization and solving of staff problems	1	1,30%
Formulated job descriptions for nursing personnel	1	1,30%
Formulation and implementation of orientation programmes for new staff	2	2,70%
Involved in personnel evaluation and assessment using an interview method	1	1,30%
Clinical Areas - contributions		
Improved care of patients with ostomies	2	2,70%
Contributed in improvement of patient care	3	4%
Implemented changes in the nursing process	1	1,30%

The table 9.4 above revealed that nursing graduates made different contributions in their departments. Most contributions were made in nursing education, this is 69,30% (52). This is followed by administrative contributions 49,30% (37). Contributions in primary health care were 12% (9) and lastly contributions made in clinical areas were 8% (6). A number of 22,70% (17) graduates made no contributions. Each graduate made more than one contribution.

In regard to administrative contributions, 17,30% (13) graduates were more involved in the formulation of policies, rules and regulations of their departments. These results are encouraging because professional nurses with post-basic courses in nursing management should be involved actively in leadership doing administrative duties. Nzimande (1984:45) says nurse managers occupying higher positions should be involved in planning of health services, and policy-making for proper utilization.

In nursing education graduates contributed mostly in planning of in-service education programmes for nursing personnel. In-service education programmes should be available in all the departments in order to update knowledge and skills of personnel for proper utilization. These programmes are motivating to personnel leading to higher productivity which is a prerequisite for proper utilization (Muller, 1996:291).

Contributions in the clinical areas were made mostly in the improvement of patient care 4% (3) which of course is the main objective of the health services. Huber (1996:491) states that quality measures are needed to measure professional actions in caring for patients. This contribution indicates that graduates were properly utilized in the clinical areas.

Contribution in primary health care were made more in the introduction of health education programmes to patients, 5,30% (4) graduates. Primary health care was highly recommended by the Government of National Unity in 1994. These contributions would be expected to increase in future, because primary health care

needs more accuracy.

9.12 ITEM 11: IMPLEMENTATION OF CHANGES

Figure 9.8: Implementation of changes

It became important to ask the graduates if they were allowed to implement changes according to their knowledge and skills gained during their studies. This was because if graduates were not allowed to implement changes, this would be an indication that they were not utilized properly by their supervisors.

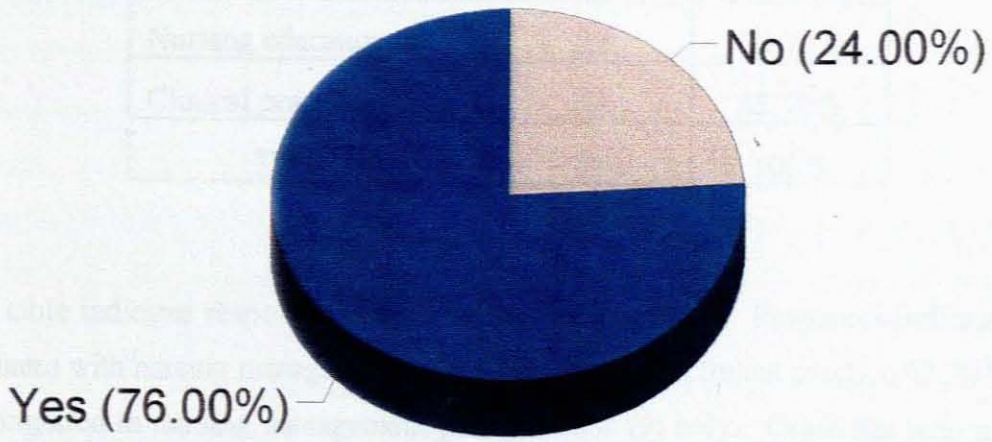


Figure 9.8 shows that the majority of graduates 76.00% (57) were allowed to implement changes according to their knowledge and skills as compared to 24.00% (18) who were not allowed.

After undertaking a certain post-basic programme the graduate should be able to implement changes for better utilization. Implementation of changes is one of the aims of continuing education. Berman (1989:8) says that for better utilization nurse managers in health services must accept responsibilities for affecting structural changes in health care professions ensuring their growth and development.

9.13 ITEM 12: PLACE OF UTILIZATION

The main theme of this study focuses on evaluation of nursing science programmes at the University of Zululand in terms of their appropriateness in the changing health care needs, and in terms of the utilization of the graduates. Therefore it was necessary to ask specific questions on the actual utilization of the graduates.

Table 9.5 Place of utilization

Place	Frequency	Percentage
Nursing management	9	12%
Community health	11	14,60%
Nursing education	23	30,70%
Clinical practice	32	42,70%
TOTAL	75	100%

This table indicates responses to the question on utilization. Responses indicated that graduates with nursing management were utilized more in clinical practice 42,70% (32) as compared to nursing management position 12% (9) only. Graduates with nursing education were utilized properly in nursing education institutions 30,70% (23) and 14,60% (11) with community health nursing were utilized in different primary health care areas in the institutions.

These findings tally with the wards and units where respondents were allocated. (see item 7 on allocation).

It is clear from the above results that graduates with nursing management qualifications were not utilized at leadership positions, since many of them 42,70% (32) were utilized

in the clinical practice rather than management positions. These professional nurses have advanced leadership skills. According to Sams (1996:28) professional nurses with nursing management qualifications are essential for establishing an atmosphere that encourages team building, creative thinking and reflective practice.

As mentioned earlier in this chapter, the number of community health nurses is very low.This is serious because they are needed for applying their primary health care knowledge at the community-based level where there are more health problems. It would be advisable that the few that are available at present could be utilized more in the community than in the health institutions. Gibbs (1991:35) was right when saying that for prevention of diseases and promotion of health, professional nurses with community health nursing, post-basic qualification should be utilized in the clinics in the community and on mobile units.

An item on the placement of graduates by the supervisors indicated that 86% (25) of graduates were allocated appropriately. The criteria used in placing and utilizing the graduates revealed that 57,60% (17) supervisors placed them according to experience and 34,40% (10) according to knowledge which of course was based on academic achievement. Only 3,40% (1) supervisor allocated graduates according to academic achievement, 3,40% (1) according to other criteria which were not mentioned. What is important is that academic achievement and knowledge should also be considered for placement of the graduates. Experience alone should not be used as an ideal criteria.

For proper utilization and relevence the post-basic nursing graduates of the University of Zululand should be allocated appropriately according to speciality, experience, knowledge and academic achievements all these criterions should be used at the same time.

The above findings from supervisors are not in agreement with the findings obtained from analysing data for graduates. It would appear that supervisors allocated graduates with nursing management in clinical practice instead of leadership positions. The

graduates with post-basic qualifications in nursing education were the only ones that were properly placed.

The criteria the supervisors used for placing and utilizing graduates with post-basic qualifications are quite acceptable because they considered knowledge and experience and not experience alone.

9.14 ITEM 13: SUPPORT AND ENCOURAGEMENT RECEIVED BY THE GRADUATES

Effective utilization should go hand-in-hand with encouragement. It was therefore necessary to ascertain from graduates whether they were supported and encouraged by their supervisors.

Table 9.6 Support and encouragement

Items	Frequency	Percentage
No response	18	24%
Recognition, praise and promotion	39	52%
Further studies	18	24%
TOTAL	75	100%

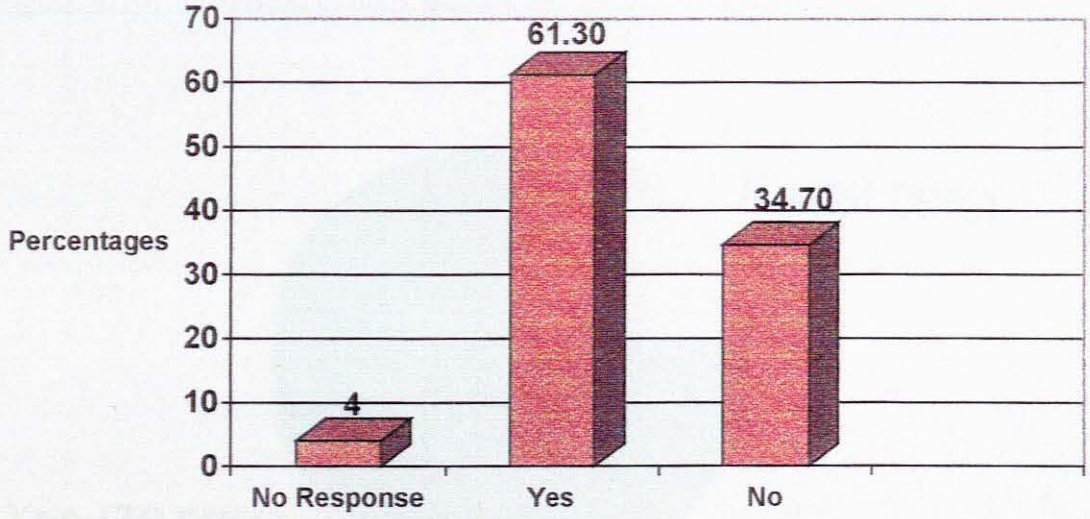
The graduates, namely, 24% (18) did not respond to this question or variable. With the remaining 76% (57), 52% (39) respondents were supported and encouraged through some recognition, for instance praise and promotion and 24% (18) were encouraged by offering an opportunity for further studies. Muller (1996:291) identifies motivating personnel as one of the ways of encouragement and support. She cites "provision of newsletters, merit awards, planned programmes of training, development, promotions and praise" as being important elements in proper utilization. Berman (1996:8) cites utilization of appropriate management styles which are adapted to the environment in

and praise" as being important elements in proper utilization. Berman (1996:8) cites utilization of appropriate management styles which are adapted to the environment in which practice takes place as needed for proper utilization of personnel. When the same question was asked from supervisors of graduates 52% (15) indicated that they promoted graduates as a form of recognition. This is very important because lack of recognition of personnel is a sign of improper utilization which may cause frustrations.

9.15 ITEM 14: WRITING OF CONFIDENTIAL REPORTS FOR GRADUATES

Evaluation of the progress of graduates or employees is considered to be one of the effective methods of proper utilization. Muller (1996:322) says "evaluation of nursing personnel is important as a method of utilization.

Figure 9.9 Writing of confidential reports / Progress reports



Therefore graduates were asked whether supervisors wrote progress reports for them 61,30% (46) responded positively and 34,70% (26) responded negatively and 4% (3) did not answer this question.

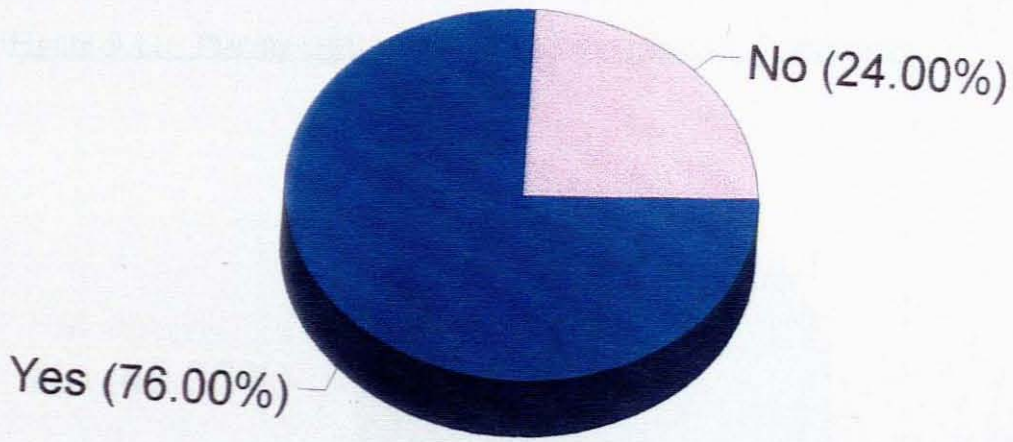
Further responding to the same question the majority of supervisors ... namely, 89,60% (26) indicated that they wrote confidential reports. Only 10% (3) responded in the negative. (see table for supervisors) These reports were written on a 3-monthly 23% (17), half-yearly 11% (8), and yearly 16% (12) basis as reported by graduates.

The 34,70% (26) graduates who responded negatively on whether reports were written or not, gave reasons like for instance not being done, 22% (16) written only for salary increase and special occasions like promotion.

The majority 61,30% (46%) did not respond to this question, 1% (1) respondent felt that confidential reports were not written because supervisors were lazy.

9.16 ITEM 15: PROVISION OF STAFF DEVELOPMENT PROGRAMMES

Figure 9.10: Provision of staff development programmes



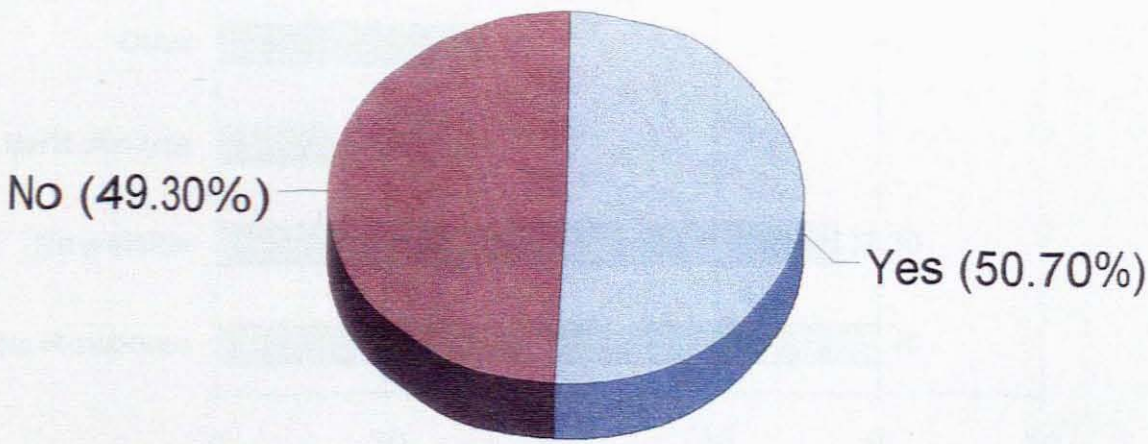
Graduates were asked whether they were exposed to staff development programmes. This question was asked because proper utilization is enhanced by making sure that personnel are updated in terms of knowledge and skills.

