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**PERCEPTIONS OF NURSE EDUCATORS IN LIMPOPO PROVINCE
REGARDING THEIR EMPOWERMENT**

by

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PROMOTOR: PROFESSOR DM VAN DER WAL

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Dedication

*This study is dedicated to:
my late mother,
Lina Machuene Mochaki (1928-2006)
and my late wife,
Lizzy Ramokone Mochaki (1976-2007)
and my current wonderful family.*

STUDENT NUMBER: 766 692 6

DECLARATION

I declare that **"THE PERCEPTIONS OF NURSE EDUCATORS IN LIMPOPO PROVINCE REGARDING THEIR EMPOWERMENT"** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged using complete references and that this work has not been submitted before for any other degree at any other institution.

MOCHAKI NARE WILLIAM
Full Names

30 November 2018
Date

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THE PERCEPTIONS OF NURSE EDUCATORS IN LIMPOPO PROVINCE REGARDING THEIR EMPOWERMENT

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ABSTRACT

The purpose of this study was to describe the perceptions of nurse educators in Limpopo Province regarding their empowerment. The researcher conducted a quantitative descriptive-correlative research design to describe the perceptions of nurse educators in Limpopo Province regarding their empowerment. Laschinger's Integrated Model of Nurse/Patient Empowerment deduced from Kanter's Theory of Structural Power in organisations and Spreitzer's Psychological Empowerment Theory guided the construction of the data collection instrument. Data collection was carried out using a self-designed structured questionnaire. The population comprised all nurse educators in Nursing Education Institutions in Limpopo Province. The Ethics Committee of the Department of Health in Limpopo Province granted permission to conduct the research in the Limpopo Province. Non-probability convenience sampling was applied to obtain the participant sample for the study. The study shed light on important aspects of nurse educators' perception of their empowerment. The findings demonstrated that nurse educators perceived the concept of empowerment differently. The most incorrect perception of empowerment was that empowerment entailed paternalism rather than democratic (n=73; f=43;58.9%) and that it involved alienation rather than being inclusive, also at 58.9%. The total average scores were of concern to the researcher. The results of respondents' experience of structural empowerment varied as only 0.9%(f=1) did not indicate whether they agreed or disagreed that structural empowerment existed at the NEIs. 40.4% (f=44) indicated/agreed to have experienced psychological empowerment while 57.8% (f=63) have not experienced psychological empowerment.

The findings related to association amongst the constructs indicated that gender was not associated with structural empowerment as well as psychological empowerment (p-value less than 0.05). There was no association between the highest qualification and structural empowerment (50.5% (f=55). However, 57% (f=63) agreed that there was an association between the highest qualification and psychological empowerment of respondents. The respondents disagreed that years of teaching experience (50.5% (f=55) was associated with structural empowerment, while 48.6% (f=53) believed it existed. The respondents indicated that no association existed between the campus they were placed at and structural empowerment (50.9% (f=55) while 57.8% (f=62) agreed that the campus placement was associated with structural empowerment as well as being associated with psychological empowerment at 56.5% (f=61). The discipline in which the nurse educators were teaching was not associated with either their structural empowerment ($p=0.843$ more than $p=0.05$) or their psychological empowerment at $p=0.955$ more than $p=0.005$). The respondents agreed that the discipline they taught was associated with their psychological empowerment at 55.9% (f=57); however, no statistically significant association existed at p-value 0.665 more than p-value 0.005.

As the results indicated, the concept of empowerment yielded various perceptions of nurse educators. The results demonstrated the necessity to develop empowerment programmes for nurse educators at the NEIs.

KEY CONCEPTS

Empowerment, nursing education, nursing education institution, perceptions, nurse educator, power, empower, Limpopo Province

POLELO KAKARETSO

Maikemišetso a dinyakišiso tše e be e le go hlalosa maikutlo a bafahluši ba baoki mo Profentshing ya Limpopo mabapi le ka fao ba boning matlafatšo ya bona. Go šomišitšwe motheo was hlaloso-kamano go hwetša maikutlo a mafahluši ba baoki. Dinyakišišo di be di ithekgilwe ka kgopolo-kgolo ya Laschinger ya matlafatšo ya balwetši, a e tsere go tšwa kgopolong-kgolo ya Kanter ya matlafatšo mo mešomong le matlafatšo ya megopolo ya go ngwalwa ke Spreitzer. Dikgopolo-kgolo tše di šomišitšwe go aga/dira gore monyakišiši a kgone go hwetša maikutlo a mafahluši ba baoki mo kholetšheng ya baoki. Dinyakišišo tše di itheilwe godimo ga mafahluši ba baoki ka moka mo kholetšheng ya baoki ya profense ya Limpopo. Komiti ya maitshwara a mabotse mo Lefapheng la Maphelo e file monyakišiši tumelelo ya go dira porotšeke ye. Porotšeke ye e laiditše seemo sa matlafatšo ya mafahluši ba baoki mo porofentsheng ya Limpopo.

