

Chapter 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter includes a literature review on management of personnel development in nursing education. *The following aspects are reviewed:*

- A needs assessment for personnel development regarding educational institutions and nursing services, and the specific needs of nurse educators and clinical preceptors
- Managerial aspects relating to the planning of a programme of personnel development and the implementation thereof
- The monitoring and improvement of organisational performance, including the management of nursing education on a micro-level
- Development of policies and procedures relating to personnel development, including facilities required, budgeting and evaluation aspects.

The literature search included the most recent available literature in the library on personnel development as well as a comprehensive electronic search on Internet for relevant literature. The researcher mostly used evaluated published articles as well as relevant Acts and regulations, which were referred to in the discussion of literature.

2.2 PERSONNEL DEVELOPMENT

The basic professional education of the individual registered nurse no longer is sufficient to enable her/him to function effectively on the long term. Continuing education is therefore imperative. Comprehensive changes in nursing education alone demand updating of knowledge and skills of registered nurses, whereas changes in the clinical field of nursing make it imperative for nurse educators to renew their knowledge and skills of clinical nursing.

2.2.1 PERSONNEL DEVELOPMENT DEFINED

Personnel development is defined as a process consisting of orientation, in-service education (ISE) and continuing education for the purposes of promoting the development of personnel within any employment setting, consistent with the goals and responsibilities of the employer (O'Connor 1986: 5). The American Nurses Association - ANA (1978:1) defines staff development as a term describing a process which includes both formal and informal learning opportunities to assist individuals to perform competently in fulfilment of role expectations. This definition includes continuing education.

Continuing education in nursing "...consists of planned, organised learning experiences designed to augment the knowledge, skills and attitudes of registered nurses (and educators) for the enhancement of nursing practice, education management and research..." (ANA 1978: v). The ultimate goal is to enhance the quality of nursing services rendered to the community.

This definition of personnel development and the perspective on continuing education, seen within an educational context, imply that the development of all personnel involved in the education and training of student nurses, will be beneficial to the nursing college to attain its goals of quality education to student nurses. The goal of a **personnel development programme** should be to enhance the educational performance and research abilities of both nurse educators and clinical preceptors through the use of educational opportunities. These opportunities should be based on performance expectations of both nurse educators and clinical preceptors. The **personnel development programme** should therefore include orientation, ISE and any formal education that will enhance the individual's performance in the educational context. With the promulgation of the Skills Development Act (Act no. 97 of 1998), personnel development has become compulsory in South Africa in all governmental institutions.

2.2.2 LEGISLATIVE REGULATIONS REGARDING PERSONNEL DEVELOPMENT

The groundwork for personnel development was laid with the promulgation of the Skills Development Act (Act no. 97 of 1998), and the related regulations (Regulation R.103 of 7 February 2000), which have made the development of personnel compulsory (South Africa 1998:14). Personnel development within the South African context plays a key role regarding efficient and effective management of human resources (Gerber, Nel & Van Dyk 1987:3).

The National Human Resource Development Policy of the Department of Health in South Africa (October 1996) emphasises the need for education and training programmes in South Africa in order to develop competent personnel who will be able to respond appropriately to health needs of South African communities (Edelstein, Sanders, Groenewald, Van Niekerk & Reddy 1998: 25). The Skills Development Act (Act no. 97 of 1998), the related regulations (Regulation R.103 of 7 February 2000) and the policy declaration of the Department of Health imply that personnel development programmes should be launched to provide for the developmental needs of nurse educators and clinical preceptors, who forms a very important part of the professional workforce of nurses in South Africa.

Development of the educational needs of nurse educators and clinical preceptors should promote the facilitation of student learning in the academic and clinical settings, and contribute to the quality of nursing care rendered by students. Personnel development courses can be registered as short courses with the South African Qualifications Authority (SAQA) to ensure earning of credits (South Africa 1998: Annexure C).

In 1983, provision was made for co-operation between nursing colleges and health facilities when nursing colleges became autonomous tertiary institutions as decided by the National Health Policy Council in 1982 (Searle 1983b:9). Middle management of nursing colleges had to take the initiative to establish co-operation with nursing services and to create a plan for the continuous development of all personnel involved in the education and training of student nurses. Voltruba (in Willis & Dubin 1990: 219) refers to this important aspect when he states that colleges and

universities, if they want to enhance the educator's competence and vitality, must make continuous development and renewal an integral part of their institutional culture.

The Skills Development Act (Act no. 97 of 1998) and the Skills Development Levies Act (Act no. 9 of 1999) provide an institutional framework for the planning and implementation of national, sector and workplace strategies in order to:

- Develop and improve the skills of the South African workforce
- Integrate those strategies with the National Qualifications Framework (NQF) contemplated in the South African Qualifications Authority (SAQA) Act (Act no. 58 of 1995)
- Provide for learner-ships that lead to recognised occupational qualifications
- Provide for the financing of skills development by means of a levy-grant scheme and a National Skills Fund
- Provide and regulate employment services.

In relation to the provisions of the Skills Development Act (Act no 97 of 1998), the SAQA Act (Act no. 58 of 1995) provides for the establishment of Sector Education and Training Authorities (SETAs). SETA no. 7 for Education, Training and Development Practices and SETA no. 11 for Health and Welfare have bearing on the personnel development programmes of nursing schools. A personnel development programme of a nursing school must be approved by the relevant SETA, which will monitor education and training and allocate grants for personnel development, if programmes are on required levels. The relevant SETA, at request of the nursing college, will apply to SAQA for accreditation of personnel development programmes (Olivier 1999: 172-174). Nurse educators can accumulate credits by partaking in personnel development programmes.

Existing guidelines for personnel development

The educational foundation of nursing encompasses the principles of education as well as the principles of learning and adult education, and the four interrelated and sequential phases of the scientific educational process, namely: Assessment, planning, implementation and evaluation (Alspach 1995: 2). Personnel development departments should establish goals for the development of staff within the framework

of the strategic plans and missions of nursing colleges (Fitzsimmons, Piercy, Noel, & Connolly 1996: 247). According to the ANA, nursing education includes basic education, graduate education and continuing education (ANA 1978: v).

The guidelines for personnel development in a specific nursing college should be found in the college's philosophy regarding personnel development. The South African Nursing Council's (SANC's) philosophy regarding nursing education emphasises the development of the individual nurse on professional and personal levels (SANC 1992: 4). These philosophical guidelines of the SANC have bearing on all nursing education, including continuous education. To ensure that the personnel development programme is executed within the outcomes-based framework of SAQA, the guidelines for specific outcomes and critical outcomes should be used when planning and executing the personnel development programme (Olivier 1999:16).

2.2.3 DEVELOPMENTAL NEEDS OF NURSE EDUCATORS AND REGISTERED NURSES INVOLVED IN THE EDUCATION AND TRAINING OF STUDENT NURSES

An assessment of the educational needs of nurse educators and clinical preceptors forms part of the planning of outcomes of the personnel development programme. Educational needs can be defined in a variety of ways, such as individual performance deficits or aspirations, and group deficits or aspirations (Harris & Monk 1992:180). The individual, Harris and Monk (1992:180) refer to, for the sake of this research, is the nurse educator or the clinical preceptor, and the group are college personnel or registered nurses in the clinical setting who accompany student nurses.

An assessment of educational needs should be based on assessments of actual performance and expected performance. It is therefore important that standards should be set by both management of the personnel development department and prospective learners, prior to planning of outcomes.

Developmental needs in nursing education vary according to advanced developmental needs, which include post-basic clinical and non-clinical formal courses, and ISE. ISE can further be divided into:

- **Basic competency development:** This relates to accepted educational competencies that are necessary for the accompaniment of student nurses in the theoretical and clinical situation (Harris & Monk 1992:179). Basic competency development seeks to promote high levels of quality education.
- **Remediation of inappropriate performances:** ISE recognises the need to substitute some practices with new practices (Harris & Monk 1992:179). This includes the replacement of a tutor-centred mode of education with a student-centred outcomes-based approach.
- **Specialised competency development:** This is important to only a limited number of personnel, based on their tasks, role or problems. Specialised competency development can be applied to nursing education with regard to educational management functions.

2.3 NEEDS ASSESSMENT REGARDING PERSONNEL DEVELOPMENT

The assessment of learning needs forms the basis of the personnel development programme's planning process. The determination of learning needs with regard to the organisational and developmental needs of nurse educators and clinical preceptors ensures a programme that will meet both the learning needs of individuals and organisational imperatives.

2.3.1 SUCCESSFUL NEEDS ASSESSMENT

Puetz (1987) refers to three key elements regarding the assessment of learning needs, namely: Investigation, validation and communication (Kelly 1992: 97).

- **Investigation**

A learning needs assessment is an investigative process. To ensure high quality of education and training of student nurses, the personnel development department should assess learning needs of both nurse educators and clinical preceptors (Kelly 1992: 98). Organisational needs for specific staff development should also be assessed before embarking on programme development.

Needs assessment data are then used as a baseline for the development of evaluation criteria. Data should be collected at certain intervals during the

continuous personnel development programme to measure the overall impact of the programme on organisational and individual needs.

- **Validation**

Validation of learning needs implies that the identified needs should be validated as learning needs and that they should not be the result of an unclear statement of performance expectations by nursing school management (Kelly 1992: 99). Notwithstanding personnel development efforts, it is sometimes necessary that there should be a change in the managerial organisation in order to enhance the functioning of a specific individual.

- **Communication**

The value of effective communication cannot be overemphasised. In the communication with all stakeholders it is important to ensure that personnel development is valued as indispensable for the overall functioning of the nursing school and the development of student nurses' learning. The needs assessment, including the methodology used, the analysis of objectives, the results thereof and recommendations should be summarised in writing (Kelly 1992: 100).

2.3.2 MANAGERIAL NEEDS FOR PERSONNEL DEVELOPMENT

Apart from own developmental needs as identified by the individual nurse educator, nursing college management need to identify skills to be developed in nurse educators for the purposes of enhancing the quality of management in nursing education on micro-level and organisational effectiveness.

Personnel development is an important management function in nursing education to ensure high quality in the education and training of student nurses. Jooste and Troskie (1995:1) refer to the importance of staff development to ensure optimal utilisation of human resources in the organisation. The development of professionals is beneficial to both the individual and the institution. Personnel development implies the creation of developmental opportunities for all academic personnel and clinical preceptors. Both the professional and personal development of the individual should be addressed. Developmental activities in a nursing college should be supported by a well-developed academic support service and an effective college administration,

and should be based on research of educational development strategies and the realisation of learning (Van Niekerk 1992:1).