The figure 9.10 above revealed that 76.00% (57) of the respondents had been exposed to staff development programmes and only 24.00% (18) had not been exposed. Gibbs (1991:33) confirms this view when he/she cites that staff development in both theoretical knowledge and psychomotor skills is necessary to produce productive members of the health team which is needed for proper utilization.

9.17 ITEM 16: PLACING RIGHT PERSON IN THE RIGHT PLACE FOR PRODUCTIVITY

While on the variable of utilization, it was necessary to ask graduates whether the right person was always placed in the right job for productivity in their utilization.

Figure 9.11: Placing right person in the right place for productivity



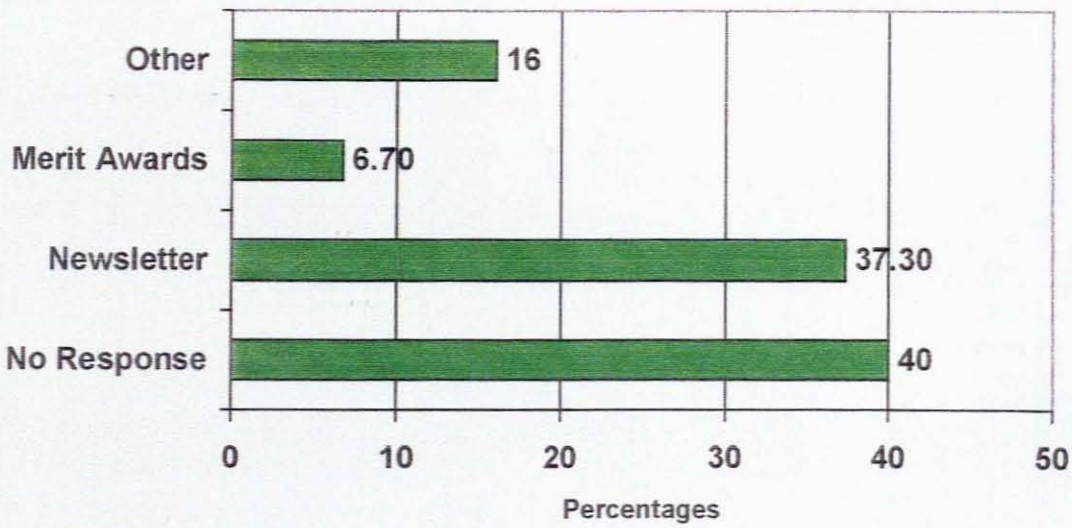
The sample majority 50,70% (38) of respondents responded positively, while 49,30% (37) responded negatively. In figure 9.6 respondents were asked if they were satisfied with their placement 84,00% (63) responded positively and 16,00% (12) responded negatively. Further research will have to be done to ascertain why there is so much discrepancy on the same respondents.

On cross-tabulation of the responses from supervisors, there was a majority 68,90% (20) who supported the views of the graduates in the positive and a minority of 27,50% (8) who did not agree with this view.

9.18 ITEM 17: HAVING A SENSE OF BELONGING

Respondents were asked whether there were mechanisms in place that made them have a sense of belonging which is one of the methods for proper utilization of nursing personnel.

Figure 9.12 Made to feel the sense of belonging



The majority of ... namely, 40.00% (30), did not respond to this variable, 37,30% (28) respondents indicated that the use of newsletters made them feel that they belonged. 6,70% (5) indicated that merit awards kept them together in the institution. Only 16% (12) indicated that other strategies kept them together.

9.19 ITEM 18: PROBLEMS EXPERIENCED DURING UTILIZATION

Several authors have agreed that there are problems associated with utilization of

nursing personnel. Reid (1995:70) discusses that "nurse administrators (managers) are not educationally prepared for planning of reformed health systems in nursing". Khumalo (1993:59) and Gumede (1999:76) supported each other when they say that professional nurses are not always ready for the transformation that is currently taking place in South Africa. Graduates were asked to indicate problems associated with utilization.

Table 9.7 Problems experienced during utilization

Problems	Frequency	Percentage
Administrative problem		
Lack of involvement in strategic planning	1	1,30%
Lack of promotion	5	6,70%
Lack of involvement in decision-making	1	1,30%
Lack of Resources	3	4%
Lack of participative management	1	1,30%
Problems experienced with supervisors		
Resistance to change and rigidity of supervisors	5	6,70%
Autocracy of supervisors	1	1,30%
Supervisors fail to recognise and give praise to graduates' knowledge acquired	3	4%
Supervisors give more recognition to professional nurses from nursing education	2	2,60%
Supervisors see graduates as threats to their positions	1	1,30%

Table 9.7 (continued)

Problems	Frequency	Percentage
Work allocation problems		
Incorrect placement and under-utilization	5	6,70%
Supervisors reluctant to allocate graduates in administration positions	1	1,30%
Problem of placement when a graduate has high qualifications	1	1,30%
Over-work for graduates are allocated in departments with staff shortage	3	4%
Not rotated in order to use other qualifications	2	2,70%
Financial problems		
No incentives given for chargeship	3	4%
Used as acting Assistant Directors, but not recognised for promotion to these posts and financial recognition.	2	2,70%
Educational problems		
Inability to teach student nurses because of shortage of staff	1	1,30%
No study leave for short courses and no workshops provided for specialities	2	2,70%
Total with problems	43	57,30%
No problems	32	42,70%

Table 9.7 indicates that 57,30% (43) graduates experienced problems during utilization

42,70% (32) did not experience any problems. There does not seem to be much difference between those who experienced problems and those who did not. Graduates experienced problems ranging from administrative problems, 14,70% (11), problems they experience with supervisors, 14% (11), allocation problems 16% (12), financial 6,70% (5) and educational problems 40% (3).

Lack of promotion was a problem that was experienced by 6,70% (5) graduates. Lack of promotion can lead to demotivation and low staff morale which are factors that may affect their proper utilization. Brink (1987) cited in Khumalo (1993:55) reports that nurse tutors were not actively involved in teaching because of lack of promotional opportunities. Muller (1996:291) also sees personnel promotion as a motivating factor which leads to proper utilization.

Another 6,70% (5) graduates mentioned resistance to change as an important problems they experienced with the supervisors. Resistance to change will affect proper utilization of the graduates because, according to Sullivan and Decker (1992:323), after doing a certain post-basic course, the graduates should be allowed to display changes in their work activities and make contributions. Resistance to change displayed by supervisors can be an indication of improper utilization of the graduates.

Graduates experienced problems of incorrect placement and under-utilization 6,60% (5). In the previous findings of this chapter it was discovered that graduates were not always allocated properly. For example nurse managers with post-basic courses in nursing management were not allocated in leadership positions, but mostly allocated in clinical practice. This problem might affect productivity and proper utilization of the graduates. Billing and Halstead (1998:199) state that the level of knowledge and skills might affect the correct placement and proper utilization of the graduates. The more knowledgeable and skilful, the more they will be properly utilized and placed. Lack of resources was a problem experienced by 4% (3) graduates. This is a worldwide

problem that is experienced by the health institutions. According to Billing and Halstead (1998:198) scarcity of human and material resources need to be used by effective and efficient professional nurses with vast knowledge and skills for proper utilization.

Four percent (3) graduates complained about failure of supervisors to recognise and give praise to their vast knowledge acquired through post-basic courses. As already mentioned praise and recognition is motivating to personnel.

Graduates also complained about problem of being overworked because they are placed in the departments that are short-staffed 4% (3). This problem is an indication of improper utilization. Muller (1996:292) states that every unit should determine the number of personnel required to prevent heavy workloads for proper utilization. Other graduates 2,70% (2) were not rotated to work in other departments in order to use other qualifications.

Financial problems involve lack of incentives for personnel who are placed in chargeship positions and those acting in senior positions 6,70 (5) graduates. Financial recognition is a problem that cannot be easily solved because it involved Government policies and salaries are strictly stipulated for all the categories of personnel. Salary increase and revision are motivating and lead to better utilization. Brink (1987) in Khumalo (1993:55) discovered that low salaries contribute to improper utilization of nurse educators.

The last problem is that of lack of study leave when personnel are doing their studies. This is a worldwide problem. The government can no longer afford to release personnel for full-time studies with full pay. Part-time studies are encouraged as much as possible, since a person attends the lectures while in full employment. Proper utilization of personnel can be increased by offering study leave to personnel if funds are available, especially those who are interested in furthering their studies.

9.20 CONCLUSION

In this chapter data analysis and interpretation was done for the graduates. In the next chapter data analysis and interpretation for the supervisors of the graduate will be done.

CHAPTER 10

DATA ANALYSIS AND INTERPRETATION FOR SUPERVISORS OF GRADUATES OF THE UNIVERSITY OF ZULULAND NURSING SCIENCE DEPARTMENT

10.1 INTRODUCTION

Twenty-nine (29) supervisors of graduates from postgraduate programme of the University of Zululand, Nursing Science Department were interviewed in order to obtain information on how the seventy-five (75) graduates were utilized in the field of practice. In this chapter the data collected is presented and interpreted in order to get a clear picture in the utilization patterns.

Sources of data were collected particularly from different categories of nursing personnel. These were professional nurses both at senior levels as well as those of assistant and Deputy directors levels. These were located at different practice levels/settings within the health system of the KwaZulu-Natal province.

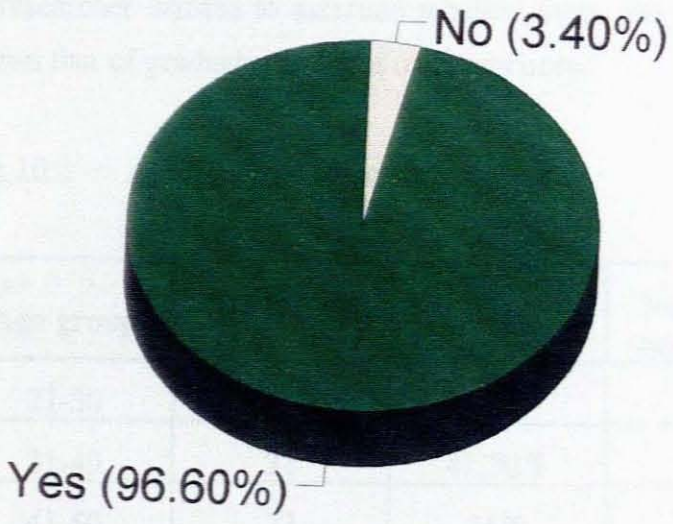
The presentation format is divided into the following sub-sessions:

- Demographic data
- Professional and academic qualifications
- Employment history and position held
- Placement and utilization of graduates
- Initiation of change
- Contributions made
- Provision of support and encouragement
- Appropriateness of preparations of graduates
- Problems experienced in the utilization

DEMOGRAPHIC DATA: ITEM 1 - GENDER

10.2 ITEM 1: GENDER

Figure 10.1: Gender of the Interviewee



Almost all the respondents were females 96,60% (28) with only 3,40% (1) male, coincidentally the same picture was obtained in chapter 9 in respect of the graduate respondents. In this chapter no attempt is made to explain this phenomenon as done in the previous chapter. Suffice to note that gender could not be a factor in between the graduate and the supervisors.

This skewed tendency of having more females than males appears historically with little indication to change. Nzimande (1984:113) stated that all (except one) senior nursing position in KwaZulu at health ward level were occupied by females. The South African nursing council statistics on the registers revealed that in 1996, there were 47 917 female registered nurses and only 559 male registered nurses. During that year the figures which included all other categories of registration of nurses, these were 84 827 females and 3 937 males in the register (SANC Statistics, 1996:5).

There is no indication by any research so far that the service does not enjoy recognition and respect by the society at large. Suffice also to note that gender could not be a factor in relation between the supervisor and graduate.

10.3 ITEM 2: AGE COMPOSITION OF SUPERVISORS

The researcher wanted to ascertain whether there was a difference in terms of age between that of graduates and that of supervisors.

Table 10.1 Age group of respondents

Age group	Number of graduates	Percentage	Number of supervisors	Percentage
21-30	3	4%	1	3,40%
31-40	31	41,30%	5	17,30%
41-50	27	36%	9	31,03%
51-61 and above	14	18,70%	14	48,27%
TOTAL	75	100%	29	100%

The above cross-tabulation table indicates that there were fewer 18,70% (14) graduates of 51-61 and above years and more 41,30% (31) graduates of 31-40 years. Historically experience played a very important role in promoting people to senior positions. The trend has since changed with the advent of transformation where potential plays a very important role in career pathing.

The overwhelming majority of the respondents' supervisors 79,30% (23) were between 40-61 and above years. These respondents commanded years of practical experience in the field of clinical nursing and nursing management. No doubt these were regarded as adequately prepared for their supervisory roles.

The rest of the supervisors were between the ages 21 and 40 years. In view of the statement above, it should be clearly indicated that there was no deliberate attempt to establish the quality of supervision as per age group.

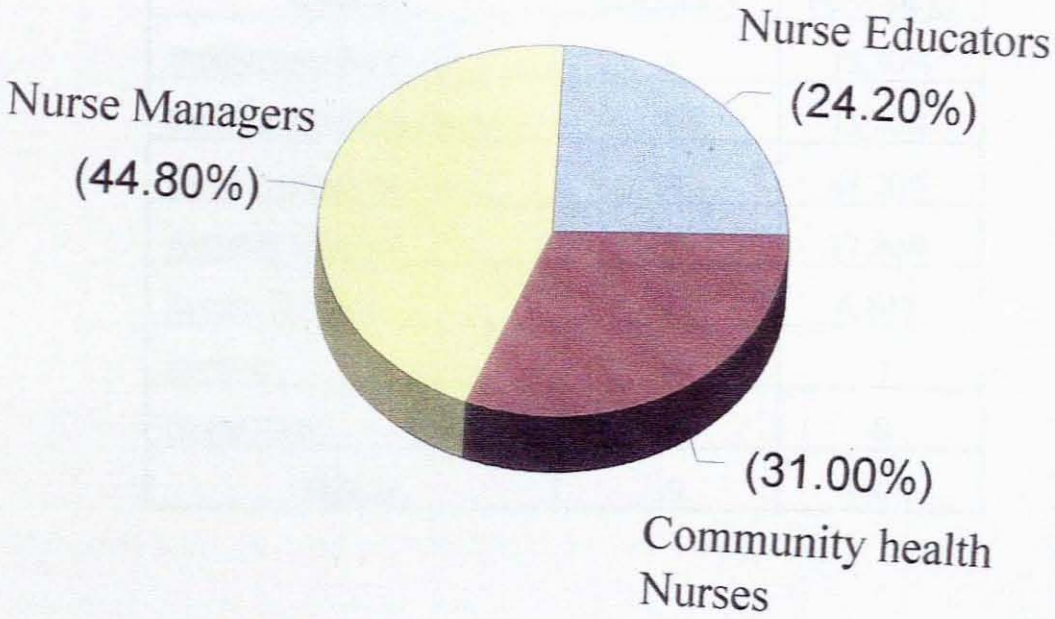
10.4 ITEM 3: AREA OF EMPLOYMENT

In view of the fact that the area of employment of the supervisors will be the same, at the point where the graduate is employed. Therefore the data in chapter 9 on the same item suffices.

10.5 ITEM 4: PROFESSIONAL QUALIFICATIONS

The South African Nursing Council registers post-basic nursing qualifications after the name of each postgraduate candidate that completes a post-basic course.

Figure 10.2 Professional qualifications



In terms of the above figure, the majority 44,80% (13) were nurse managers, 31,00% (9) were community health nurses and 24,20% (7) qualified as nurse educators. It can be deduced that the supervisors were not well-equipped to supervise primary health. The supervisors basically had appropriate qualifications. The curricula that existed in most South African Universities, nursing education institutions almost all offered nursing management as a major subject.

10.6 ITEM 5: PROFESSIONAL POST HELD

It became necessary to ascertain what rank position supervisors were

Table 10.2 Professional post held at present

Position	Frequency	Percentage
Professional Nurse	4	13,80%
Senior Professional Nurse	4	13,80%
Chief Professional Nurse	14	48,30%
Assistant Director	5	17,30%
Deputy Director	2	6,80%
Lecturer	0	0
Nurse Tutor	0	0
TOTAL	29	100%

Table 10.2 indicates that 72,40% (21) of the supervisors of graduates held positions that were relevant to the job descriptions of supervisors, namely, Deputy Directors 6,80% (2), Assistant Directors 17,30% (5) and chief professional nurses 48,30% (14). The fact that the majority of these supervisors were at the level of chief professional nurses at the time of the study, can be accorded to the transition that health services, including the changes that have been going through since the new dispensation.

10.7 ITEM 6: PLACEMENT OF GRADUATES

This question was designed to find out from supervisors whether in their opinions, graduates were properly placed.

Figure 10.3 Are the graduates well-placed in the Department?

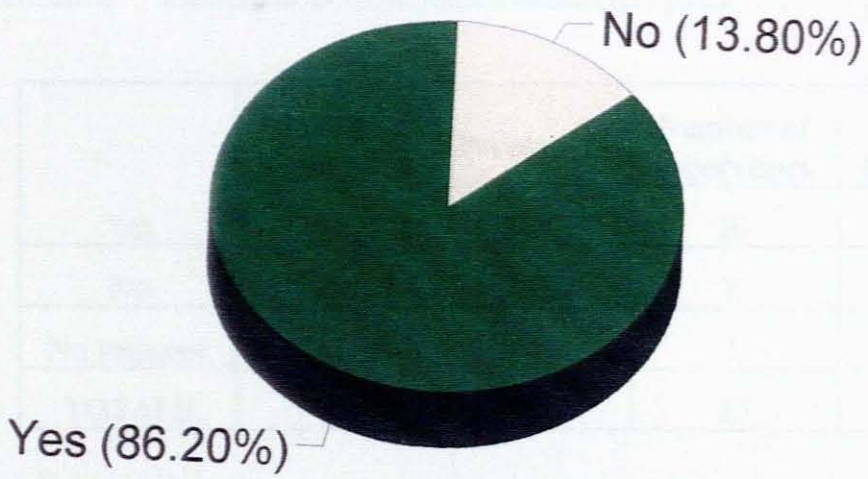


Figure 10.3 indicates that 86,20% (25) supervisors were of the opinion that graduates were well placed or allocated. Only 13,80% (4) felt that placement of the graduates was not appropriate.

Appropriate placing of graduates would mean being engaged in a work position for which the acquired knowledge and skills found appropriate experience. As such productivity would be enhanced. Billing and Halstead (1998:199) identified as one criteria for placement of graduates, the degree of knowledge and skills gained while undertaking the programme.

Lack of knowledge and skill will definitely influence their performance and placement negatively.

10.8 ITEM 7: PLACEMENT OF GRADUATES ALWAYS IN THE RIGHT PLACE

There was a need to ascertain whether a difference existed in terms of satisfaction of graduates about their placement and what the supervisors indicated on placing the right

person in the right place.

Table 10.3 Placement of right person in the right place

	Number of Graduates	Percentage	Number of supervisors	Percentage
Yes	63	84%	20	69%
No	12	16%	8	27,60%
No response	-	-	1	3,40%
TOTALS	75	100%	29	100%

The above cross-tabulation indicates that 84% (63) graduates were satisfied with their placement at the place of employment and only 16% (12) graduates were not satisfied. On comparing this data with what the supervisors indicated concerning this variable 69% (20) supervisors placed the right person in the right place and only 27,60% (8) responded in the negative, while there was 16% (12) of the graduates. There was only 3,40% (1) supervisor who did not respond. There seemed to be an agreement between graduate and supervisors about always placing the right person in the right position.

10.9 ITEM 8: CRITERIA FOR PLACEMENT

Supervisors were asked to indicate the criteria they used to place the graduates appropriately.

Table 10.4 Criteria used for their placement

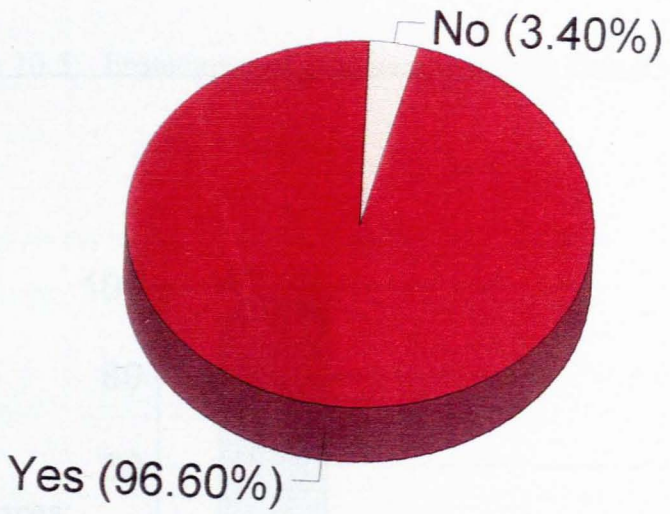
Criteria	Frequency	Percentage
According to experience	17	58,70%
According to knowledge	10	34,50%
According to academic achievement	1	3,40%
Any other criteria	1	3,50%
TOTAL	29	100,00%

The majority 96,60% (28) used experience, knowledge and academic achievement in utilizing the graduates. Most authors who have written on utilization stress the importance of allocating personnel according to their ability and knowledge Berman (1989:8), Mills (1996:37), Yassim (1996:33) and Muller (1996:291).

10.10 ITEM 9: APPROPRIATENESS OF TRAINING OF GRADUATES FOR NEEDS OF SERVICE

This question was asked in order to ascertain if the graduates were appropriately trained for the needs of the service.

Figure 10.4 Appropriateness of their training for the needs of the service



The table 10.4 above reveals that 96,60% (28) supervisors agreed that the graduates are well-trained for health services. Only 3,40% (1) supervisor indicated that graduates were not appropriately trained.

When the post-basic programme for nursing science department was established it had to produce graduates that would be leaders and managers of the then comprehensive health services (Nzimande, 1990:8).

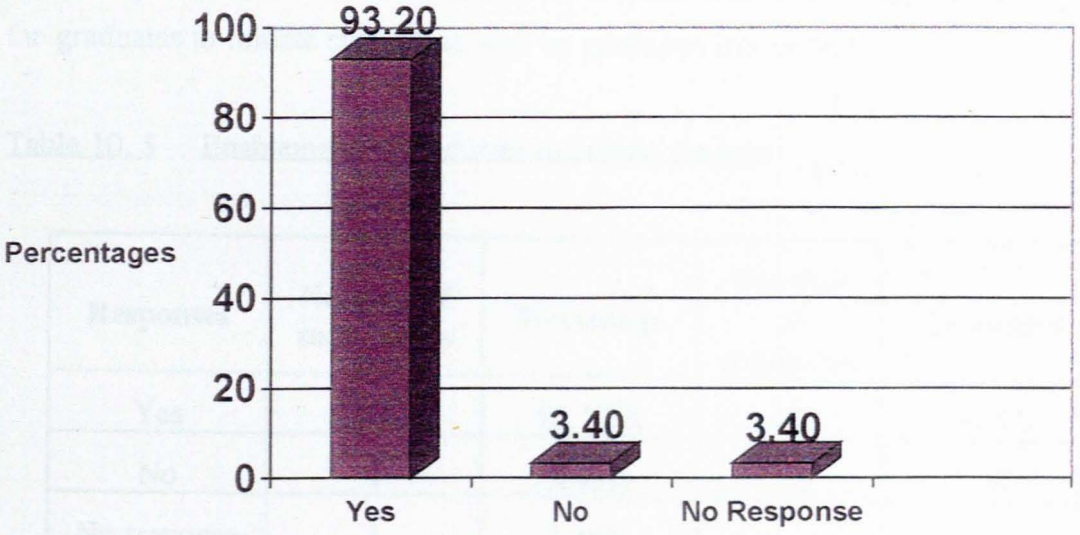
Mellish and Brink (1993:316-317) indicate that the relevance of the educational programmes depends on whether the registered nurse is able to act effectively and whether the programme itself does meet the health needs of a particular country.

10.11 ITEM 10: ENABLEMENT OF GRADUATES TO INITIATE CHANGES IN THE DEPARTMENTS

Sams (1996:37) states that community health nurses have opportunities to shape the

direction of their practice. Therefore it was necessary to find out from the supervisors whether they enabled their graduates to initiate changes.

Figure 10.5: Enablement of graduates to initiate changes



The majority 93,20% (27) supervisors stated that they enabled the graduates to initiate changes. Only 3,40% (1) responded negatively while 3.40% (1) participant did not respond.

The revised goals and objectives of the post-basic course of the nursing science department, University of Zululand are:

- To demonstrate leadership and management skills through direction and support of clients and colleagues.
- To participate as agents of change in social and political action for the

improvement of health care and its delivery. (Nzimande, (1990:5-7).

These results indicate that the graduates of the University of Zululand could initiate change within the enabling environment created by supervisors. It can be said that the supervisors were well qualified themselves, and therefore there might not have been any conflict between the levels of operation.

It became necessary to do a cross-tabulation in order to find out if supervisors enabled the graduates to initiate changes as seen by graduates themselves.

Table 10. 5 Enablement of graduates to initiate changes

Responses	**Number of supervisors**	**Percentage**	**Number of graduates**	**Percentages**
Yes	27	93,20%	57	76%
No	1	3,40%	18	24%
No response	1	3,40%	-	-
TOTAL	29	100%	75	100%

The above cross-tabulation reveals that not all the graduates were allowed to initiate changes. Seventy-six percent (57) were enabled to initiate changes as compared to 24% (18). This is in contrast with the results obtained from the supervisors where the majority 93,20% (27) stated that they enabled the graduates to initiate changes as compared to 3,40% (1) who did not. Even if most of the graduates were allowed to initiate changes, the few that were not enabled to initiate changes were definitely affected negatively. All the supervisors should allow graduates to initiate changes in order that they put theory into practice. Strehler (1992:21) argued that not all

professional nurses who have attended continuing educational programmes will always be motivated to initiate changes in practice. Other graduates may fail to initiate changes in spite of being permitted by the supervisors. Initiators of changes depend on what knowledge and skills that particular graduate has gained through that particular nursing programme. Sullivan and Decker (1992:323) stated that graduates should be allowed to display initiated changes in their work activities.