Tomlinson (1997:162) describes the benefits of developmental opportunities as follows:

- **Professional development** enhances the personal and professional skills of educators and clinical preceptors
- **Personnel development** will meet the managerial needs of the educational institution
- **Career development** will enhance the career progression of both nurse educators and clinical preceptors.

The organisational effectiveness of a nursing college relates to its image and identity. Effectiveness is achieved through planning, thought and professionalism. By establishing performance standards, the image of the nurse educator and clinical preceptor may be defined and promoted (Fitzsimmons et al. 1996: 247). Nursing colleges should run an effective and comprehensive personnel development programme for all personnel involved in student education. The programme should benefit the nursing school as organisation, the clinical facility and the individual. The programme should include the most recent developments in didactics, as applied to nursing education, and should address leadership and management skills, interpersonal skills, research and writing skills and the development of high cognitive abilities (Anema & Byrd 1991: 116; Van Niekerk 1992: 2).

Changes in education such as the change from a narrative, teacher-centred teaching strategy to student-centred facilitation of learning, may demand additional skills, knowledge and abilities which the educator may not possess. Continuing education and personnel development are therefore of paramount importance. Recent changes in national education that took place under the guidance of the SAQA Act (Act no. 58 of 1995), have to be reflected in nursing education (Geyer 1997:12). Outcomes-based Education (OBE) implies that educational strategies should change from a tutor-centred, textbook-based perspective to a student-centred, outcomes-based approach. There should be a paradigm shift from knowledge as final objective, to professional competence as the outcome of nursing education.

2.3.3 EDUCATIONAL NEEDS OF THE NURSE EDUCATOR

Nurse educators have specific needs with regard to their educational, research and clinical functions. They need to update their didactic skill to fit the OBE perspective, and stay ahead with regard to the dynamic changes in patient care. They have to update their knowledge and skills regarding the use of different approaches during the accompaniment of student nurses and clinical practitioners. The educational needs of nurse educators can be divided into clinical needs and educational needs.

- **Clinical needs**

The importance of developing and maintaining educational skills in clinical practice cannot be overemphasised. Although nurse educators will continue to hold a role in considering the application of fundamental sciences and nursing sciences, the specific expertise required will include their knowledge and skills in clinical practice (Clifford 1996: 1140). Maintenance of the link between theory in the nursing curriculum and the practice application of this theory allows nursing educators to make a unique contribution to higher education (Murphy 2000: 705). The uniqueness of this contribution should be in the application of their expertise and knowledge of both nursing and education in the clinical setting. They close the gap between education and practice, and prevent the diminution of their professional direction.

Nurse educators need to learn how to demonstrate caring, critical thinking and the praxis of nursing sciences in the clinical setting in ways that allow students to share a dialogue with other professionals around real issues and ideas (Bevis 1993:104).

- **Educational needs**

The nurse educator's role must be congruent with the nursing school's philosophy of emancipation of student nurses. Bevis and Murray (1990: 326) describe teaching as a political activity, where the nurse educator teaches the student about the self, authority, and the content of patient care. They describe the nurse educator as the 'benign dictator of content', implying that s/he will positively influence students' actions with regard to patient care. According to these authors, nurse educators use the lecture as a venture point. They argue that students need to master content in order to be able to think critically, and therefore the curriculum is driven by content, not the realities of practice. However, nurse educators need to learn how to facilitate

learning: student nurses should learn how to analyse and form opinions, be creative and caring, and to act with the autonomy brought about by assertiveness and skills (Bevis 1993: 102; Bevis & Murray 1990: 327.) Nurse educators need to learn how to bring students to use information.

Other areas recommended for the development of nurse educators, include writing skill, fiscal abilities, team building and team leading, community outreach and management theories as they apply to nursing education (Anema & Byrd 1991: 114; Cracolici, Gianella, Sullivan & Frazier 1996: 7). Through reading, research, reflection and discussion of ideas, nurse educators should demonstrate the ability to be actively involved in the generation of knowledge in nursing sciences. Ultimately, these activities should result in new publications on nursing.

2.3.4 EDUCATIONAL NEEDS OF CLINICAL PRECEPTORS

The clinical preceptor fulfils a key role in demonstrating the ability to process information upon which professional judgements can be based, and to make sound decisions (Fitzpatrick, While & Roberts 1992: 1211). This required skill should be a guideline in identifying learning needs of the clinical preceptor. The development of the research skill of the clinical preceptor should be emphasised, as well as the ability to use knowledge generated from sound research in clinical practice. Development of these needs should lead to a better quality of service and more effective and efficient practice.

However, competence in the clinical setting involves more than knowledge and skill; it includes critical, creative and reflective thinking, decision-making and problem solving. Critical thinking is the ability to solve problems by making sense of information, using creative, logical and analytical mental processes (Hansten & Washburn 2000: 26). The ability to use critical thinking in problem solving should be demonstrated to the student by the clinical preceptor. While in continuous close contact with the patient as recipient of nursing care, the student nurse can experience changes in the patient's condition, which resulted from the application of critical thinking, and during this process, s/he learns from the clinical preceptor as role model. It is therefore important to include research skill, critical reasoning abilities and problem-solving skill in a continuous development programme for clinical

preceptors, which will benefit the professional development of the individual clinical preceptor, as well as the quality of nursing education in the clinical setting.

Nursing education needs clinical preceptors who are knowledgeable doers, capable of flexibility and creativity (Barriball, While & Norman 1992: 1130). Clinical preceptors should provide instruction/ guidance, based on set outcomes and learner needs, give feedback and assess students' accomplishments (Reilly & Oermann 1992:196). Clinical preceptors therefore need assistance and tuition regarding the nursing curriculum, teaching strategies and assessment of students' needs and competence.

The nursing school most probably would select clinical preceptors according to clinical competence and expertise. However, it is possible that preceptors require educational skills to be able to identify learning needs and fulfil their role as facilitators of learning in the clinical setting. They may not be able to apply nursing theory to practice, or to use various strategies in assessing a student's clinical competence (Reilly & Oermann 1992:198). Murphy (2000: 712) emphasises that co-operation with nurse educators in the clinical setting would compensate for clinical preceptors' needs to learn about the content of the curriculum and to enhance the clinical accompaniment of student nurses. Co-operation with nurse educators should also enhance the clinical preceptor's ability to apply nursing theory in patient care.

The scientific foundation of nursing theories should be redefined to fit into a practical nursing framework (Upton 1999: 553). In order to facilitate this kind of practice, the clinical preceptor should be updated regarding existing theoretical frameworks for nursing. Wilson Thomas (1995) acknowledges, on the one hand, the need for using the skills of clinical preceptors and, on the other hand, the need to develop their research skill in order to promote collaboration between practitioner and educator/ researcher to further nursing knowledge and clinical skills (Upton 1999: 553).

2.4 THE CONTINUOUS DEVELOPMENT OF NURSE EDUCATORS AND CLINICAL PRECEPTORS

Student nurses require education and training in both the theoretical academic situation and the clinical setting. This necessitates the involvement of both nursing

colleges and health care facilities in programmes for the education and training of student nurses. Therefore, both the nursing college and the health care facility should be role players in a programme of continuous development of personnel involved in the education and training of student nurses. Regarding the fundamental principles of nursing education, the products of professional education in nursing should be a comprehensively trained professional nurse and midwife- with skills in clinical and managerial leadership, critical-analytical thinking and continuous specialisation in nursing (SANA 1993:)

The importance of developing students' critical thinking skill is emphasised by the SANC (1992:5). It becomes obvious that the clinical preceptor should develop and maintain the same skill, as s/he needs to accompany the student in the application of critical thinking in clinical practice. The clinical preceptor's involvement in the accompaniment of students in the clinical setting is emphasised by Edelstein et al. (1998: 25), in saying: "While the fundamental clinical skills can be taught at any level of the health care system, direct mentoring and supervision is essential if students are to develop the skills to analyse information gathered and develop comprehensive responses". This statement clearly indicates the need for co-operation between nursing services and nursing education to enhance the development of student nurses and to maintain the nurse educator's knowledge and clinical competence.

The continuous development of nurse educators' skills in theory and practice to enhance the education and training of students and to upgrade programmes cannot be overemphasised (Edelstein et al. 1998: 25). The *Report on the Investigation into the Nursing Profession 1990*, refers to the crises in the rendering of health care and also suggests that management should address the developmental needs of nursing managers involved in the management and education of personnel (including student nurses) (Muller & Coetzee 1990: 44-45). The nursing college principal must have a wide knowledge base, interact with all involved in the education and training of student nurses, and utilise her/his own managerial expertise in personnel development. She/he should – move the focus to concentrate on the outcomes of personnel development, be a risk-taker in education, lead to be in the centre of a web of interpersonal relations, not the apex of an organisational pyramid (Murphy 1992:125).

The involvement of management in staff development is referred to by the Centre for Health Human Resources when it recommends that the capacity of nursing college-based educators and nursing services' managers should be enhanced by the Human Resources Development and Training sections of provincial health departments. Both these categories of health care personnel should be developed to enhance health care competency, educational expertise and shared responsibility for nurses' education (Edelstein et al. 1998: 26-27). Managers who are responsible for personnel development need a foundation in education and adult education as well as fiscal abilities to carry out their responsibilities. They should not work on a trial and error process but rather on the basis of sound educational theory. Development of personnel forms an important part of effective organisational performance. A culture of excellence should be cultivated by nursing service managers and college principals, in which all staff will strive towards quality work and self-development (Hoy & Miskel 1991:254).

2.4.1 PROFESSIONAL GROWTH

This is the process of establishing, adapting and extending one's skills regarding teaching, the facilitation of learning and management within the educational context (Keith & Girling 1991: 177). It is reasonable to assume that professional people are capable of executing tasks with efficiency. However, more experience leads to more decision-making powers, and as professional demands increase, so do developmental needs. Therefore, the individual's developmental needs correlate with the nursing school's organisational needs. Upward mobility of personnel and functional growth within the organisation, including management and the use of technology, put more demands on personnel with regard to the demarcation of tasks and the complexity thereof (Grohar-Murray et al. 1997:184; Keith & Girling 1991: 177).

2.4.2 MOTIVATION

Personnel who are motivated, deliver high quality service. Individual motivation is influenced by perceived opportunities for further growth and development within the existing career context – a combination of the intrinsic developmental needs of educators and preceptors and environmental factors that either enhance or inhibit the achievement of development needs (Willis & Dubin 1990: 216). Adult professionals

need autonomy and the freedom to control their environment. Personnel development programmes should enable personnel to progress from a stage of conformity and subordination to authority and advanced stages where behaviour is the result of negotiation and accommodation. Professionals who are up to date, can use recently developed techniques to solve problems, can correlate theory with practice and do not overlook significant facts arising from their work (Willis & Dubin 1990: 23).

Personnel development programmes should enhance motivation through the creation of opportunities for continuous learning and developmental activities, facilitating lateral movement opportunities where vertical opportunities no longer exist (Willis & Dubin 1990: 219). A well-developed multifaceted personnel development programme can assist in motivating personnel and identifying a constant stream of areas for lateral growth (Jones & Walters 1994: 160; Keith & Girling 1991: 178).

Education is a dynamic enterprise – there is constant development regarding didactics and the facilitation of learning. Ways to manage education are constantly changing – are becoming increasingly technology-orientated. The mastering of new technology opens doors for the educator and preceptor, makes it possible to work smarter, not harder, and therefore prevent burnout amongst educational personnel.

Where the development of personnel is seen from the perspective of the nursing college's mission and strategic initiatives, it becomes clear that a contemporary approach to personnel development should be learner-driven, participatory, flexible, interdisciplinary and cost-effective (Cracolici et al. 1996: 7).

2.4.3 FACTORS THAT MAY INHIBIT THE PRESENTATION OF PERSONNEL DEVELOPMENT PROGRAMMES

Time and finance probably are the most important factors that inhibit the execution of personnel development programmes. Nursing colleges have to allocate time on personnel rosters for the clinical development of nurse educators and the clinical accompaniment of student nurses. Clinical services, on the other hand, will need to free clinical preceptors for formal and informal further education in order to enable them to develop their educational skills. However, because of recent structural

changes in nursing and nursing education, such as the freezing of vacant posts, the suggested phasing out of enrolled nurses, and the consequent increased workload of all involved, it became increasingly difficult to allow personnel time off to further their knowledge and skills. The demands of the accompaniment of student nurses within the context of OBE, and the absence of nurse educators in the clinical setting (Cave 1994:395) add to the time-constraints in the clinical services.

There is a need to develop strategies to promote the role of the nurse educator in the clinical setting. Although practical patient care primarily is the goal of the clinical setting, nursing education has a crucial role to prepare student nurses for a future nursing career and to update registered nurses and nurse educators on the latest developments in this specific context of nursing (Quinn 1992: 396). However, limited liaison between nursing schools and the clinical setting in this regard, leaves nursing education open to accusations of deficiencies in clinical credibility and competence (Murphy 2000: 705).

Quinn (1992: 396) refers to the importance of allowing nurse educators to practise as team members in the clinical setting without "...always having a student in tow". Such a ruling, however, will have implications for available resources. If nurse educators want to update their clinical skills in their own time, even if financial benefit is included, they should be allowed and be trusted that such practices would not influence their daily task. Another possibility, suggested by Quinn (1992: 396), would be to allow nurse educators once or twice a year for a short period of two weeks to practise in their own right without teaching commitments. Such practice will allow them to reflect on current educational practice, and the correlation between theory and clinical practice.

Financial management problems with regard to the system of nurse training include the fact that nursing colleges still fall under the service budget of provincial authorities. Before SAQA and the NQF came into being in 1995, no national policy in respect of education and training existed in South Africa (Kortenbout & Foster 1999: 1; Muller & Coetzee 1990: 20). The decision taken in 1982 by the National Health Policy Council that nursing education should become part of mainstream post-secondary education, made it possible for nursing colleges to become independent of nursing management of associated hospitals (Searle 1983a:6).

Although nursing colleges are now functioning as part of mainstream tertiary education in South Africa, they still have to present their budgets to the relevant provincial authorities. Patient care will always be the top priority of provincial authorities. Nursing education and the development of nurse educators and clinical preceptors will therefore always be of secondary importance with regard to the allocation of financial resources.

Although the management of nursing education was separated from nursing services' control when the nursing colleges became autonomous (Searle 1983a:6), the importance of close co-operation between nursing education and nursing services in the education and training of student nurses, cannot be overemphasised.

The policy of the National Health Policy Council stipulates that:

- The nurse educator's theoretical and clinical skills should be developed on a continuous basis (Searle 1983b:10), and
- The nurse in the clinical setting will be responsible for the accompaniment of the student nurse to apply theoretical concepts in practice (Searle 1983b:16).

The rapidity of change and innovation in education has resulted in a shift of responsibility regarding personnel development. Previously, it was the individual's responsibility to stay abreast of new developments and to stay competent in daily work activities. Today, it is the responsibility of nursing school management to ensure quality in nursing education and the accompaniment of student nurses (Willis & Dubin 1990:19).

2.5 CO-OPERATION BETWEEN NURSING COLLEGES AND NURSING SERVICES

Historical perspectives in nursing education emphasise the need for managerial co-operation between nursing colleges and nursing services to enhance the continuous development of all personnel involved in the education and training of student nurses (Searle 1983b: 10). The education and training of student nurses are the

responsibility of the educational institution, whether it is a nursing college, university, or private institution. The clinical development of student nurses cannot realise effectively without input from registered nurses in the clinical setting. To ensure a sense of ownership and shared responsibility, the nursing college and related nursing services must co-operate in the planning and execution of a personnel development programme that will enhance clinical preceptors' educational skills as well as nurse educators' clinical competence (Willis & Dubin 1990: 220).

2.5.1 CO-OPERATION BETWEEN NURSE EDUCATORS AND CLINICAL PRECEPTORS

It is important that nurse educators and clinical preceptors have a collegial approach towards the education and training of student nurses, and that they co-operate with regard to relevant managerial matters concerning the educational programme. This co-operation, which should be initiated by nursing college management, would enable both parties to identify and acknowledge both expertise and educational needs in each other. The inclusion of clinical preceptors in a personnel development programme initiated by the nursing college, will enhance a collegial approach towards student education and will ensure that provision is made for the educational needs of both nurse educators and clinical preceptors.

Leiman (in Jones and Walters 1994:12) also found that a higher morale and a more positive attitude towards the school and students existed where educators and preceptors participated in the management process. High morale between all parties is a prerequisite for an effective instructional programme (Jones & Walters 1994:12).

An investment in the training of educators and preceptors will enhance the development of a collegial approach towards the education of students, and be beneficial to the quality of outcomes of both personnel development programmes and student learning programmes. *Such an investment could have the following benefits:*

- Inclusion of clinical preceptors in the personnel development programme of the nursing school might help to bridge the gap between nursing theory and nursing practice (Stutsky & Spence Laschinger 1995: 151).
- Nursing college management will be able to build quality into their basic nursing programmes if they initiate and manage a personnel development

programme that will include the development of clinical preceptors. The outcomes for nursing colleges most probably will be student nurses who are better equipped to fulfil their task of patient care as developed professionals and nurse educators who are clinically credible.

- Clinical preceptors increasingly may show an interest in nursing education as a career as their skills in clinical education and training of students develop.
- Clinical nursing services will also benefit from such an agreement as their registered nurses will develop as clinical preceptors, with an emphasis on educational skills. Continuous contact with nursing education will enhance preceptors' cognitive and affective skills, which also will be valuable in daily clinical practice.

The National Health Policy Council established under the Health Act (Act no. 63 of 1977), at that time the highest authority on health policy matters in South Africa, formulated co-operative guidelines for nursing colleges (Searle 1983b: 9). Today, these basic guidelines still can be used to enhance effective co-operation between nursing colleges and nursing services with the aim of developing a personnel development programme for nurse educators and clinical preceptors. These guidelines *inter alia* are as follows:

- The student nurse registers with the nursing college but when s/he is a member of a clinical team in the clinical setting, s/he falls under control of the supervising registered nurse.
- The nursing college should determine the type and amount of clinical learning experiences which are required to meet registration requirements, national health needs and the outcomes of the particular programme.
- Heads of nursing schools and nursing services together should work out strategies for the organisation of theory and practice.
- The importance of involvement of student nurses in a broad range of health care activities must be emphasised. The student must participate in the patient care situation as a member of the ward, department or clinical team (Searle 1983a: 5-7.)

2.5.2 DIFFERENTIATING BETWEEN THE EDUCATIONAL ROLES OF THE NURSE EDUCATOR AND CLINICAL PRECEPTOR

Both nursing services and nursing education will benefit from purposefully planned and structured accompaniment of student nurses. During their education and training, students more or less spend 65% of their time in the clinical setting under the supervision of the registered nurse. Although the educational role of the registered nurse is focussed on patient care, it also has a bearing on the teaching of junior nursing personnel, including student nurses (Van Niekerk 1992: 24). However, it is important to note the difference between the educational roles of the nurse educator and the clinical preceptor in the clinical setting.

2.5.2.1 THE ROLE OF THE NURSE EDUCATOR

The role of a nurse educator has been described as that of nurse, professional, educator, consultant, co-ordinator, facilitator, change agent/ motivator, evaluator and researcher (Fitzsimmons et al. 1996: 247). The nurse educator facilitates learning in the academic situation, guides the student to master theoretical content, assesses the student nurse and sets examination papers. With regard to the clinical education and training of the student nurse, s/he acts as a mentor, accompanies the student in applying cognitive and affective skills while caring for the patient, creates learning opportunities and spends time with the student reflecting on clinical experiences (Van Niekerk 1992:16). S/he has to develop expertise on a continuing basis through research, participation in the generation of new knowledge and the initiation of discussions on important scientific topics in scientific journals (Fitzsimmons et al. 1996: 248; Willis & Dubin 1990: 95).

- **The academic role of the nurse educator**

On the academic level, the nurse educator should be able to link theories of competence in nursing education to the construct validity of performance assessment. This is not only applicable to the professional conduct of the student nurse, but also to that of the nurse educator and her/ his colleagues (Willis & Dubin 1990: 95).

Common categories of the tasks of the nurse educator include education, consultation, leadership, research, resource management, communication and professional development. The academic credibility of the nurse educator relates to all these aspects. *D'A Slevin (1993: 243) refers to the following dimensions of academic credibility of the nurse educator :*

- **Teaching credibility**

The teaching credibility of the nurse educator should be in line with recent changes in national education, e.g. the change from a teacher-centred perspective to a student-centred and outcomes-based perspective. Many changes have taken place in nursing education recently. Personnel, who for some time have been functioning as nurse educators, might need updating regarding the effect of the outcomes-based approach on teaching. There is indeed a vast difference between teaching and the facilitation of learning, and it will require some adjustment from nurse educators.