10.12 ITEM 11: SIGNIFICANT CONTRIBUTIONS MADE BY THE GRADUATE

On probing whether the graduates made specific contributions, supervisors stated that the graduates had made various contributions. It became necessary to compare the contributions made by the graduates with contributions identified by the supervisors.

Table 10.6 Significant contributions made by graduates

Supervisors' views	Number of Contributions	%	Graduate's view	Number of contributions	%
Contributions in nursing management			Management contributions	31%	41,30%
Contributed in Rationalisation of Jozini region	1	3,40%	41,30% (31) graduates contributed in Administrative activities. (For full table see Table 9.3)		
Formulation of team leaders	1	3,40%			
Improved administrative procedures and record-keeping	2	6,40%			
Helped with accreditation	1	3,40%			
Involved in hospital budgeting	1	3,40%			
Assisted with occupational safety and infection control	1	3,40%			
DENOSA Representative	1	3,40%			
Conducting of meeting for staff on his own	1	30,40%			
TOTAL	9	30,40%			

Table 10.6 Continued

Supervisors' views	No. of supervisors	%	Graduate's view	Number of contributions	%
Nursing Educational contributions					
Improved training and development of students	1	3,40%	No nursing education contributions	-	-
Commenced in-service education					
Assisted in capacity building of personnel	8	27,60%			
Helped in curriculum development for bridging students	1	3,40%			
Introduced distance learning for Potchefstroom University					
Heading nursing education in the regions	1	3,40%			
Principal tutor for schools of nursing					
TOTAL	1	3,40%			
	1	3,40%			
	1	3,40%			
	14	48%			

Table 10.6 Continued

Supervisors' views	No. of supervisors	%	Graduate's view	Number of contributions	%
Clinical areas contributions			Clinical areas contributions		
Assisted in implementation of nursing process	1	3,40%	Total	6	20,70
Improved patient care					
Supervised clinical teaching for bridging students on clinical teaching	1	3,40%			
	1	3,40%			
TOTAL					
	3	10,20%			
Primary Health Care contributions			Primary Health Care contributions		
			Total		
Commenced AIDS counselling	2	6,90%		10	13,10
Commenced Primary Health care in outpatient department					
	2	6,90%			
TOTAL					
No contributions and response	4	13,80%	No contributions		
	8	27,60%		17	22,70

The cross-tabulation above indicates that graduates commenced various new programmes, 30,40% (9) made significance contributions in nursing management, 48% (14) made contributions in nursing education, 10,20% (3) in clinical areas and 13,60% (4)in primary health care as viewed by the supervisors. There are certain differences that are noted between supervisors and graduates. Graduates indicated no contribution made in nursing education, but the supervisors stated that graduates contributed mostly in nursing education 48% (14), also with nursing management, the graduates indicated more contributions than they made 42,30% (31) as compared to 30,40% (9) identified by the supervisors. It would be interesting to find out why there is such a vast difference in these results, because this research was conducted on nursing personnel who were interviewed almost at the same time and working together.

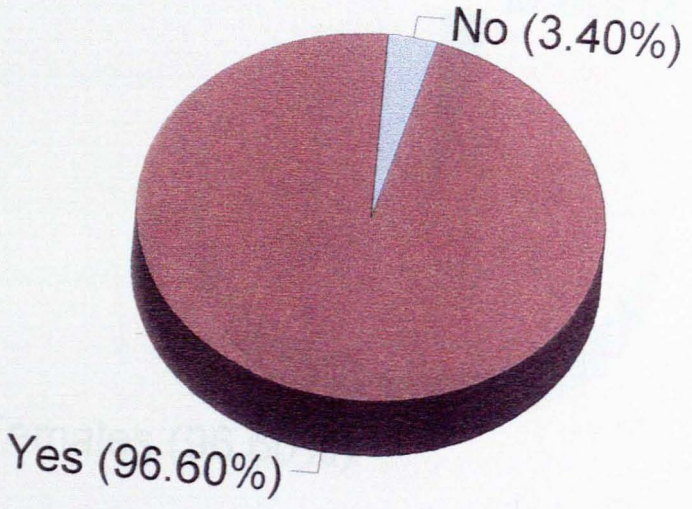
The supervisors of the graduates also indicated that the graduates made 10,20 (3) contributions in the clinical areas whereas the graduates mentioned 20,70% (16) contributions. Even if these results are different, both the graduates and supervisors indicated these contributions. The graduates identified their contributions as more in primary health care 34,50% (10) as compared to 13,60 (4) mentioned by the supervisors.

This is a sign that post-basic nursing programmes of the University of Zululand, prepared the graduates on the new approach to provision of health care which is primary health care. This is evidenced by the contributions that they have made in this field.

10.13 ITEM 12: PROVISION OF JOB DESCRIPTIONS ON EMPLOYMENT

Supervisors were asked whether they provided graduates of the post-basic programmes, University of Zululand with job descriptions.

Figure 10.6 Provision of graduates with job description

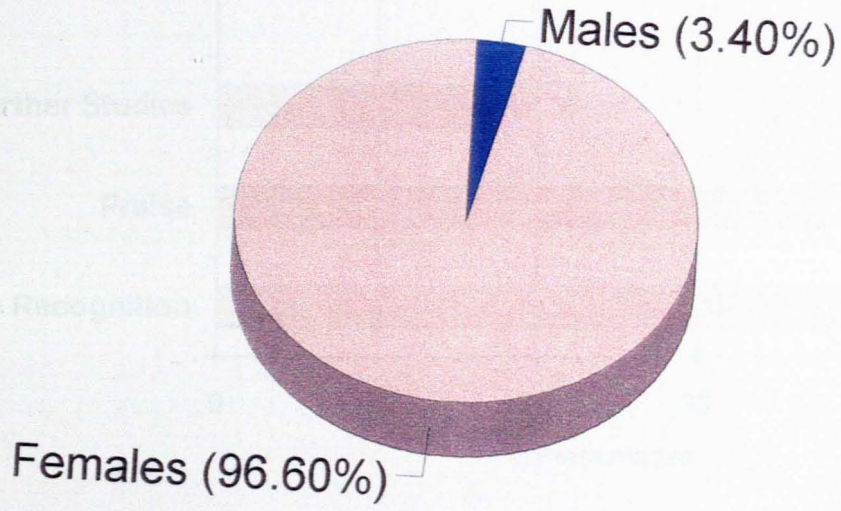


The supervisors 96,60% (28) mentioned that they provided graduates with job description and only 3,40% (1) did not provide these job descriptions. Muller (1996:290) states that better utilization job descriptions should be provided on appointment as these spell out responsibilities attached to the post and authority relationships.

10.14 ITEM 13: PROVISION OF POLICIES AND PROCEDURES ON EMPLOYMENT

It was necessary to ascertain whether policies and procedures were provided by supervisors to the graduates.

Figure 10.7 Provision of graduates with policies and procedures on employment



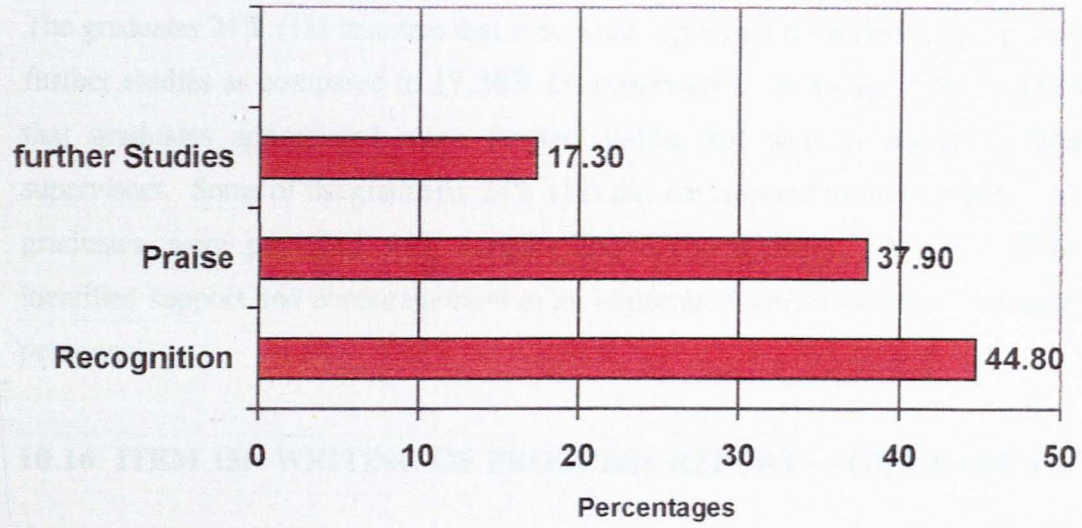
The figure 10.7 above indicates that the majority of supervisors 96,60% (28) provided graduates with policies and procedures on employment. Orientating employees by way of procedure manuals is necessary if proper utilization was to take place. Only 3,40% (1) supervisor did not provide procedure manuals.

The fact that supervisors provided job descriptions to graduates can be ascribed to the fact that the supervisors had a qualification in nursing management and were experienced.

10.15 ITEM 14: PROVISION OF SUPPORT AND ENCOURAGEMENT

Most authors who have written on proper utilization and leadership emphasised the importance of support and encouragement from the supervisors therefore it was necessary to ask whether in fact they do support their graduates.

Figure 10.8 Provision of support and encouragement to the graduates



All supervisors 100% (29) indicated that they supported their graduates 44,80% (13) by recognition, 37,90% (11) by praise and 17,30% (5) by giving them further study. It became necessary that cross-tabulation is done to compare what the graduates are saying about their support and encouragement by the supervisors.

Table 10.7 Cross Tabulation for supervisors and graduates on support and encouragement

Supervisors	Numbers	%	Graduates	No.	%
Recognition/Praise	24	82,70%	Recognition/Praise	39	52%
Further study	5	17,30%	Further study	18	24%
No response	-	-	No response	18	24%
TOTAL	29	100%		75	100%

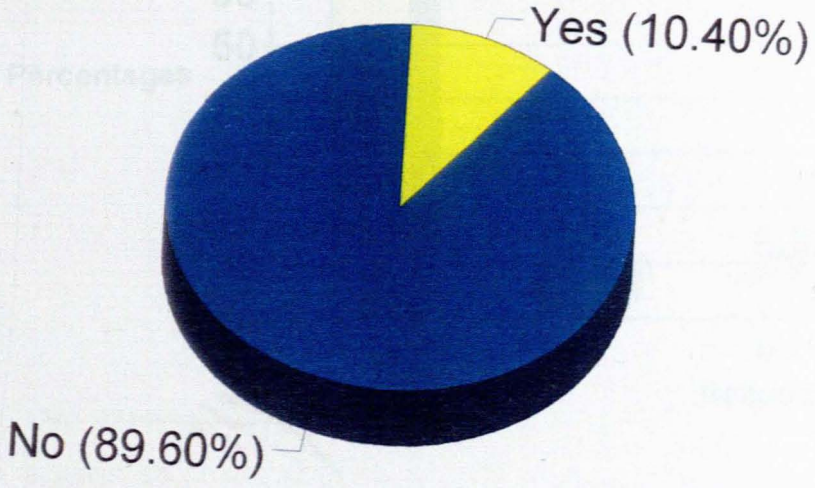
The cross-tabulation above indicates that majority of supervisors 82,70% (24) provide support and encouragement by recognition and praise as compared to 52% (39)

graduates who stated that supervisors provided support and encouragement through recognition and praise. These results seem to be in contrast between the two parties. The graduates 24% (18) maintain that they were supported by supervisors by means of further studies as compared to 17,30% (5) supervisors. It is clear from these results that graduates appreciated more further studies that were provided to them by supervisors. Some of the graduates 24% (18) did not respond to this variable. Not all graduates were provided with support and encouragement. Muller (1996:291) identified support and encouragement as an important element of proper utilization of personnel.

10.16 ITEM 15: WRITING OF PROGRESS REPORTS FOR GRADUATES

Proper utilization can only be done if there is continuous evaluation on the performance and progress.

Figure 10.9 Writing of progress reports for graduates



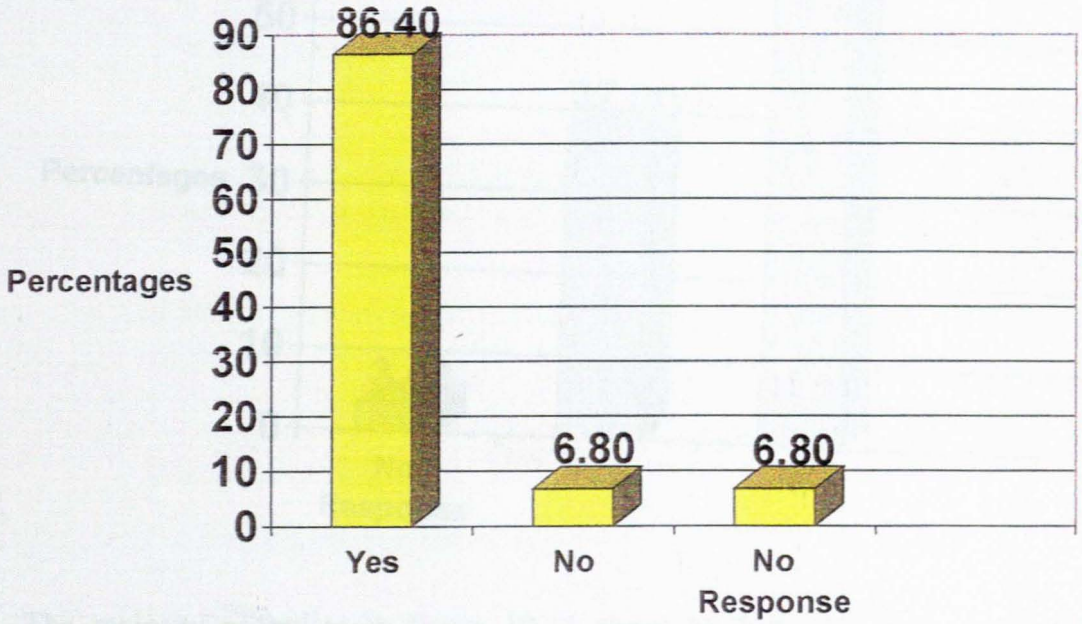
When the respondents were asked whether they evaluated the graduates or not, 89,60% (26) said they wrote progress reports and 10.40% (3) did not evaluate progress of their candidates. Muller (1996:322) states that personnel evaluation is done to evaluate

knowledge, skills and conduct for proper utilization. Periodically, nursing personnel should be evaluated for the sake of awarding special privileges, like promotion, salary increase and others for effective utilization.

10.17 ITEM 16: PROVISION OF STAFF DEVELOPMENT PROGRAMMES

Supervisors were further asked whether they provided staff development for the graduates.

Figure 10.10 Provision of staff development programmes for the graduates in order to improve their competencies



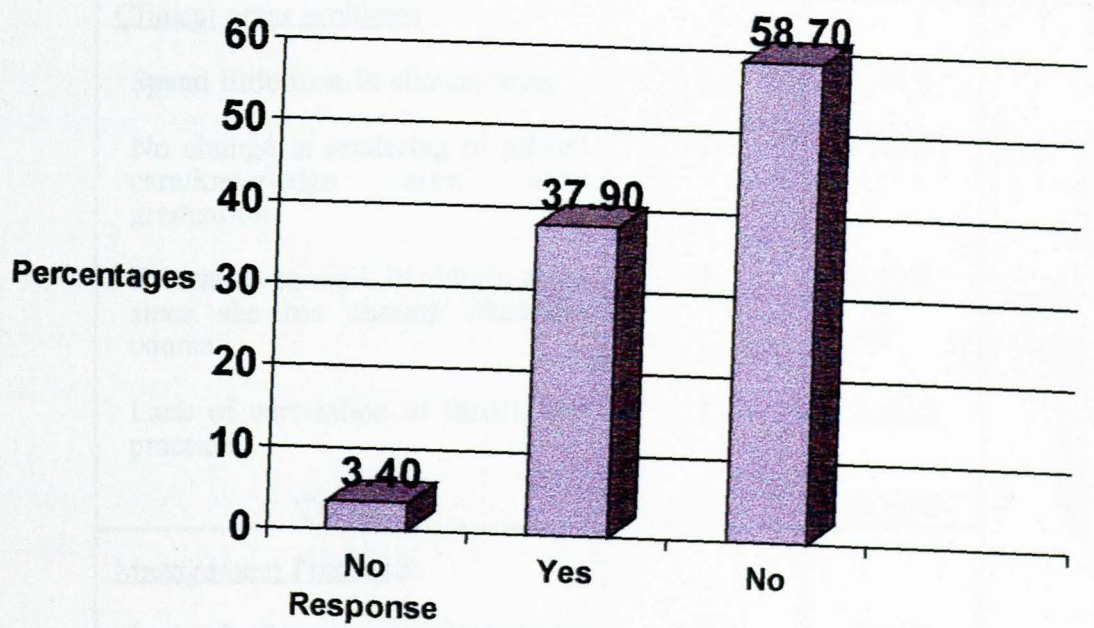
The above figure 10.10 indicates that 86,40% (25) supervisors provided staff development programmes, of the remaining supervisors 6,80% (2) did not provide staff development programmes and 6,80% (2) did not respond. Muller (1996:311) emphasises the need for staff development programmes in order to update the

employees' knowledge.

10.18 ITEM 17: PROBLEMS EXPERIENCED BY SUPERVISORS IN UTILIZATION OF GRADUATES

Supervisors were asked whether they experienced problems in their utilization of graduates.

Figure 10.11 Problems experienced now as you are working with these graduates



The majority according to figure 10.11 above 58,70% (17) supervisors did not experience problems while 37,90% (11) experienced problems. Only 3,40% (1) supervisor did not respond to this question (see list of problems in table 10.8 below). Supervisors were asked to indicate the type of problems they experienced.

Table 10.8 Type of problems experienced by 37.90% (11) supervisors .

Problems	Frequency	%
Motivational Problems		
Increase level of absenteeism	1	3,40%
Lack of confidence	2	6,80%
Displayed graduate need for promotion	1	3,40%
TOTAL	4	13,60%
Clinical areas problems		
Spend little time in clinical areas	1	3,40%
No change in rendering of patient care/knowledge even after graduation	1	3,40%
Reluctancy to work in clinical areas since she has nursing education course	1	3,40%
Lack of correlation of theory into practice	1	3,40%
TOTAL	4	13,60%
Management Problems		
Lack of utilization of administrative skills	1	3,40%
No suggestions for improvement or initiate changes	1	3,40%
Negative attitudes to implement her knowledge	1	3,40%
TOTAL	3	10,20%
No problems experienced	17	58,70
No response	1	3,40%

According to table 10.8 problems identified by supervisors are motivational 13,60% (4), another 13,60% (4) being problems experienced in clinical areas and 10.20% (3) being management problems. The remaining supervisors 58,70% (17) experienced no problems and 3,40% (1) did not respond. Muller (1996:291) identified motivation as very important in personnel utilization.

A cross-tabulation was done to find out the differences between problems experienced by supervisors and those experienced by the graduates. As already explained above the supervisors experienced only motivational, managerial and clinical problems. On the other side besides management or administrative problems experienced by 14,50% (11) graduates (see table 9.6 of graduates), graduates experienced problems with the supervisors themselves like resistance to change and lack of recognition 15,80% (12). These problems can lead to lack of motivation which was identified by supervisors as affecting the graduates. Motivation is important in personnel utilization. Other problems the graduates experienced were work allocation 15,80% (12), financial problems 6,60% (5) and educational problems 3,90% (3). Only 42,70% (32) graduates did not experience any problems.

It would appear that graduates need a lot of support and motivation from the supervisors in order to reduce the abovementioned problems for proper utilization.

10.19 CONCLUSION

In this chapter data analysis and interpretation for the supervisors was done. The data was analyzed using tables, pies and graphs. All the sections of the questionnaire were included. In the next chapter the summary, discussion of findings, conclusions, limitation, recommendation and a formulated model will be done.

CHAPTER 11

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

11.1 INTRODUCTION

A research project without conclusions would not serve its purpose. Thus it is important to recapitulate and give an overview of the study, and with a view to formulating conclusions and making recommendations which might serve as a guideline for further scientific enquiry into the subject investigated.

In chapter seven, it was stated that this is an exploratory descriptive study and the reason for the choice of this research approach was given.

Before making the general and specific conclusions about the study, it is important to restate the purpose of the study as well as the problem under investigation.

11.2 SUMMARY

The study undertook to evaluate the impact of post-basic nursing programmes of the nursing science department at the University of Zululand in terms of the:

- relevance and appropriateness for the health needs
- utilization of the graduates from the programmes
- and also the profile of the graduate produced.

The title of the study is *An evaluation of the impact of post-basic nursing programmes offered by the University of Zululand.*

The research questions were as follows:

- Are the post-basic nursing programmes for the nursing science department of the University of Zululand appropriate and relevant to the health needs in KwaZulu-Natal Province?

- Are the graduates from these programmes appropriately utilised in the service or educational institutions?

- What is the profile of the graduates from the post-basic nursing programmes of the nursing science University of Zululand?

Restatement of assumptions and objectives

Emanating from the above questions, the following assumptions were made:

- "The post-basic nursing programmes at the University of Zululand prepare candidates appropriately and adequately for the utilization by the health service and nursing educational institutions."

- "The post-basic nursing programmes of the University of Zululand are relevant to the changing needs of the communities in kwaZulu-Natal."

Based on these assumptions the following objectives were formulated for the study:

Objective 1 To analyze the post-basic nursing programmes, of the University of Zululand to ascertain their relevance and appropriateness to the changing health needs of the Province KwaZulu-Natal.

Objective 2 To evaluate the appropriateness of the utilization of the graduates from the post-basic nursing programmes of the University of Zululand.

Objective 3 To describe the biological and professional background of the graduate of the post-basic nursing programmes of the University of Zululand.

The research report consists of eleven chapters

In chapter one the researcher explained the motivation for undertaking the study, stated the research questions, assumptions, objectives of the study as well as definition of certain concepts used in the text.

Chapter two, presented the overview of literature on programme evaluation.

Chapter 3 presented the literature review on utilization of personnel with post-basic nursing courses and culminated into a theoretical framework.

Chapter four presented literature review on South African post-basic nursing programmes which inclued University of Natal, University of South Africa and University of Transkei. Included also in this chapter different views from different authorities with guidelines for future preparations of the post-basic programmes in South Africa.

Chapter five presented literature on the post-basic nursing programmes offered internationally and in African countries. United Kingdom, United States of America and Kenya post-basic nursing programmes were discussed.

Chapter six consolidated the literature review chapter on the modified Donabidians model, a theoretical framework which was used to guide this research study.

Chapter seven described the methodology followed for the study. In the next three chapters, that is eight, nine and ten, data is analyzed and interpreted.

Chapter eight focused on the analysis of post-basic programmes, **chapter nine** focused on analysing data from graduates themselves, while **chapter ten** analyzed data collected from supervisors of graduates.

The last chapter that is, chapter eleven presented conclusions, limitations and recommendations.

11.3 CONCLUSIONS

Conclusions were dealt with in accordance with the objectives and related questions of the study.

OBJECTIVE1

To analyze the existing post-basic programmes to ascertain relevance and appropriateness to the changing needs of the Province in kwaZulu-Natal.

As indicated in chapter 8, the department of nursing was established at a time when a comprehensive health service approach was followed in South Africa as a whole and in KwaZulu-Natal Province. This approach emphasises integrating the services and focus them on the community, thus community health service approach was followed.

Chapter 8 indicates clearly that the philosophy of the nursing science department was revised and modified in 1996 to be in line with the transforming health services of the country South Africa (refer chapter 8 page 187).

Based on assumption and related objectives of the study, it can be concluded that the

post-basic programmes offered by University of Zululand were integrated and comprehensive. Both diploma and degree courses had a component of nursing education, nursing administration (management) and community health nursing science (refer to table 8.2 page 200). On further evaluating and comparing the post-basic programmes of the University of Zululand with courses offered in South Africa at the University of Natal, University of South Africa and University of Transkei (refer chapter 4 page 75) of the report, there is a clear indication that the programmes offered at the University of Zululand were in line with National academic standards as set by the South African Nursing Council. The health needs of the country met with the comprehensiveness of the programme and the focus on community-based primary health care from 1996. These results confirm the viewpoints of Pietzak, Ramlar, Ford, Renner and Guilbert (1990:270) (refer Chapter 2 page 13) who indicate that programme evaluation is done to assess the value, or to make judgement of the worth of the programme. Mellish and Brink's (1993:316-317) (refer chapter 2 page 10) viewpoint is supported when they say that programme evaluation must be done to check if the end product is desired and if the programmes meet the health needs of the country.

On evaluating the status of the lecturing staff for the department of nursing science since its inception in 1981 to 1998 which is the period of study (refer chapter 8 page 203 table 8.3(a) to table 8.3(d) page 206), the qualification for the staff presenting the programmes, accommodated the integratedness of the programmes and was therefore appropriate.

In motivating for the introduction of the nursing courses, it was stipulated that there was a need for the production of leaders and specialised teaching personnel who would =\be able to cope with modern concepts of health care on a comprehensiveness level (refer to chapter 8).

The majority of graduates 94,70% (71) confirmed the relevance of the programmes when they indicated that they were able to integrate their theoretical knowledge into practice. This confirms the viewpoint of Mellish and Brink (1993:316-317) (refer chapter 2 page 10) that programmes should be evaluated in order to find out whether the graduates are able to practice effectively in their clinical areas. In terms of competence in the work performance, the graduates confirmed their confidence in work performance when 93,30% (70) indicated that they were competent in their work performance (refer to figure 8 page 208). It can be concluded therefore that the relevance of the post-basic programmes catered not only for the work needs of the graduates, but also helped them to cope with recent advances in health care. The majority 96% (72) graduates were found to be coping with recent transformational needs in health services (refer chapter 8) page 210).

On enquiring from supervisors of graduates whether the post-basic programmes were relevant to the needs of the service, 96,6% (28) supervisors confirmed that graduates were well-trained for health service needs.

Supervisors 93,2% (27) further stated that the programmes enabled students to initiate changes. This was a clear indication of the significance of the post-basic nursing programmes of the University of Zululand (refer chapter 10 page 259).