- **Knowledge and clinical credibility**

The nurse educator must be an expert in the subject field s/he is teaching. S/he must know the subject content in depth, and must be able to apply it in clinical practice and to demonstrate the realisation thereof in the clinical setting (D'A Slevin 1993: 245). Nursing is not a pure discipline. Rather, it is eclectic – it draws from a range of disciplines and applies the principles thereof in nursing practice. The nurse educator should therefore be able to apply the scientific bases of these disciplines in the nursing curriculum; in theory and practice. The continuous development of both the nurse educator and clinical preceptor in this regard is of paramount importance.

- **Academic credibility**

Academic credibility relates to the esteem of the individual educator and the nursing school, and assumes credibility in publication, research and teaching. The development of the nurse educator in this regard is important as the nursing school forms part of tertiary education and competes on a high level with other academic institutions (D'A Slevin 1993: 246). Academic development includes formal study for additional qualifications, independent research as well as presentation of papers at congresses and publication of scientific material. It further includes the development of the nurse educator regarding quality education and assessment of students.

These aspects deserve as much attention in the development of nurse educators as research and other higher cognitive abilities such as publication.

- **The clinical role of the nurse educator**

Although the nurse educator spends less time with students in the clinical setting than in the academic setting, her/ his function in the clinical setting is not less important. *Murphy (2000: 706) refers to three possible models for the involvement of the nurse educator in the clinical setting:*

- The first model is the *liaison function*, where nurse educators visit the practice area to support students and practitioners (clinical preceptors) and to monitor the clinical environment in order to identify learning opportunities. These learning opportunities are then divided between those opportunities that allow the student to develop skills and those opportunities where accompanying is imperative.
- The second model focuses on the *nurse educator's teaching role*, implying that s/he spends regular periods in the clinical setting actively accompanying student nurses in caring for patients. The nurse educator has to plan effectively to ensure that s/he, at regular intervals, sees all students allocated to her/ him for accompaniment in the clinical setting.
- The third model refers to the nurse educator as *researcher and consultant* to both students and practitioners (Krugman, Smith & Goode 2000:217). The nurse educator therefore should possess expertise in research, education and clinical practice. S/he should initiate research projects that could be of benefit to patient care or unit management, and which simultaneously would enhance student education.

The realisation of all three models may pose problems to the nurse educator when her/ his theoretical teaching function is kept in mind. The liaison function alone will take up a lot of time during the workweek as student accompaniment and consultation with clinical preceptors are done on a one-to-one basis. To meet only once a week for one or two hours with each student allocated to the nurse educator, will leave her/ him not much time to educate or to effectively conduct research. A

midway arrangement by which management of the nursing school facilitate the development of the nurse educator in order to enable her/ him to maintain clinical capabilities and to consult with clinical preceptors regarding the education of student nurses, should exist.

All these different facets of the nurse educator's role have various implications for personnel development. The nurse educator should be given the opportunity to learn necessary technological and managerial skills, and to invest in research.

2.5.2.2 THE ROLE OF THE CLINICAL PRECEPTOR

Functions of registered nurses in the clinical setting include rendering safe, professional nursing care to patients in any given circumstance, the accompaniment of student nurses and an educational function regarding patient education (Jooste & Troskie 1995: 16).

Nursing school management envisage high quality education for students, and therefore prefer that registered nurses who accompany students would be clinically credible and have critical reasoning abilities. Competence in clinical nursing develops only because of planned, sequential experiences in the clinical setting. The implication is that registered nurses/ clinical preceptors should enhance the development of clinical competence in student nurses to attain the outcomes of the nursing curriculum (Reilly & Oermann 1992: 348). Registered nurses should have particular clinical skills in order to continuously accompany student nurses.

The following areas have been identified as key areas of responsibility of registered nurses in the clinical setting:

- Maintenance of a high standard of patient care
- The day-to-day management of patient care
- The supervision and teaching of nursing staff – including student nurses (Fitzpatrick et al. 1992: 1213.)

With regard to their function as clinical preceptors, unit managers have to participate in the education and training of student nurses. In order to achieve safe patient care, learning opportunities for students are created during execution of the ward

management function (Balogh & Bond 1984: 82; Van Niekerk 1992: 48). Unit managers are role models with regard to patient care and professional communication. They work with students in caring for patients, demonstrate the necessary clinical skills and correlate theory with practice (Deans 1983: 45; Fitzpatrick et al. 1992: 1214; Levine & Leach 1982: 126). Chapman and Orb (2000: 2) refer to Reilly and Oermann when stating that it is only in the clinical setting that students can apply knowledge in practice, develop competence in psychomotor skill and become socialised in their future role.

This statement also holds true for the educational role of both the nurse educator and the clinical preceptor. Only in practising the facilitation of learning in various circumstances could they learn to create learning opportunities and anticipate student needs. According to Mundt (1990: 78), the act of caring for real clients cannot be simulated and the practice of communicating with people who are sick, distressed and anxious, should be demonstrated to students by clinically competent nurse educators and preceptors.

Ohrling and Halberg (2001: 534) identify the following aspects as dimensions of the function of the clinical preceptor:

- **‘Sheltering’ the student when learning:** This implies the selection of meaningful learning opportunities, the interpretation of legal and ethical codes related to practice, assessment of students' competence levels and conferring with other professionals regarding the accompaniment of students. The ‘sheltering’ of students prevents feelings of helplessness in student nurses.
- **Value dimensions:** By observing students and listening to them, values are clarified, learning needs are identified and opportunities are given to students to report on their experiences.
- **Task-oriented learning dimensions:** Learning dimensions are created by demonstrating nursing procedures to students, observing nursing procedures carried out by students and by active accompaniment of students in the rendering of patient care. During these task-oriented excursions, the preceptor will initiate conversations with students regarding the application of theory to practice.

The quality of student development in the clinical setting is crucial for the future practice of the registered nurse. Thus, collaborative relationships between nurse educators and clinical preceptors are essential as they could enhance student learning by creating a positive and participatory learning environment (Chapman & Orb 2000: 12).

2.5.3 THE SELECTION OF CLINICAL PRECEPTORS

In most cases, clinical preceptors who accompany student nurses in the clinical setting do not form part of the personnel corps of the nursing college. They are registered nurses who function as unit managers in the clinical setting and execute their training function of all nursing personnel under their supervision. The accompaniment of student nurses, in both the clinical setting and the theoretical educational setting, is the function of the nurse educator. However, the accompaniment of students in the clinical setting realises on a one-to-one basis, and is therefore too time-consuming to fit into the schedule of the nurse educator. Without the assistance of the registered nurse in the clinical setting, the nurse educator cannot ensure effective development of the student in the clinical setting. To enhance quality in the accompaniment of students and patient care rendered by students, clinical preceptors should be selected specifically for this purpose.

According to Hartline (1993:189), the nurse manager of the clinical area should participate in the selection of clinical preceptors, and she also suggests that registered nurses should apply for the position of clinical preceptor, by completing a self-evaluation tool. In the South African nursing education context, this will most probably never happen as long as there is no formal recognition or some form of remuneration for clinical preceptors.

Jooste and Troskie (1995:11) give the following criteria for the selection of a clinical preceptor:

- A minimum of two years experience as a registered nurse
- Willingness to act as preceptor
- The importance of educational skills
- Clinical competence, which also realises in role modeling
- Good interpersonal relations

- Managerial skill and professional maturity.

Hartline (1993:190) has the following suggestions:

- Preceptors should be clinically skilled and should demonstrate a ability to apply the nursing process in both routine and complex nursing situations
- Preceptors should be able to make deliberate and thoughtful decisions based on scientific and behavioral principles and thorough assessments.
- Preceptors should be able to provide both positive and negative feedback to student nurses
- Preceptors should be able to demonstrate professional attributes (provide quality patient care, participate in health team activities and academic clinical activities)
- Preceptors should show an interest in professional growth through participation in learning activities such as ISE, independent study and continuing education.

Management of the nursing college and nursing management of the health facility should make suggestions with regard to registered nurses who possess the above skills and conform to the abovementioned criteria. These registered nurses should then be consulted on whether they would like to act as clinical preceptors for student nurses, keeping in mind the benefits that go with such an appointment. The nursing college should enter into a formal agreement with these preceptors, and the health facility should make allowance for this agreement in the sense that the clinical preceptor is given time for student accompaniment as well as administrative duties associated with the appointment. Time should be allowed for the development of the clinical preceptor as well.

However, these suggestions will not be realised in nursing education in the foreseeable future unless there is a significant change in the management of clinical education and training of student nurses. The value of the registered nurse in the clinical setting who acts as clinical preceptor should be acknowledged in the educational policies of nursing schools, and they should be appointed formally as part of the educational team (Own suggestion).

2.5.4 ACCOMPANIMENT OF STUDENT NURSES

The accompaniment of student nurses in the clinical setting by a developed professional nurse is important (Reilly & Oermann 1992: 116). Because of the workload of the nurse educator, s/he cannot accomplish this task on her/ his own and needs the help of the clinical preceptor. At this stage in time, the clinical preceptor in most situations does not form part of the personnel corps of the nursing college. Registered nurses in the clinical setting are employed as clinical preceptors because of their specific clinical expertise in the area where they function (Searle 1983a: 9). These clinical preceptors are not remunerated for the accompaniment of student nurses; they fulfil this task above and beyond their daily tasks. To enhance the quality of their accompaniment of student nurses and to motivate them to stay involved in the accompaniment of students, clinical preceptors should be formally recognised and remunerated for their services in this regard (Jooste & Troskie 1995: 12; Krugman et al. 2000: 216). The nursing college should initiate this recognition and clinical preceptors should be included in a personnel development programme of the nursing college.

2.5.4.1 DEVELOPMENT OF A PROGRAMME FOR THE ACCOMPANIMENT OF STUDENT NURSES

Co-operation between nurse educators and clinical preceptors can be enhanced through the development of an agreed programme, compiled by both parties, in which their tasks and functions regarding the education and training of student nurses in clinical practice are organised (Ohrling & Halberg 2001: 532). This is a form of networking between individuals involved in the education and training of student nurses. It will promote recruitment of developed professionals to act as preceptors, and increase job satisfaction. Clinical preceptors should know what the nursing school expects from them. Both the clinical preceptor and nurse educator have an important role to play in the development of a programme for the accompaniment of student nurses.