It became necessary to ascertain whether the post-basic programmes were preparing graduates for future challenges 57,30% (43) of the 75 graduates indicated the need for development in advanced clinical studies as well as transformational leadership skills.

The suggestions and developmental needs made by supervisors and graduates indicate that there was a need for development of new courses in order to meet the

corresponding health needs. For instance 42,3% (12) of supervisors and 57,30% (43) of graduates suggested need for new courses as already indicated above in chapter 8, page 216. Suggestions towards management courses 47,80% (14) of supervisors only 17,30% (13) graduates suggested that there was a need for more aspects on the management component of the course. There was no significant difference between suggestions made by both supervisors and graduates when focusing on Primary Health Care.

One of the other questions that was asked in this study is "are the graduates from post-basic nursing programmes of the University of Zululand appropriately utilized in the service and educational institutions?" A related assumption that post-basic nursing programmes of the University of Zululand prepare candidates appropriately and adequately for the utilization by health service and educational institutions is correct.

OBJECTIVE 2

The objective was to evaluate the appropriateness of utilization of graduates from the post-basic nursing programmes of the University of Zululand. All the graduates and supervisors were asked to indicate whether graduates were properly utilized or not. (If this was done what was the significance of the contributions of the graduates?)

The conceptual framework on utilization of professional nurses with post-basic qualifications, indicates that the utilization of graduates with nursing administration should focus on leadership, management, facilitation of patient care and human resources management. Those with nursing education qualifications, their utilization should focus on development reviewing and evaluation of education programmes, also implementation of theoretical and clinical instructions of the programmes. The utilization of community health nursing graduates to focus on primary, secondary and preventive levels of health care at all levels (refer chapter 3 page 55).

Based on the findings from the graduates the following conclusions can be made on their utilization. The majority 72% (54) graduates were allocated in the clinical settings. Only 17,30% (21) were allocated in the educational setting.

On evaluating the results from the supervisors concerning the placement of the graduates, out of the 29 supervisors, 69% (20) indicated that they allocated the graduates appropriately. The criteria used for placement was according to experience, knowledge and academic achievement. It can be deduced that the majority 54,70% (41) of the graduates were working in clinical areas/hospital, while 38% (21) worked in educational institutions. The least number 17,30% (13) worked in primary health care settings. Based on these results most graduates with a qualification in nursing management were used in the facilitation of clinical care rather than top management positions. In terms of the conceptual framework as indicated in chapter 3, page 49 these graduates were utilized appropriately.

On evaluating the actual utilization of graduates in terms of job descriptions, provision of policies and procedures the supervisors of graduates 96,60% (28) provided the graduates with job descriptions as well as policies and procedures on employment. Muller's (refer chapter 3 page 43) viewpoint is supported when she says for better utilization, job descriptions should be provided on appointment to spell out responsibilities attached to the post and authority relationships.

While the majority 57,30% (43) graduates experienced problems on their utilization, the majority 57,70% (17) supervisors did not experience problems. Problems identified by graduates are related to financial and developmental problems (refer table 9,6, chapter 9).

Concerning the implementation of changes the majority 76% (57) of graduates were allowed to implement changes. A corresponding response from the supervisors indicates that the majority 93,20% (27) enabled the graduates to initiate changes. These

results indicate that the revised goals of post-basic courses of the University of Zululand are adhered to, for instance Nzimande (1990:57) indicates that one of the goals "is to participate as agents of change in social and political actions for improved health care and its delivery" (refer chapter 10 page 260).

When enquiring on the developmental needs of the graduates which will lead to their proper utilization 57% (43) of graduates indicated a need to be exposed to advanced clinical programmes nursing education programmes including masters and doctorate.

OBJECTIVE 3

One of the objectives for the study was to ascertain the profile of a graduate from a post-basic programme of the University of Zululand. An objective was stated as follows:

> **'To describe the biographical and professional background of the postgraduate nurse of the University of Zululand'**

Brink (1984) presented a research report on the profile of nurse tutors in South Africa In this study an attempt was made to identify the biographical data of a graduate from post-basic programme of the University of Zululand. The aim was not to compare and explore relations amongst the graduates but, it was done on the basis that the researcher believes that the understanding of the profile of the graduate from post-basic programme of the University of Zululand can be of assistance in further studies.

Gender

The majority 97,30% (73) were females as compared to 2,70% (2) males. Therefore it can be concluded that the majority of graduates from post-basic programmes of the University of Zululand were females (refer chapter 9 page 216).

Age Distribution

The age distribution ranged from 21 to 41 years with the majority 41,30% (31), in the category between 31-41 years; 36% (27), between 41-50 years; 18,70% (14) between 51-60 years and the youngest category 4% (3) between 21-30 years. It therefore can be concluded that the majority 96% (72) graduates were above 30 years of age.

Marital status

Based on the research findings as reflected in chapter 9, page 221 of the study, the majority 50,70% (38) were married; 40% (30) single 10% (7) either widowed or divorced. Based on these findings it can be concluded that the total number of single parents included widowed or divorced was 50% (37).

Area of employment

The findings from the study indicate that 66,60% (50) graduates worked at semi-urban and urban areas, while only 33,30% (25) worked in rural areas.

Educational qualifications

The majority 40% (30) of graduates had B Cur E et A (post-basic degree) followed by 38,70% (29) on diploma category, 18,70% (14) focused on nursing management, 9,30% (7) on nursing education and 10,70% (8) on community health nursing science. In the honours category of 14,70% (11) graduates, 6,70% (5) had an honours in nursing management, 5,30% (4) in nursing education and 2,70% (2) in community health nursing science. Amongst the participants interviewed there were 5,30% (4) with a masters educational qualification. There was only 1,30% (1) graduate who had a doctoral qualification. It can be concluded that the profile from a graduate from a

a doctoral qualification. It can be concluded that the profile from a graduate from a post-basic programme of the University of Zululand is limited in terms of graduates contributing to the knowledge in the subject of nursing. Initially the reason for introducing the programmes was to produce nurse leaders who had to manage the new trends in health service delivery.

11.4 LIMITATIONS TO THE STUDY

The researcher set out to undertake an exploratory and a descriptive study. Descriptive study tends to be expansive, the extensive field of study undertaken made it impossible to probe in-depth on all the variables that were studied.

Because of paucity of similar studies in the Province of KwaZulu-Natal, the researcher did not have the opportunity of methods and techniques in investigating variables under study.

Financial constraints and time limited the researcher in various ways.

11.5 RECOMMENDATIONS

In view of the findings and conclusions of the study on an evaluation of the impact of post-basic nursing programmes of the University of Zululand, the researcher makes the following recommendations:

Relevance/appropriateness of post-basic programmes

- It is recommended that the nursing science department should develop more advanced clinical programmes for example in midwifery, general nursing science, intensive care and trauma care and diploma in psychiatric nursing.

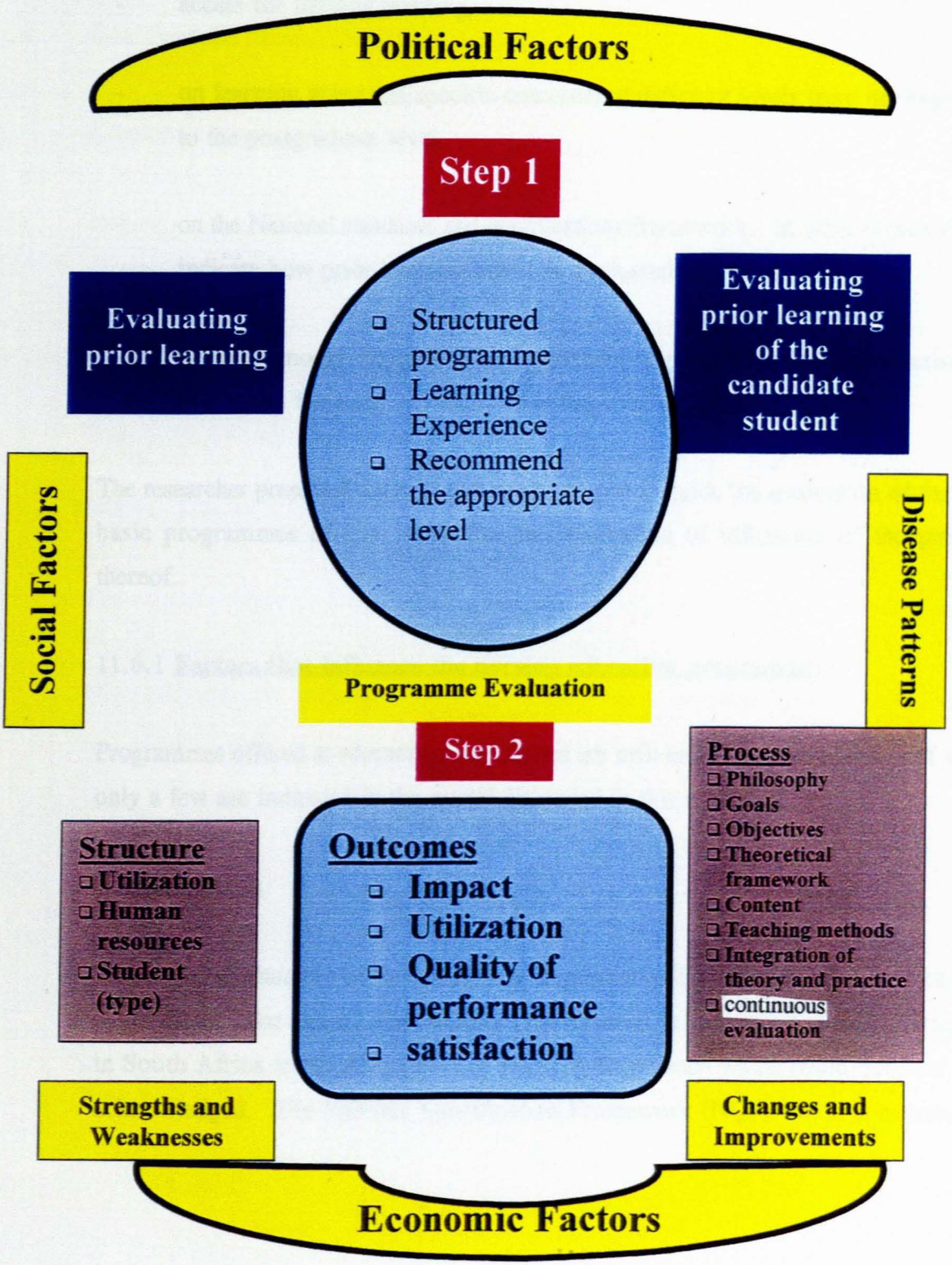
- It is strongly recommended that the department of nursing science should introduce primary health care programmes at certificate, diploma, baccalaureate and postgraduate levels. These could be offered at distance learning following a modular approach.

- There is an urgent need to introduce certificate courses on HIV/AIDS focusing on counselling, home-based care and on the rights of people living with AIDS and their carers including nurses.

11.6 PROPOSED MODEL

It is recommended that curricula for post-basic nursing programmes be continually evaluated.

Figure 11.1 Outcomes-based Evaluation Model (OBEV)



The model recognises that every programme in South Africa must be based on the following principles:

- access for lifelong learning.
- on learning areas and specific outcomes at different levels from the beginning to the postgraduate level.
- on the National standards and qualifications framework. In other words it must indicate how prior learning could be evaluated and recognised.
- while the model recognises the importance of prior learning, it emphasises the evaluation focusing on outcomes at the level of utilization.

The researcher presented a model that could be used to guide the evaluation of the post-basic programmes of any institution and evaluation of utilization of the products thereof.

11.6.1 Factors that influence the nursing education programmes

Programmes offered at educational institutions are influenced by many factors of which only a few are indicated in the model discussed in this model.

Political factors

The political situation of the country is important in the offering of the educational programmes. For example the National Qualification Framework had to be introduced in South Africa to accommodate any learning experience which could not have been acknowledged. The National Qualification Framework (NQF) which is overseen by

the South African Qualifications Authority (SAQA) is a vehicle for establishing a new approach to education and training in South Africa. It was introduced with an aim of enhancing the quality of education and training.
Every educational institution is expected to adhere to the principle of National Qualifications Framework (Isaac, 1987:3).

Economical status

Offering of educational programmes is influenced by the economic status of that country. If there are financial constraints the educational system itself will be affected. Human resources will be affected and also the education and training of the graduates as a whole. It is important therefore for educational institutions to create courses that will be self-funded.

Disease patterns

The disease pattern of a country also affects the implementation and evaluation of the programmes. At present in South Africa there is a scourge of HIV/AIDS which can affect educators and students. The programmes need to be adapted to the health needs and country needs. There is a need for courses in HIV/AIDS in South Africa.

Social factors

Social trends such as trade unions, feminist movements, poverty, unrest, violence, and unhealthy lifestyles can affect the type of programmes and their implementation. These social factors should be included in the post-basic nursing education programmes for their better understanding.

11.6.2 Steps used in evaluating post-basic programmes

Step 1

- First of all the structure of the post-basic programme should be evaluated using relevant evaluation methods.
- The candidates or students should also be assessed before undertaking this programme. Assessment of prior learning by first of all evaluating the programme that the candidates undertook, after which the actual learning experiences are evaluated using different strategies and done by effective assessors. After this assessment credits are awarded and an appropriate level of entry is recommended for the student.

Step 2

The second step is to evaluate the structure, process and product of the educational programme.