The clinical preceptor operates as part of an integrated clinical team and although s/he does not necessarily possess the same educational knowledge and skill as the nurse educator, s/he can facilitate those aspects that the nurse educator as visitor to

the clinical setting cannot fulfil. S/he has the benefit of expertise in the specific clinical setting and can guide and support the student in stressful times (Fawcett & Mc Queen 1994: 270). There are many nurses in clinical settings who can contribute to the clinical accompaniment of student nurses. By being formally included as clinical preceptors in the education and training of student nurses and by developing their educational abilities through relevant continuous education, they can contribute to the education of student nurses and receive the recognition they deserve (Mauksch 1980: 24). These nurses should be given the opportunity to use their experience and skills to guide student nurses, and to develop educational skills to further a prospective career as nurse educator.

Nursing education has to prepare nurses as intelligent and reflective nursing practitioners. By virtue of position, experience and educational qualifications, the nurse educator can demonstrate the philosophy of nursing in the clinical setting and correlate theory with practice. During these opportunities, the nurse educator can reflect on her/ his own frame of reference and learn from these experiences. Hypotheses for clinical research are created in this manner, and the productivity and scholarship of the nurse educator and clinical preceptor are thus enhanced. Experiences with real patients and real clients can be utilised by the student nurse in the clinical setting. The student can apply her/ his knowledge in practice, solve problems and be committed to responsible patient care (Reilly & Oermann 1992:115).

This active involvement in patient care enhances socialization of the student in the nursing profession and facilitates opportunities to function as an important member of the health team. For effective facilitation of professional socialization of the student nurse, it is imperative that the nurse educator and clinical preceptor work together in a collegial relationship regarding the accompaniment of the student nurse (Congdon & French 1995: 752). This relationship could be enhanced by their participation in personnel development.

2.6 THE IMPORTANCE OF PERSONNEL DEVELOPMENT IN A NURSING COLLEGE

The management of personnel development in a nursing college is as important for the education and training of student nurses, as it is for effective organisation of the nursing college. Factors that may influence professional obsolescence in knowledge, skill and abilities of professional nurses are continuous development regarding new technology, goals and procedures and changes in the structure of education. These factors may influence job-related proficiency with regard to motivational, individual and organisational factors and should therefore continuously form part of management activities in the nursing college (Willis & Dubin 1990:44), and the attainment of goals.

The main objective of the nursing college is to ensure high standards in the education and training of student nurses. These high standards cannot be achieved without effective accompaniment of student nurses in the clinical setting. A staff development programme should address the development, validation and maintenance of clinical skills of nurse educators and the educational skill of clinical preceptors.

For a successful nursing educational system, nurse professionals need to develop, nursing schools need to develop and nurses need to develop their careers (Tomlinson 1997: 163). Apart from promoting the quality of the product of student education, namely a safe, effective, professional practitioner, patient care also is promoted. Consequently both the nurse educator and clinical preceptor should experience job satisfaction. Learning opportunities should follow a formal staff development programme, and nurse educators and clinical preceptors should learn from each other as they work together in the education and training of student nurses (Fawcett & Mc Queen 1994: 269). The availability of a simulation laboratory and a clinical laboratory (any site with patients or clients) to both the clinical preceptor and nurse educator would add to the quality of clinical skills and effective co-operation between these two partners in education (Ohrling & Halberg 2001: 532). Such co-operation and mutual use of facilities need organisational management inputs and effective communication between nurse educators and clinical preceptors regarding the facilitation of learning.

2.6.1 THE VALUE OF PERSONNEL DEVELOPMENT

The value of effective personnel development encompasses the following aspects:

- Knowledge and ideas learners bring to the organisation
- Enhanced flexibility and adaptability, and the learner's ability to deal with change
- The development of logical, analytic, critical and problem-solving skills, and the impact these skills have on innovation (Tait & Knight 1996: 14).

The underlying reason for the development of personnel lies somewhere on a continuum ranging from adding to the existing quality of the organisation to transforming education to a higher level of performance (Tait & Knight 1996:15). Where a higher level of performance is required, all personnel involved in the education and training of students should be able to use developed critical analytic skill to facilitate learning and guide students regarding problem-solving abilities.

The personnel development department should set developmental standards and ensure the quality of the personnel development programme, by:

- Describing the agreed quality of educational practice
- Defining anticipated outcomes
- Addressing real problems in the clinical practice of learners
- Identifying deficiencies in current practice, and
- Introducing new knowledge to the practice of nursing and nursing education (Kendall 1988:33.)

2.6.2 A MULTIDIMENSIONAL APPROACH TOWARDS THE DEVELOPMENT OF PERSONNEL

Nursing school management should follow a multidimensional approach towards personnel development and competency, and include aspects such as subject specialisation, computing skill, educational management skill and clinical skills. In both the educational and clinical settings, persons' knowledge, skills and abilities change as they progress through their professional lives. Their developmental needs change, and they increasingly become specialised in their practice (Willis & Dubin

1990: 307). It is important to recognise factors relating to competence that need updating, and anticipate environmental changes which demand the development of new skills. *A multidimensional approach to personnel development allows for the following types of professional development:*

- Knowledge and skill development, where educators and preceptors are equipped with new knowledge and skills to facilitate effective learning in students
- Self-understanding, where the focus is on personal development
- Ecological change, which highlights the importance of the context of the working environment (Tomlinson 1997: 28.)

The importance of needs assessments cannot be overemphasised – needs assessments should include a futuristic perspective to ensure that the personnel involved in the education and training of students will be able to face the future in nursing education with confidence.

2.6.3 THE ORGANISATIONAL CLIMATE WITH REGARD TO PERSONNEL DEVELOPMENT

There is often a misinterpretation between the concepts organizational climate and organizational culture, therefore the two concepts will be defined briefly:

- **Organisational culture**

Organisational culture is the manner in which things are done in the organization. It involves general assumptions about the manner in which work should be done, appropriate goals for the organization as a whole, different departments within the organization and personal goals for employees (Gerber et al 1987:51).

Academic organization involves shared expectations, values and attitudes, and exerts influence on individuals, groups and the educational organizational process. Schein (in Hanson 1991:178) argues that one of the principle functions of (nursing) school management is shaping and directing the organisation's culture.

- **Organisational climate**

Organisational climate is an all encompassing concept that could be regarded as the result of all the elements contained in the job context environment (Gerber et al 1987:51).

Quality in the organizational climate should therefore foster a culture of excellence in a nursing college. Changes or progress in a nursing school's organisational climate depends on how educators and preceptors do their jobs and relate to each other on both individual and organisational levels. The leadership in nursing education must be proactive and innovative regarding the structural design and implementation of personnel development programmes (Cracolici et al. 1996: 6). Continual learning and individual development are keys to renewal and vitality – both for the organisation and the individual (Millar, in Willis & Dubin 1990: 233). All personnel should strive for excellence in their task of facilitating learning, in interpersonal communication and research. The nursing school principal should create an environment where quality education is possible, where there is time and opportunity to do research, and where student and personnel development is of high priority.

Changes in the educational approach, facilitation of learning and development, the identification of managerial problems and the resolving thereof as well as decision-making have been demonstrated to affect the efficiency of education and the organisational climate. Respect for the dignity, professional skills and expertise of the individual, an environment of open communication and managerial support will affect the organisational climate in a positive way (Tappen 1995: 370). The availability of knowledge through the Internet have resulted in a general change in managerial perspectives, from an autocratic style of management, to transformational leadership and management, which may imply active participation of personnel in educational management.

To effectively implement change in nursing education with regard to the facilitation of learning and the management of education, personnel need opportunities to acquire, develop and assess new practices (American Association of Colleges of Nursing 2000: 4). Personnel development programmes which provide such opportunities, will enhance the organisational climate and the skills of individual nurse educators and preceptors (Keith & Girling 1991:180).

The implementation of change in the management domain of nursing colleges implies that nurse educators and clinical preceptors should be given opportunities to acquire, test and evaluate new practices in both the education of students and in research. Continuous education for all personnel involved in the education and training of student nurses should be described in the policies of the nursing college and the health institution, and both the nurse educator and clinical preceptor should be allowed time for continuous education.

The personnel development policy of the nursing college should be formed within the prevailing educational policy of the South African Skills Development Act (Act no. 97 of 1998). Van Dyk, Nel, Van Zyl Loedolff and Haasbroek (1997:4) refer to macro issues which impact directly or indirectly on the formation of personnel development policies such as the changing work environment, productivity and flexibility, and effective investment in training.

- **Changing work environment**

With the promulgation of the SAQA Act in 1995, the working environment of nurse educators has changed yet again. The historic teacher-centred approach has changed to a student-centred approach, and the emphasis on the process of education has changed to an outcomes-based perspective. There was a change in educational strategies - from a perspective of teaching and demonstration of psychomotor skill to the facilitation of a learning perspective. These changes caused anxiety for nurse educators and clinical preceptors. Previously, there were guidelines to follow in the education and training of students with regard to educational strategies. Now, educators have to account for the manner in which quality outcomes of student learning are assured. Change became compulsory, which added to the stress of both educators and educational management.

- **Productivity and flexibility**

Productivity and flexibility in nursing education to a great extent are initiated and managed by nursing school management. Nurse educators and preceptors form the lifeblood of the nursing school. Educators and preceptors who are productive, adaptive, enthusiastic, creative and innovative, create a learning climate that fosters academic excellence (Voltruba, in Willis & Dubin 1990: 214). Where active participation took place in a preceptorship programme, it was found that there were

higher ratings of competency levels in students, and that students mastered clinical skills better than when they were exposed to weekly meetings with the educator alone (Stutsky & Spence Laschinger 1995:151).

Productivity and flexibility in personnel development depend on available finances, technology of production and the quality of educational management (Van Dyk et al. 1997: 5). The technology of production in this regard refers to the inclusion of information technology as well as the availability of a simulation laboratory for development of clinical skills. All these factors are depended on the skills of personnel – sound management alone is not enough for improved productivity and flexibility. The Skills Development Levies Act (Act no. 9 of 1999), which provides for the imposition of a skills development levy, will ensure the availability of finances to enhance personnel development as all employers have to contribute to the development of their personnel. It is a challenge for nursing school management to encourage excellence and vitality in educators during mid-career. It should be kept in mind that personnel's developmental needs change as they progress through personal and professional life stages (Willis & Dubin 1990: 214). Experienced educators tend to concentrate more on research and knowledge development than on active accompaniment of students in the clinical setting.

To enhance flexibility and productivity, nursing college management must have a formal agreement with clinical facilities with regard to co-operation in the professional development of student nurses and the development of all personnel involved in the education and training of student nurses. The most important reason for a formal agreement is the emphasis on clinical and educational competence of both the nurse educator and clinical preceptor. *A formal agreement will promote the ultimate goal of high quality patient care as it will lead to the realisation of:*

- Student nurses who are socialized in the profession
- Clinical foundations, which are built on scientific data, and
- Nursing research findings, which are implemented in clinical practice.

However, this could only realise if nurse educators and clinical preceptors correlate nursing theory with practice (Fawcett & Mc Queen 1994: 272.)

- **Effective investment in training**

One of the most important functions of nursing school management is to foster the growth and development of educators and preceptors. An organisation's effectiveness depends on an ongoing, innovative programme of personnel development (Tucker 1984:121). The personnel development department should assess personnel's expectations regarding qualifications, types of experience and professional learning to enable them to make informed choices about the kind of professional development they want to follow (Tomlinson 1997: 163). Excellence in teaching, specifically clinical teaching, is influenced by the following factors: knowledge and analytical ability, effective organisation and clarity, group interaction skill, clinical supervision skill, clinical competence and professionalism (Irby & Papadakis 2001: 231). These factors could serve as criteria for management to assess the functioning of nurse educators and clinical preceptors.

Van Dyk et al. (1997: 6) refer to financial investments such as salary increases or financial gain for institutions. Although an investment in the development of nurse educators and clinical preceptors has nothing to do with their own financial benefits, but with the quality of student nurses' performance in patient care, financial benefit may indirectly enhance their productivity. The results of this endeavour will be evident in more effective nursing care and, ultimately, in better health care for the whole community.

To ensure quality in the development of nurse educators and clinical preceptors, there should be close co-operation between the nursing college and clinical services, which provide the clinical practice field for student development. Searle (1983a: 7) refers to this co-operation by stating that academic standards should be maintained by promoting nurse educators' clinical and educational skills and clinical preceptors' skills in clinical education and assessment. Effective co-operation in this regard demands acknowledging the interdependence of the nursing college and nursing services as well as willingness of both parties to co-operate in attaining educational objectives (Van Niekerk 1992:14).

2.7 THE MANAGEMENT OF PERSONNEL DEVELOPMENT IN NURSING EDUCATION

The development of personnel involved in nursing education will improve the quality of patient care by enhancing the theoretical, clinical and research competence of nurse educators and clinical preceptors. The nursing college principal should initiate the personnel development programme in the nursing educational environment because the ultimate reason for this programme is the effective accompaniment of student nurses in both the theoretical and clinical settings. Co-operation between the nursing college and clinical services should be based on mutual agreement, and may imply that college management facilitate the development of clinical preceptors with regard to their educational needs in order to enhance the accompaniment of student nurses in the clinical setting.

The nursing college in co-operation with the related nursing services should participate in the planning and execution of a personnel development programme to enhance the clinical preceptor's educational skill as well as the nurse educator's clinical competence. It is important that both management of the nursing school and management of clinical services where nursing students undergo their clinical training, realise the importance of personnel development and the key roles they play in defining the educational needs of all personnel involved in the education and training of student nurses (Kelly 1992: 98).

The ultimate goal of nursing practice and nursing education is the provision of quality patient care in any given circumstance. The effective education and training of student nurses is the aim of nursing education, while the rendering of safe, effective nursing care to patients is the task of the nurse in the clinical setting (Van Niekerk 1992: 20). It is not possible to render safe, effective patient care in academic clinical institutions without the help of student nurses. Student nurses, at present, are still part of the workforce of provincial health care institutions and function under the supervision of registered nurses in the clinical setting while receiving their clinical practice education. In order to promote the active participation of clinical preceptors in the education and training of student nurses, the nursing college may consider the

initiation of a personnel development programme which will make provision for the educational needs of clinical preceptors.

Effective management of the clinical facet of student education therefore will include the selection and training of clinical preceptors as well as their personal and educational development to ensure that more preceptors will be available to enhance the quality of learning in the clinical setting.

A reward system for clinical preceptors might be considered as part of the management of personnel development, as such a system would contribute to more enthusiastic participation in the education and training of student nurses. The continuous development of clinical preceptors ultimately will lead to high quality patient care. By applying their skills, clinical preceptors will enhance the quality of student development, particularly regarding aspects such as critical thinking, problem solving and research skills.

The re-examining of personnel development practices in nursing colleges should make provision for the potential and individual development of personnel, while the motivational role of personnel development may enhance the promotion of the organisational climate in the nursing school (Keith & Girling 1991:176). Recognition of the potential skills of nurse educators may result in special assignments such as managerial responsibilities in the nursing school, which will put nurse educators in a position where they effectively can develop potential skills. With regard to clinical preceptors, the identification of potential educational abilities may result in the recruitment of clinical preceptors to do formal courses in nursing education, thus removing them from the clinical field, which will benefit nursing education and create career opportunities for registered nurses interested in the education of student nurses.

Improvements in the facilitation of learning are more likely to be seen when those who are directly involved in the education and training of student nurses, are given the opportunity to participate in selecting aspects of education and training. They could participate in the planning of the programme by proposing aspects in which they observe lack of skill and wish to see improvements (Kitson 1988:28). The implication is that the opinions of both the nursing educator and clinical preceptor

regarding the content of the personnel development programme should be obtained so that they both take ownership of the program.

The environment of the clinical preceptor has also changed as a result of the application of the outcomes-based learning approach. S/he now has to demonstrate new skills without prior education, such as the planning of specific outcomes of learning and the development of criteria to assess the attainment of outcomes by student nurses. Changes in the rendering of health care (which has changed considerably because of the knowledge explosion and the use of technology) also pose problems to the clinical preceptor, e.g. upholding of clinical expertise within the context of recent technological developments, the effective accompaniment of students within the framework of OBE, and the continuous rendering of safe, effective patient care.

Abruzzese (1992: 67) emphasises the value of the credibility of nurse educators in the midst's of the knowledge explosion and technological developments. Nurse educators should possess a sound educational background and clinical expertise, and should know and share the values and professional vision of the nurses in the clinical setting (Krugman et al. 2000: 215). The appropriate and creative application of educational principles and theory can bring about outstanding professional growth and high quality performance by student nurses.

2.7.1 EFFECTIVE USE OF LIMITED RESOURCES

Resources are always scarce – especially financial resources for personnel development. In a nursing college, the education and training of students enjoy the highest priority, and although the level of development of all personnel involved in the education and training is directly related to the student's quality of education, it does not always receive the necessary attention and priority when resources are allocated. *Harris and Monk (1992: 14) refer to a set of generalisations with regard to resource allocation which emphasises that:*

- The trend is to allocate resources to direct services
- Resources are allocated meagrely to indirect or support services [such as facilities for personnel development]

- Resources tend to be allocated more towards student services than personnel services
- Resources for indirect developmental services tend to be the least valued
- Budget cuts or re-allocation of resources tend to fall heavily on indirect, developmental services.

The quality of education and training of students is of the utmost importance to nursing colleges and the community at large, therefore the continuous development of all personnel involved in the education and training of students are equally important. Service effectiveness is inevitably dependent on the performance of nurse educators and clinical preceptors, not on the students as clients or the available technology (Harris & Monk 1992: 36). Nursing college management should therefore allocate financial and other resources for the continuous development of personnel, and the planned budget for personnel development should not be re-allocated for other purposes.

2.7.2 TECHNOLOGY AS DEVELOPMENTAL RESOURCE

Use of technology also has an influence on the working environment of the nurse educator. Information technology has become an important buzzword in education (Devana, Tangalanos, McGee & Bigbee 1997:40), and national and international networking in education and nursing education through computer-aided communication and the Internet are expected of the nurse educator. The development of the necessary computing skill for national and international networking is in line with the purposes of the Skills Development Act (Act no. 97 of 1998), namely to bring national education on a par with international education and international levels of development (Olivier 1999: 174). Nursing college management should assess educational needs in this regard, and make the technology available to nurse educators and clinical preceptors in order to enhance their access to international publications.

2.8 THE PERSONNEL DEVELOPMENT PROGRAMME

A theoretical framework should be used to guide the formal execution of an effective and efficient personnel development programme (Kelly 1992:170). Guidelines should

provide for the mission and philosophy of the programme, and should give an indication of the consumers, the service providers, resources to be used and the financing of the programme.

Resources for personnel development include human resources, finances and facilities for ISE. Counselling services for people who want to pursue higher educational development should be made available, and could be rendered in consultation with nearby or associated universities or technicons. The philosophy and mission should make provision for personnel development in the nursing college.

2.8.1 PHILOSOPHICAL FOUNDATION OF PERSONNEL DEVELOPMENT

The philosophical foundation of a personnel development programme in nursing education should include its overall purpose of quality education of student nurses and the empowerment of all nurses involved in the education and training of student nurses. It also should determine the various sets of beliefs, values, attitudes, perceptions and goals that influence the structure and process of educational activities (Alspach 1995: 2). These aspects included in the nursing college's mission and philosophy, represent the commitment to quality in education. Co-operation between the nursing college and relevant nursing services makes it imperative that the philosophy of personnel development will reflect values and norms of both the nursing college and nursing services (Abruzzese 1992: 46).

2.8.2 MISSION STATEMENT

An organisation's mission statement defines the reason for its existence. Each department within the organisation shares the responsibility for achieving the overall mission (Alspach 1995: 3). The *department of personnel development* at the nursing college, within the framework of the college mission, should clearly define its sub-mission in order to achieve the highest quality possible in the development of personnel. The end purpose of effective patient care should be reflected in the college's concern for continuous development of both nurse educators and clinical preceptors involved in the clinical accompaniment of student nurses. *Habel (1986) states that a mission statement contains the following four elements:*

- The purpose of the department
- The product or service provided

- The client served
- The scope of service provided (Alspach 1995: 4.)

The purpose of the department of personnel development would clearly be the development of excellence in the skill of nurse educators and clinical preceptors. The product would then be the facilitation of skills development for all personnel involved in the education and training of student nurses. The scope of the service provided by the department would encompass the education of nurse educators and clinical preceptors, facilitation of learning and the development of skills.