Structure

Structure is concerned with those conditions or resources that make education possible, such as programmes, organizations and policies, human and material resources.

Process

Process elements are operations or procedures used in conducting the programme. For example educational design, implementation and management of learning activities. The educational programme's philosophy goals, objectives, theoretical framework, course contents, teaching methods, integration of theory and practice are evaluated continuously in order to maintain standards.

Outcomes

Programme performance is evaluated in the outcome's element in relation to achievement of objectives, meeting of standards and costs. At the outcome level the impact of the programme and utilization of the products (graduates) is done by interviewing the employers, graduates, patients/clients as recipients and the community at large. Quality of performance of the graduates from that particular programme is done at their work places and utilization level using different evaluation strategies like observations, interviews and other strategies. Both the graduates and employers are evaluated in connection with satisfaction in the utilization process and job satisfaction as a whole.

Upon completion of the evaluation process of the educational programme strengths and weaknesses are identified, after which decisions are taken to do changes or improvements of the programmes. According to Jennings and Staggers (1998:76) the most accurate assessment of outcomes will occur when structure, process and outcomes are considered simultaneously.

The outcome-based evaluation model (OBEV) can be used successfully when evaluating any educational programme in order to maintain standards. With so many changes occurring in South Africa the educational programmes should be evaluated continuously for proper utilization of its products and to check its relevance to the needs of the students and the communities served.

It is hoped that the proposed model will be refined and tested by scholars with further scientific inquiry.

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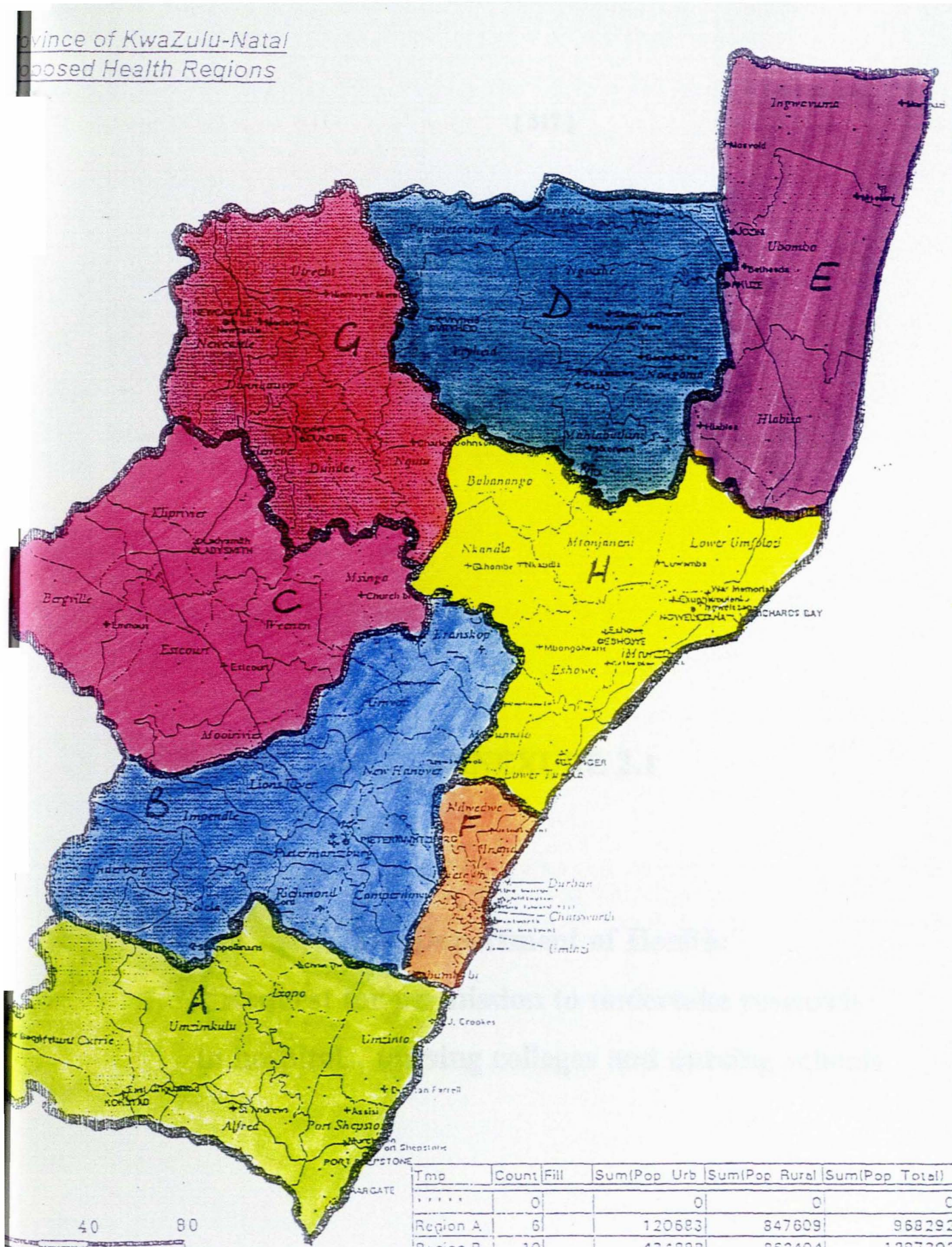
UNIVERSITY OF ZULULAND CALENDAR 1995.

ANNEXURE 1

MAP FOR PROVINCE OF

KWAZULU-NATAL

ovince of KwaZulu-Natal
oposed Health Regions



Tmp	Count	Fill	Sum(Pop Urb	Sum(Pop Rural	Sum(Pop Total)
* * * * *	0		0	0	0
Region A	6		120683	847609	968292
Region B	10		434898	862404	1297302
Region C	6		148821	585107	733928
Region D	6		63085	553915	617000
Region E	3		8587	478557	487144
Region F	7		1958723	744903	2703626
Region G	6		316465	415105	731570
Region H	8		168673	998093	1166766

ANNEXURE 2.1

The Department of Health:
Request for permission to undertake research
in hospitals, nursing colleges and nursing schools

c/o University of Zululand
Durban-Umlazi Campus
Private Bag X1001
ISIPINGO
4110
February 04 1999

ATTENTION: PROFESSOR R GREEN-THOMPSON

Superintendent General
KwaZulu-Natal Department of Health
Private Bag X9051
PIETERMARITZBURG
3200

Dear Professor Green-Thompson

REQUEST TO CONDUCT RESEARCH STUDY IN SELECTED HOSPITALS AND COLLEGES OF NURSING IN KWAZULU-NATAL IN ORDER TO FULFIL THE REQUIREMENTS OF A D.PHIL DEGREE IN NURSING EDUCATION: UNIVERSITY OF ZULULAND - STUDENT NUMBER 963036

Topic of Research: ***An Evaluation of the Impact of Post-Basic Nursing Programmes offered by the University of Zululand***

I hereby request permission to collect data in the hospitals and colleges of nursing for the above research. The aim is to evaluate the impact and utilization of the graduates of the University of Zululand by health services in KwaZulu-Natal and how their programmes are meeting the needs of the country. The period for data collection is May to July 1999.

I enclose a proposal which gives details of the proposed study and methodology. A copy of the research report will be forwarded to your department.

Hoping that my request will receive your favourable consideration.

Yours faithfully

Kubheka

BA KUBHEKA (Mrs)
LECTURER: NURSING SCIENCE DEPARTMENT
DURBAN-UMLAZI CAMPUS

ANNEXURE 2.2

Acceptance letter:

Department of Health

PROVINCE OF
KWAZULU-NATAL
DEPARTMENT OF HEALTH

ISIFUNDAZWE
SAKWAZULU-NATALI
UMYANGO WEZEMPILO

PROVINSIE
KWAZULU-NATAL
DEPARTEMENT VAN GESONDHEID

NATALIA
330 LONGMARKET ST
PIETERMARITZBURG

TEL. 0331-952111
FAX 0331-426744

Private Bag : X9051
Isikhwama Seposi : Pietermaritzburg
Privaatsak : 3200

Enquiries: Dr J.E. Stewart
Extension: 2285
Reference: 9/2/3/R (66/1)

Mrs B.A. Kubheka
Lecturer
University of Zululand
Private Bag X10
ISIPINGO
4110

16 SEP 1999

Dear Madam

REQUEST FOR RESEARCH

Your letter dated 14 September 1999 refers.

Please be advised that your request to undertake a study on the evaluation of the impact of post-basic nursing programmes offered by the University of Zululand is approved subject to:-

(a) The prior approval of the Head of each Institution is obtained;

(b) Confidentiality is maintained;

(c) The Department is acknowledged; and

(d) The Department receives a copy of the study on completion.

Yours faithfully

FAXED

SECRETARY: DEPARTMENT OF HEALTH
KWAZULU-NATAL
MCP/tasks/research_kubheka

ANNEXURE 2.3

The Chief Medical Superintendent:
Request for permission to undertake research
in the hospital

c/o University of Zululand
Durban-Umlazi Campus
Private Bag X10
ISIPINGO
4110
October 20 1999

The Chief Medical Superintendent

Northdale Hospital
Private Bag 9006
Pietermaritzburg
3200

Dear Sir / Madam

PERMISSION TO COLLECT DATA FOR A RESEARCH PROJECT OF D.PHIL IN NURSING EDUCATION AT THE UNIVERSITY OF ZULULAND: STUDENT NUMBER 963036

Topic: ***An Evaluation of the Impact of Post-Basic Nursing programmes offered by the University of Zululand***

I hereby request permission to collect data from your institution for the above research study. The research is a requirement for my doctoral degree.

I have already obtained the permission from Provincial Department of Health (see enclosed copy). Period of data collection is October to November 1999.

On completion of the study I will forward a copy of the research report to your institution.

Hoping that my request will receive your favourable consideration.

Yours faithfully

BA KUBHEKA (Mrs)
LECTURER: NURSING SCIENCE DEPT
DURBAN-UMLAZI CAMPUS

ANNEXURE 2.4

Permission letter for

Chief Medical Superintendent

PROVINCE OF KWA-ZULU NATAL HEALTH SERVICES

ISIFUNDAZWE SEKWAZULU-NATALI EZEMPILO

PROVINSIE KWA-ZULU NATAL GESONDHEIDDIENSTE

TEL.(032) 551 2222
FAX: (032) 552 2767
E.MAIL ADDRESS:
ADMIN@STH.PMB.HEALTHLINK.ORG.ZA

STANGER PROVINCIAL HOSPITAL
PRIVATE BAG X 10609
STANGER
4450

Enquiries : Dr. R. Docrat
Ext : 2000
Reference : S4/2/4
27 October 1999

Mrs. B.A. Kubheka
Lecturer
University of Zululand
Private Bag X10
ISIPINGO
4110

REQUEST FOR RESEARCH

1. I hereby acknowledge receipt of your letter of request dated 99/09/16 and the contents have been noted.

2. Permission is granted for you to undertake your research.

3. Please liaise with the Acting Deputy Director Nursing - at this institution.

CHIEF MEDICAL SUPERINTENDENT
PDM/mr

ANNEXURE 2.5

Deputy Director Nursing:
Request for permission
to undertake research study
in the hospital

c/o University of Zululand
Durban-Umlazi Campus
Private Bag X10
ISIPINGO
4110
October 20 1999

Deputy Director Nursing

Stanger Provincial Hospital
Private Bag x10609
Stanger
4450

Dear Madam

REQUEST FOR PERMISSION TO COLLECT DATA FOR A RESEARCH STUDY IN YOUR INSTITUTION

I hereby request permission to collect data in your institution for my doctoral degree.

Topic: *An Evaluation of the Impact of Post-Basic Nursing programmes offered by the University of Zululand*

I have already written a letter to your Chief Superintendent. I have also obtained permission from the provincial Department of Health (see enclosed letter). Period of collection of data is october to November 1999.

On completion of the study I will forward a copy of the research report to your institution.

Hoping that my request will receive your favourable consideration.

Yours faithfully

BA KUBHEKA
LECTURER: NURSING SCIENCE
DURBAN-UMLAZI CAMPUS

ANNEXURE 2.6

The Principal - College of Nursing

Request for permission

to undertake research study

in the College

University of Zululand
Durban-Umlazi Campus
Private Bag X10
ISIPINGO
4110
October 20 1999

Principal: College of Nursing

Greys Hospital
Private Bag x9001
Pietermaritzburg
3200

Dear Madam

REQUEST FOR PERMISSION TO COLLECT DATA FOR A RESEARCH STUDY IN YOUR INSTITUTION

I hereby request permission to collect data in your institution for my doctoral degree.

Topic: *An Evaluation of the Impact of Post-Basic Nursing programmes offered by the University of Zululand*

I have already written a letter to your chief Superintendent. I have also obtained permission from the Provincial Department ofHealth (see enclosed letter). Period of collection of data is october to November 1999.

On completion of the study I will forward a copy of the research report to your institution.

Hoping that my request will receive your favourable consideration.