The following mission statement, formulated by the researcher, could be useful for the department of personnel development at nursing colleges:

MISSION

The mission of the Department of Personnel Development is to promote excellence in education by providing educational programmes and facilitating the development of student nurses to acquire, maintain and improve competence in the education and accompaniment of student nurses.

2.8.3 PERSONNEL DEVELOPMENT PHILOSOPHY

A philosophy can be defined as a statement about the central beliefs and values that directs the organisation in the achievement of its mission, and which directs decisions and activities (Puetz & Peters 1981: 25).

The philosophy of a personnel development department should emphasise the importance of excellence in personnel performance through quality management, the value of developed personnel in the marketing of the nursing college, the quality of education and training of student nurses and the rendering of quality patient care in the clinical setting. The philosophy should be consistent with the philosophies of the nursing college and the related clinical services (Alspach 1995: 4).

High standards in clinical and educational practice and the facilitation of personnel development should be included in the philosophy. These values further should include a statement about the quality of personnel development which will enhance the delivery of high quality education and accompaniment of student nurses, which in turn will enhance the quality of patient care. The importance of professional growth of personnel, the subsequent enhancement of motivation and the positive implications for the organisational climate of the nursing school, should be emphasised in the nursing school's philosophy.

2.8.4 CONSIDERATION OF CONCEPTUAL ELEMENTS

According to Marciniak (1997: 100), the following conceptual elements of the educational process should be taken into account when a personnel development programme is planned: The educational needs of personnel, the objectives of personnel development and the principles of adult education. These conceptual elements are presented in Table 2.1.

Table 2.1: Conceptual elements of the educational process

CONCEPTUAL ELEMENT:	DEFINITION:
Need	The need for education may be identified or motivated by nursing school managers, educators, quality assurance reports, current technology or nursing research literature.
Objectives	<ul style="list-style-type: none"> • Objectives provide direction for selection of teaching and assessment strategies. • Objectives describe desired outcomes. • Objectives should be written, using cognitive, affective and psychomotor domains. • Objectives should be realistic, clear, observable and measurable.
Content	The content should be an integration of sciences, humanities, nursing education and nursing. It should reflect current nursing and educational knowledge from literature and research.
Principles of Adult Education	Adult learners have specific characteristics, namely: Established beliefs and values, experience, mixed motives for learning and a need to apply knowledge immediately. These characteristics have implications for personnel development in selecting teaching strategies or methods of development.

CONCEPTUAL ELEMENT:	DEFINITION:
Educator	<p>Characteristics of effective education are divided into two categories: Personal and Professional.</p> <p><i>Personally, the educator must:</i></p> <ul style="list-style-type: none"> • Use a conceptual model to guide actions and thinking • Possess sensitivity and responsiveness • Accept her-/himself • Feel secure with change, and • Seek to continue developing holistically. <p><i>Professionally, an educator must (be):</i></p> <ul style="list-style-type: none"> • Clinically and educationally competent • Knowledgeable • Have excellent interpersonal and communication skills • Caring • Assume responsibility to continue developing professionally.
Teaching Methods	<p>The method of teaching or facilitation of learning must match the content of learning and is invaluable in clarifying and building new and more complex concepts.</p>
Environment	<p>The creation of a climate for learning is an asset to personnel development. Openness and mutual respect for personal knowledge and expertise form part of an effective learning climate.</p>
Assessment	<p>The correct assessment tool is the tool that measures effectiveness and meets the objectives of the educational programme.</p>

2.8.5 PLANNING OF THE PERSONNEL DEVELOPMENT PROGRAMME

Personnel development should be planned with the aim to ensure high quality services for the consumer. The direct consumer is the nursing student, and the indirect consumer is the patient as receiver of nursing care.

There are two main aspects that have to be considered in the planning of a personnel development programme, namely: The activities that should be incorporated into the programme, and the people who must be involved in personnel development. Tomlinson (1997: 170) suggests the inclusion of personal development and the improvement of educational outcomes.

The quality of health care to a large degree depends on the knowledge, skill, attitudes and activities of health care personnel and nurse educators (ANA 1978:1). Continuous social change and the dynamic development of new knowledge and information technology make it imperative to have an effective personnel development programme which could assist all personnel involved in the education and training of student nurses to maintain and improve their educational competence. To ensure continuous development of personnel, a personnel development policy should be formulated.

- **Policy development**

The personnel development policy should deal with the professional, career and personal development of staff. The policy should deal with priorities and resources and should state general expectations regarding personnel performance. This policy could form the basis for the formulation of action plans, allocation of resources and the monitoring of progress towards goal achievements (Tomlinson 1997: 171).

Personnel need to be developed in order to implement externally imposed changes such as the OBE perspectives, and the internal initiatives of the nursing school. These initiatives will emerge from the school's policy regarding changes in the education and training of student nurses.

- **Professional development**

The professional development of personnel should be an ongoing process, and should include new initiatives relevant to nursing education and patient care. The continual improvement of the educational skill of educators provides a sound foundation for the management of quality in services rendered by the nursing school (Abruzzese 1992: 295). A continuous personnel development process will give the nursing school a competitive edge in the educational environment of nursing education. Quality in personnel development can never be ensured; it can only be improved. The personnel development team should concentrate on set norms of performance, rather than solely reacting to problems as they arise (Abruzzese 1992: 295).

- **Career development**

The career aspirations of all personnel involved in the education and training of student nurses, should be encouraged and supported. The personnel development department can assist personnel in providing guidance with regard to research programmes or furthering of academic careers (Abruzzese 1992: 24).

Apart from formal personnel development programmes required by the Skills Development Act (Act no. 97 of 1998), there are other equally important ways of enhancing the skill of personnel in nursing education, e.g. challenging work assignments and organisational flexibility.

- **Challenging work assignments**

Challenging work assignments require the use of existing knowledge and skill in the creation of new knowledge through research (Willis & Dubin 1990: 310). Collaboration between nurse educators and clinical preceptors in conducting research in nursing education or the clinical field, should be encouraged and facilitated by nursing school management.

- **Organisational flexibility**

Nurse educators and clinical preceptors should be allowed to be creative in the planning and execution of educational programmes for students. The autonomy created by such a flexible approach towards educational organisation, will contribute to the creative use of didactic skill and the development of both the educator and

preceptor. Co-operation between nurse educators and clinical preceptors will enhance the educational skill of clinical preceptors and the clinical competence of nurse educators. They could learn from each other when they work together in educating and training student nurses (Searle 1983b:10). However, the educational policy should clearly state the percentage of time educators should spend accompanying student nurses in clinical practice. Without such a policy statement, autonomy regarding the planning and execution of educational programmes for student nurses possibly could have the effect that nurse educators do not take any responsibility for the clinical accompaniment of student nurses.

2.9 INSTITUTIONAL COMMITMENT TO PROFESSIONAL DEVELOPMENT

Institutional commitment, combined with effective communication and collaboration between management, peers and the clinical setting, could enhance the continuing development of personnel and secure a programme of this nature (Willis & Dubin 1990: 311). The establishment of scientific journal clubs is one way of enhancing continuing development, improvement of knowledge and the use of scientific theory in nursing. Both the nurse educator and clinical preceptor can benefit by being updated on the latest research developments in nursing (Upton 1999: 552). The facilities of the associated university could be used for such a venture.

Institutional commitment forms the basis of academic excellence. It encourages the effective functioning and development of all educational personnel, and high standards of practice for student nurses.

2.10 QUALITY IMPROVEMENT

When a situation is assessed, the term 'quality improvement' is used for a more comprehensive, broader-based approach than 'quality assurance' (Tappen 1995: 461). In this context, it should be applied to the evaluation of the development of personnel involved in the education and training of student nurses. *Quality improvement* focuses on whole systems, not just on the performance of individual educators. Crosby (1979) states the following about quality: "Quality is defined as conformance to requirements, quality is achieved through prevention, not appraisal, and is measured by the price of non-conformance. The quality performance standard

is zero defects, not acceptable quality levels” (Kelly 1992: 284). This value particularly is important in the education and training of student nurses, and therefore in maintaining the competence of all personnel involved in the education and training of student nurses, as low levels of competence will affect the quality of patient care. The concept of quality improvement should be kept in mind during assessment of educational needs of personnel involved in the education and training of student nurses. It is also applicable to the daily performance of personnel and the overall functioning of college management and educators.

In a framework for quality assurance, O’Connor (1986:393) discusses ANA standards for continuing education. *The seven standards are as follows:*

- **Organisation and administration**

The overall administration and organisation must be consistent with the stated philosophy and goals of the nursing college and compatible with accepted standards of nursing education and nursing practice.

- **Human resources**

Human resources for personnel development should consist of a qualified director of personnel development, educators, resource persons and support personnel such as librarians.

- **Learners**

The learners would be nurse educators and clinical preceptors who participate in identifying learning needs, and in the planning of educational strategies to address these needs.

- **Educational design**

The educational design consists of planned learning experiences, including formal programmes for accreditation and innovative strategies to facilitate learning.

- **Material resources and facilities**

Material resources and facilities should be adequate to achieve the goals and to implement the functions of the personnel development unit.

- **Records and reports**

The department of personnel development should establish and maintain a record keeping and report system.

- **Assessment**

Assessment should be an integral, ongoing and systematic quality assurance process of the personnel development department. Assessment includes the impact of learning of new skills on the learner as well as on the whole system, and should therefore include the professional conduct of both nurse educators and clinical preceptors.

Continuous *quality improvement* in a personnel development programme embodies principles of teamwork, empowerment, process monitoring, improvement and strategic planning. These principles are keys to the effective management of personnel development, and in itself provide opportunities for the development of the management team (Dickerson 2000: 35). The use of a continuous quality improvement model in a personnel development programme provides a realistic framework for assessing processes and outcomes of personnel development. Consideration of factors such as customer service and process management will enable the personnel development management team to structure effective learning activities (Dickerson 2000: 35). *Miller (in Abruzzese 1992: 9) emphasises the following educational needs of personnel:*

- Introduction and orientation to the education of students
- Training in the clinical, technical and behaviour skills
- Leadership and management abilities, and
- Continuous research in nursing and nursing education.

The Skills Development Act (Act no. 97 of 1998) makes provision for the continuous education and training of personnel of any institution through the SETAs. SETAs may establish learner-ships if:

- The learner-ship consists of a structured learning component
- The learner-ship includes practical work of a specified nature and duration
- It leads to a qualification registered with SAQA, and is related to an occupation
- The Director-General registers the intended learner-ship in the prescribed manner (South Africa 1998: 2).

These conditions entail conforming to certain quality management requirements. The proposed learner-ships should be registered in a specific manner and be agreed to by employer and employee. Management of both the nursing school and nursing services and their personnel involved in the education and training of student nurses, will have to participate in the compilation of this learner-ship agreement, which should be initiated by the personnel development department.

Personnel development relates to the needs of nursing education. Participation in personnel development programmes could lead to the accumulation of credits that could be recognised for further formal studies.

2.11 MANAGEMENT OF PERSONNEL DEVELOPMENT ACTIVITIES

Management of the nursing college and employees (nurse educators) share responsibility and accountability for the quality of services rendered (ANA 1978: 6). The personnel development department thus assists the individual educator and clinical preceptor to meet role expectations.

The staff of the personnel development department should be involved in the formulation and implementation of the personnel development policy to ensure that problems are addressed at grassroots level. The personnel development office of health services should be consulted regarding the execution of the developmental policy in the clinical setting to ensure that personnel from both the nursing college and clinical facility will benefit from the programme (Tomlinson 1997:171).

2.11.1 PERFORMANCE LEVEL OF PERSONNEL

Skill obsolescence in educational personnel can come about because of changes in the marketplace and ineffective responses by nursing schools to such changes (Willis & Dubin 1990: 306). Obsolescence can be defined as discrepancies in an individual's capability to perform required tasks on a required level and to carry out strategic planning within his field of expertise (Willis & Dubin 1990: 11). Personnel development should therefore aim to maintain the necessary skills and knowledge of nurse educators and clinical preceptors, as well as enhance their abilities to use new and different approaches to the education of student nurses.

The maintenance of professional competence involves an interaction between person and environment at both the meso- and micro level. According to Willis and Dubin (1990:307), an individual's level of professional competence is related to the status or position held at mid-career. If a person wants to specialise in trauma - or paediatric nursing, or in nursing education, her/ his professional competence will be based on those skills and the development of those skills. Any additional demands or change in the work environment would therefore mean additional training and skill development. The dynamic changes in technology in both teaching and patient care should also be kept in mind. This aspect alone means continuing education and training of educators and preceptors in order to keep abreast of changes and to facilitate learning for student nurses.

2.12 THE CONTEXT OF THE WORKING ENVIRONMENT IN NURSING EDUCATION

The context of the working environment in nursing education includes the formal educational system and all the demands imposed on the nurse educator, namely: The education and training of students, and involvement in research and publications. The clinical setting where student nurses do their clinical practice, is part of the working context. Therefore, both the nurse educator's and the clinical preceptor's working environment should be considered for the identification of educational needs.

Identification of educational needs should be based on both the professional and personal developmental needs within the working context of the individual. Jooste and Troskie (1995: 38) emphasise the personal development of the individual. They state that personal development enhances assertiveness and leadership, which will be reflected in the quality of accompaniment of student nurses.

2.12.1 THE ACADEMIC SETTING AS WORKING ENVIRONMENT

The academic setting in which the nurse educator functions, includes the formal education and assessment of students as well as managerial aspects related to specific subject education. *The nurse educator has to fulfill the following aims of education, namely:*

- Aims related to the *intellectual dimension* of student development, namely: Acquisition of knowledge, problem-solving skill and the development of higher cognitive reasoning
- Aims related to the *social-personal dimension* of student development, namely: Functioning of the student in the professional society, interpersonal relations and the self-perspective of the student nurse
- Aims related to the *productive dimension* of the nursing college: Aspects that allow the individual (nurse educator and student) to function as an effective member of the professional society (Ornstein & Hunkins 1993: 210.)

The nurse educator has to function within the educational setting, constantly striving towards attaining educational aims. S/he must be a role model for the student nurse with regard to the application of specific subject content, interpersonal relations and professional aspects of nursing. The nurse educator has to function as a member of the educational team, and participate in the management of nursing education and nursing college management. The personnel development department continuously should strive to identify educational needs relating to all these different aspects of the nurse educator's academic task.

2.12.2 THE CLINICAL SETTING AS WORKING ENVIRONMENT

The term 'clinical setting' applies to any context where patients or clients receive nursing care. The clinical setting is regarded as the reality aspect of nurse education, where the real practice of nursing is learned (Quinn 1992: 396). For the practitioner of nursing who acts as a clinical preceptor, the clinical setting serves as a laboratory in which quality patient care is rendered. Problem solving should be done without delay and with the goal of satisfying clients' needs as soon as possible (Infante 1986: 95). In the clinical setting, students learn by experiencing clinical practice with the assistance of the clinical preceptor as role model.

To the nurse educator, the clinical laboratory is the place where student nurses meet clients as 'learning opportunities' in order to acquire cognitive, affective and psychomotor skills. The student must acquire problem-solving skill by collecting and

analysing data, and by putting forward hypotheses and appraising results (Infante 1986: 95).

Both the nurse educator and the clinical preceptor should be able to identify learning opportunities that will enhance the development of nursing skill of student nurses. The planning of student education in the clinical setting, the identification of learning opportunities in relation to educational aims, and the optimal utilisation thereof, should be included in the personnel development programme.

The functions of both the nursing educator and clinical preceptor with regard to their daily task and responsibilities should be identified and clarified to promote co-operation and goal attainment, and to enhance the effective identification of educational needs. There have to be appropriate organisational support and recognition of the need for collaboration between the nursing school and management of the clinical setting (Murphy 2000: 712).

2.13 CO-ORDINATION OF PERSONNEL DEVELOPMENT

The nursing school principal should initiate the establishment of a committee to co-ordinate a personnel development programme. This programme should benefit the development of the individual nurse educator and clinical preceptor, and ensure institutional development (Tucker 1984: 136).

Individual needs of prospective learners and strategies used for learning should be accommodated by the content of the programme. Only too often it is assumed that registered nurses do not need guidance with regard to skills which are necessary for the education and accompaniment of student nurses (Mott 1992: 188). Most nurse educators experience the same presumption, namely that no guidance is needed because of their attainment of university degrees. Apart from a structured programme that will enhance continuous professional development, nursing school management should consider an orientation programme for newly appointed nurse educators and clinical preceptors.

In order to address the needs of all personnel, persons from both the clinical setting and the formal educational setting should be included in the planning of the programme. The person who assumes the position of *director of personnel*

development in an academic institution, should at least have been awarded a doctorate, and should have qualifications and experience in education and educational management, including budgeting, planning, goal setting, co-ordination and marketing (Abruzzese 1992: 67). Her/ His leadership of the management and decision-making process in the nursing school will have a direct influence on personnel development.

The personnel development programme should promote innovation, creativity and the acquisition of critical thinking and problem-solving skills. Nurse educators and clinical preceptors, who have been selected, should be prepared to accompany student nurses to function in a dynamic nursing environment. Students, apart from a scientific knowledge base, will acquire the opportunity to work with developed professionals (Boettcher 1996: 65). Continuous development in nursing and nursing education will enhance scholarly activities. Student nurses could be given the opportunity to participate in research, working with nurse educators and clinical preceptors in the discovery of new knowledge (Boettcher 1996: 65). The long-term goal of such a programme would be to develop a creative, astute, knowledgeable, skilled nurse educator-scholar or clinician-scholar who is capable of meeting the needs of students and, ultimately, patients (Bevis & Krulik 1991:369).

2.14 FINANCING OF PERSONNEL DEVELOPMENT

The financial planning of personnel development in nursing education is a managerial imperative (Alspach 1995: 302; Harris & Monk 1992: 187). The department of personnel development should have its own budget and a detailed programme to enable management to account for all expenditures.

Personnel development departments should be financially responsible and have creative programming skills (Abruzzese 1992: 119). Financial resources provided by the institution, should be used effectively and efficiently according to institutional needs and goals. The personnel development department's budget translates the plans for personnel development into financial requirements. Therefore, it enhances the personnel's ability to contain the costs of operating the department and provides essential financial data for evaluating personnel development programmes (Abruzzese 1992: 121; Puetz & Peters 1981: 36).

Programmes included in a personnel development programme which lead to accreditation by SAQA, will benefit the individual as well as the institution. Development programmes for nurse educators and preceptors, leading to additional qualifications or skills and subsequent accreditation by SAQA, will ensure financial support for the relevant institutions. According to the Skills Development Levies Act (Act no. 9 of 1999) and the Skills Development Act (Act no. 97 of 1998), the nursing school and the relevant health institution will be subsidised by the government if the personnel development programme is accredited by SAQA, and allows personnel to accumulate credits for further studies (South Africa 1998: 14). The personnel development department should develop a budget that supports the nursing school's mission. Approved funds should be monitored and managed in a fiscally responsible and professional manner (Abruzzese 1992: 121).

Collaboration between nursing school management and nursing management of the clinical facility regarding personnel development will justify and enhance efficient use of fiscal resources for personnel developmental activities (Abruzzese 1992: 123). Clinical preceptors, who accompany student nurses in the clinical setting, are staff of the health care facility and ought to be selected by the nursing school according to set criteria and be rewarded for their participation in the education and training of student nurses (Jooste & Troskie 1995: 11).

Nursing school management should establish specific reward mechanisms to acknowledge and reward preceptors for effective accompaniment of student nurses. Reward mechanisms – financial and/ or other benefits - will raise the level of satisfaction and enthusiasm for their task. They should also formally be recognised by means of the title 'preceptor' (Jooste & Troskie 1995: 17).

2.15 CONCLUSION

An effective personnel development programme that includes all nursing personnel involved in the education and training of student nurses, is imperative for rendering continuous quality education in nursing. The importance of co-operation between management of the nursing college and nursing management of the clinical facility

cannot be overemphasised. Nursing colleges should accommodate clinical preceptors in their personnel development programmes, and make provision for the educational needs of both nurse educators and clinical preceptors.

The result of effective co-operation between the nursing college and the clinical setting with regard to personnel development will be optimal patient care, rendered by professionally developed nurses. Nursing personnel will achieve their goals for patient care and student education, and nurse educators will achieve excellence in both the academic and clinical setting.

In this chapter, the management of continuous development of personnel within the context of dynamic advances in education and health sciences, as well as co-operation with health services regarding the development of personnel involved in the education and training of student nurses, were discussed.

In the following chapter, the theoretical framework on which this research is based, will be discussed.