Yours faithfully

BA KUBHEKA (Mrs)
LECTURER: NURSING SCIENCE
DURBAN-UMLAZI CAMPUS

ANNEXURE 2.7

Permission letter
To collect research data
from College of Nursing

PROVINCE OF
KWAZULU-NATAL
HEALTH SERVICES

ISIFUNDAZWE
SAKWAZULU-NATALI
EZEMPILO

PROVINSIE
KWAZULU-NATAL
GESONDHEIDSDIENSTE

GREY'S HOSPITAL

TEL : 033 – 8973000
FAX: 033 3455278

PRIVATE BAG X 9001
PIETERMARITZBURG
3200

Enquiries :	J.C. MILLER (MISS)	Date :	99.10.29	Reference :	
Imibuzu :	EXT. 3508	Usuku :		Inkomba :	
Navrae :		Datum :		Verwysing :	

MRS B.A. KUBHEKA
DEPARTMENT OF NURSING SCIENCE
UNIVERSITY OF ZULULAND
PRIVATE BAG X10
ISIPINGO
4110

DEAR MRS KUBHEKA

RE: REQUEST TO COLLECT RESEARCH DATA AT GREY'S CAMPUS

Permission is hereby granted for you to collect data at Grey's Campus for your doctoral degree.

Please note that this permission only relates to Grey's Campus staff. Permission for data collection from Grey's Hospital staff must be sought from the Senior Medical Superintendent and Chief Matron.

Yours sincerely

J.C. MILLER (MISS)
CAMPUS PRINCIPAL

JCM/th

ANNEXURE 2.8

Deputy Director Nursing:

request to participate in the study

ANNEXURE 2.9

A Questionnaire directed to Persons-in-charge

A QUESTIONNAIRE DIRECTED TO PERSONS-IN-CHARGE

Kindly answer the following Questionnaire with the information concerning Professional Nurses of your Institution

1. Do you have Professional Nurses in your employment, with the post-basic obtained through a University degree or a diploma programme?

Nursing Education

Yes ☐ No ☐

Nursing Administration

Yes ☐ No ☐

Community Health Nursing

Yes ☐ No ☐

2. If "yes" to No. 1 above, how many of the following?

Nursing Education

Nursing Administration

Community Health Nursing

ANNEXURE 2.10

Checklist to enquire about Educational qualifications of Registered nurses

A CHECKLIST TO INQUIRE ABOUT EDUCATIONAL QUALIFICATIONS OF REGISTERED NURSES

1. Name : .....

2. Gender : .....

3. Age : .....

4. In which institution are you working? .....

5. Where did you study for your qualification(s)? (Is it a University degree, University Diploma or a Technikon Diploma?)

5.1 Choose your institutions from those listed below:

- → University of Zululand
- → University of South Africa
- → University of Natal
- → University of Pretoria
- → University of the North
- → University of Transkei
- → University of Witwatersrand
- → RAU University
- → Medunsa University
- → Technikon Mangosuthu
- → Technikon Natal
- → Other institutions not specified here ..... (Name)

6. For which course did you graduate? .....

COURSE	YEAR OF GRADUATION
B Cur E et A	
B Cur Externa	
B Cur Arts	
B Cur	
Diploma in Nursing Eduation	
Nursing Administration	
Diploma in Community Health Nursing	
Other (specify)	
Other (specify)	

7. What are your major subjects?

(i) . . . . . .

(ii) . . . . . .

(iii) . . . . . .

(iv) . . . . . .

(v) . . . . . .

(vi) . . . . . .

(vii) . . . . . .

YOR COOPERATION IS HIGHLY APPRECIATED !

ANNEXURE 2.11

Letter for requesting participation by the graduates

University of Zululand
Durban-Umlazi Campus
Private Bag X10
ISIPINGO
4110
October 20 1999

Dear Participant

RESEARCH TOPIC: AN EVALUATION OF THE IMPACT OF POST-BASIC NURSING PROGRAMMES OFFERED BY THE UNIVERSITY OF ZULULAND

Thank you for your willingness to participate in this research. You have been selected because you are one of the graduates of the University of Zululand Nursing Science Department.

Please feel free to answer the questions. Your name will not be mentioned in any part of the report, or any future reference. You have to partake voluntarily.

Yours sincerely

Kubheka

BA KUBHEKA (Mrs)
RESEARCHER

ANNEXURE 2.12

Request for nursing programmes offered by University (telephonically)

University of Zululand
Durban-Umlazi Campus
Private Bag X10
ISIPINGO
4110
November 2 1999

Professor and Head of Nursing Science Department

University of South Africa

P.O.Box 392

Pretoria

0003

Dear Professor

REQUEST FOR POST-BASIC NURSING PROGRAMMES OF YOUR UNIVERSITY FOR COMPARISON WITH THOSE OF UNIVERSITY OF ZULULAND

Topic ***An evaluation of the impact of post-basic nursing programmes offered by the University of Zululand***

I hereby request post-basic nursing programmes of your nursing department. These programmes will be used for comparison with those of the University of Zululand.

I have enclosed a proposal which gives details of the proposed study.

Hoping that my request will be considered favourably.

Yours sincerely

Kubheka

BA KUBHEKA (Mrs)
LECTURER: NURSING SCIENCE DEPARTMENT
DURBAN-UMLAZI CAMPUS

ANNEXURE 3

INTERVIEW GUIDES FOR:

3.1 Supervisors of the graduates

3.2 Graduates of the University of Zululand - Nursing Science Department

ANNEXURE 3.1

INTERVIEW GUIDE FOR SUPERVISORS OF GRADUATES OF THE UNIVERSITY OF ZULULAND NURSING SCIENCE DEPARTMENT

INSTRUCTIONS

- Please answer the following questions concerning the utilisation of the ex-Graduates of the University of Zululand working in your Institution.
- Explain or tick (√) where applicable) e.g.
  Gender: Male ☐ Female ☐

SECTION 1: DEMOGRAPHIC DATA

1. GENDER

Male ☐ Female ☐

2. AGE GROUP

21 - 30 ☐
31 - 40 ☐
41 - 50 ☐
51 - 61 and above ☐

SECTION 2: EMPLOYMENT HISTORY

3. AREA OF EMPLOYMENT

Urban ☐ Rural ☐ Suburban ☐

4. PROFESSIONAL QUALIFICATIONS (TYPE: OCCUPATIONAL) CLASS/RANK)

- Nurse Manager ☐
- Community Health Nurse ☐
- Nurse Educator ☐

5. PROFESSIONAL POST HELD AT PRESENT

- Professional Nurse ☐
- Senior Professional Nurse ☐
- Chief Professional Nurse ☐
- Assistant Director ☐
- Deputy Director ☐
- Lecturer ☐
- Nurse Tutor ☐

6. IN OUR OPINION ARE THE GRADUATES WELL-PLACED WHERE THEY AREWORKING?

Yes ☐ No ☐

7. IN YOUR OPINION, IS THE RIGHT POERSON ALWAYS PLACED IN THE CORRECT PLACE FOR PRODUCTIVITY IN YOUR INSTITUTION?

Yes ☐ No ☐

8. WHAT CRITERIA DO YOU USE FOR PLACEMENT OF THE GRADUATES?

- ► According to experience ☐
- ► According to knowledge and skills ☐
- ► According to academic achievement ☐
- ► Any other criteria ☐

9. DO YOU FIND THE GRADUATES TRAINED APPROPRIATELY FOR THE NEEDS OF THE SERVICE?

Yes ☐ No ☐

10. ARE THE GRADUATES ENABLED TO INITIATE CHANGES IN THE DEPARTMENTS WHERE THEY ARE WORKING?

Yes ☐ No ☐

11. WHAT SIGNIFICANCE CONTRIBUTIONS HAVE THE GRADUATES MADE IN THE SERVICE?

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12. ARE THE GRADUATES PROVIDED WITH JOB DESCRIPTIONS ON EMPLOYMENT?

Yes ☐ No ☐

13. ARE THE GRADUATES PROVIDED WITH POLICIES AND PROCEDURES ON EMPLOYMENT?

Yes ☐ No ☐

14. DO YOU PROVIDE ANY SUPPORT AND ENCOURAGEMENT TO THE GRADUATES?

Yes ☐ No ☐

15. DO YOU WRITE PROGRESS REPORTS FOR THE GRADUATES?

Yes ☐ No ☐

16. DO YOU PROVIDE STAFF DEVELOPMENT PROGRAMMES FOR THE GRADUATES

Yes ☐ No ☐

SECTION 4: UTILISATION OF THE GRADUATES

17. ARE YOU EXPERIENCING ANY PROBLEMS NOW IN THEUTILIZATION OF THE GRADUATES?

Yes ☐ No ☐

SECTION 4: PROBLEMS EXPERIENCED

25. ARE THE GRADUATES APPROPRIATELY TRAINED TO FACE THE FUTURE NEEDS OF THE HEALTH SERVICES?

Yes ☐ No ☐

SECTION 5: RELEVANCE OF PROGRAMMES TO THE NEEDS OF THE COUNTRY

26. WHAT SUGGESTIONS WOULD YOU MAKE FOR FUTURE PREPARATIONS OF THE GRADUATES

_____

_____

_____

_____

ANNEXURE 3.2

INTERVIEW GUIDE FOR GRADUATES OF THE UNIVERSITY OF ZULULAND NURSING SCIENCE DEPARTMENT

INSTRUCTIONS

- Please answer the following questions concerning utilisation of your knowledge and skills by the health services and educational institutions where you are working in KwaZulu-Natal.
- Explain or tick (√) where applicable) e.g.
  Gender: Male ☐ Female ☐

SECTION 1: DEMOGRAPHIC DATA

1. GENDER

Male ☐ Female ☐

2. AGE GROUP

21 - 30 ☐
31 - 40 ☐
41 - 50 ☐
51 - 61and above ☐

3. MARITAL STATUS

Married ☐ Single ☐
Widowed ☐ Divorced ☐

Other ☐

4. AREA OF RESIDENCE

Urban ☐ Rural ☐ Suburban ☐

SECTION 2: EDUCATIONAL INFORMATION

5. COURSES COMPLETED AT THE UNIVERSITY OF ZULULAND

- Diploma in Nursing Management ☐
- Diploma in Community Health ☐
- Diploma in Nursing Education ☐
- B Cur ☐
- B Cur E *et* A ☐
- B Cur Honours Nursing Management ☐
- B Cur Honours in Community Health ☐
- B Cur Honours in Nursing Education ☐
- Master's Nursing Management ☐
- Master's Community Health ☐
- Master's Nursing Education ☐
- Doctor in Nursing Management ☐
- Doctor in Community Health ☐
- Doctor in Nursing Education ☐

6. METHOD OF TUITION/ TRAINING

WERE YOU PART-TIME? ☐ **OR FULL-TIME?** ☐

SECTION 3: EMPLOYMENT HISTORY

7. ALLOCATION

- Hospital ☐
- Clinic ☐
- Clinical area ☐
- College of Nursing ☐
- Nursing School ☐
- University ☐
- Unemployed ☐
- Other (*Please specify*) _____

8. IN WHICH DEPARTMENT ARE YOU WORKING? _____

9. WERE YOU SATISFIED WITH YOUR PLACEMENT?

Yes ☐ No ☐

10. WHICH DEPARTMENT WOULD YOU PREFER TO WORK AT?

SECTION 4: UTILIZATION OF THE GRADUATES

11. ARE YOU ALLOWED TO IMPLEMENT ANY CHANGES AT WORK ACCORDING TO THE KNOWLEDGE AND SKILLS THAT YOU HAVE GAINED IN THE UNIVERSITY OF ZULULAND?

Yes ☐ No ☐

12. WHICH DEPARTMENT ARE YOU UTILIZED?

- Nursing Management ☐
- Community health ☐
- Nursing education ☐
- Clinical practice ☐

13. DO YOU RECEIVE ANY SUPPORT AND ENCOURAGEMENT BY:

- Recognition ☐
- Praise ☐
- Promotion ☐
- Further studies ☐

14. DO YOU HAVE YOUR CONFIDENTIAL REPORTS / PROGRESS REPORTS WRITTEN ABOUT YOU?

Yes ☐ No ☐

15. ARE YOU PROVIDED WITH STAFF DEVELOPMENT PROGRAMMES TO IMPROVE YOUR COMPETENCE?

Yes ☐ **No** ☐

16. IN YOUR OPINION, IS THE RIGHT PERSON ALWAYS PLACED IN THE RIGHT PLACE FOR PRODUCTIVITY IN YOUR INSTITUTION?

Yes ☐ **No** ☐

17. ARE YOU MADE TO FEEL A SENSE OF BELONGING BY BEING PROVIDED WITH THE FOLLOWING:

- Newsletters ☐
- Merit awards ☐
- Any other ☐

SECTION 5: PROBLEMS EXPERIENCED

18. LIST ANY PROBLEMS THAT YOU ARE EXPERIENCING IN YOUR UTILIZATION.

_____

_____

_____

SECTION 5: RELEVANCE OF THE PROGRAMMES TO CATER FOR THE NEEDS OF THE COUNTRY

19. ARE YOU ABLE TO PRACTICE WHAT WAS TAUGHT IN THE UNIVERSITY TO CATER FOR THE NEEDS OF THE COUNTRY?

Yes ☐ **No** ☐

20. **DO YOU FEEL COMPETENT IN YOUR WORK PERFORMANCE?**

Yes ☐ **No** ☐

21. IN YOUR OPINION DO YOU THINK THE POST-BASIC PROGRAMMES CATERED FOR YOUR WORK NEEDS ARE SUITABLE?

Yes ☐ **No** ☐

22. BASED ON THE COURSES THAT YOU HAVE DONE IN THE UNIVERSITY, ARE YOU ABLE TO COPE WITH THE RECENT ADVANCES?

23. WAS YOUR EDUCATION AND TRAINING RELEVANT TO:

- Outcome-based education ☐
- Primary health care ☐