Dipoelo tša dinyakišišo tše di bontšhitše gore mafahluši ba baoki ma na le maikutlo a a fapaneng mabapi le matlafatšo ya bona. Seo se sa kgotsofatšeng ke gore bafahluši ba baoki ba (n=73; f=43;58.9%) ga ba laetša maikutlo a a nyakegang ka gore ba bontšhitše gore matlafatšo mo kholetšheng ya baoki ke kgatelelo go na le gore ke temokerasi. Mafahluši ba 58.9% ba rile matlafatšo ke go bea motho thoko bakeng sa go dumela polelo ya maikutlo a lokologilego. Taba ye ke yona e tshwentsego monyakisisi.

Dipoelo di bontšhitse gore palo ya bafahluši ba baoki e lego 0.9% (f=1) ga se e dumele goba go gana gore go na le matlafatšo mo ba šomago. Mafahluši ba 40.4% (f=44) ba bontšhitše gore ba bone gore go na le matlafatšo ba mogopolo mola ba 57.8% (f=63) ba bontšhitše gore gab a ikwa ba matlafaditšwe mogopolong.

Dipoelo di bontšha gape gore ga go na kamano magareng ga bong le matlafatšo ya mo mošomong. Gape, ga gona matlafatšo magareng ga go rutega le matlafatšo mo mošomong (50.5% (f=55)). Ka go le lengwe, mafahluši ba baoki ba 57% (f=63) ba dumetše gore gona le kamano magareng ga go rutega le mafatšo ya mogopolo. Palo ba bona e lego (50.5% (f=55)) e bontšhitše gore gona kamano ya matlafatšo le maitemogelo mola ba (48.6% (f=53)) bas a kwane le kgopolo ya gore gona le kamano

MANTSU-KGWEKWE

Matlafatšo ; Hlahlo ya Baoki, Lefelo la hlahlo baoki, Maikutlo, Mofahluši wa Baoki,
Matla, Go matlafatša, Profentshe ya Limpopo.

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LIST OF ABBREVIATIONS AND ACRONYMS

AU: African Union

BBBEE: Broad-Based Black Economic Empowerment

BEE: Black Economic Empowerment

BPM: Black Panther's Movement

CD: Community Development

CIPD: Chartered Institute of Personnel Development

DoH: Department of Health

EM: Emotional Intelligence

EPK: Emancipatory Pattern of Knowing

GAD: Gender and Development

ILO: International Labour Organisation

IGWG: Interagency Gender Working Group

LP: Limpopo Province

LRA: Labour Relations Act

MC: Model Case

MDGs: Millennium Development Goals

NPFWEGE: National Policy on Framework for Women's Empowerment and Gender Equality

NE: Nursing Education

NC: Nursing College

NEI's: Nursing Education Institutions

PM: Performance Management

VAPS: Voluntary Association for People Service

RSA: Republic of South Africa

SANC: South African Nursing Council

SG: Sustainable goals

SPSS: Statistical Package for Social Sciences

SRC: Student Representative Council

UN: United Nations

USA: United States of America

WHO: World Health Organisation

CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Empowerment means different things to different people. The term "empowerment" first appeared in the context of the political mobilisation in the 1960s in the United States of America (USA). From the 1980s, women rights movements popularised the term and concepts. This study sought to investigate the perceptions of nurse educators in Limpopo Province regarding their empowerment in a changing work, management and legislative environment in the Limpopo Province. The researcher's concern about empowerment as it relates to nurse educators stems from observations he made in the workplace of nurse educators in the Limpopo Province.

This chapter discusses the background to the research problem; presents the problem statement and research questions. It briefly describes the research design, methodology and ethical considerations, and defines key concepts.

1.2 WORKING DEFINITION OF "EMPOWERMENT."

Chapter 3 discusses the concept of empowerment in detail. However, a working definition guided the study. Chinn and Kramer (2011:249) define empowerment as the growing capacity of individuals or groups "to exercise their will, to have their voices heard, and to claim their full human potential; addressing and changing conditions to remove barriers that thwart an individual's or group's ability to claim their full potential". This definition originates from the emancipatory pattern of knowing in nursing epistemology (Chinn & Kramer 2008; Chinn & Kramer 2011). The essence of emancipatory knowing relates to "the human ability to recognise social and political problems of injustice or inequity; to realise that things could be different and to piece together complex elements of experience and context to change a situation as it is a situation that improves people's lives" (Chinn & Kramer 2011:64). Chinn and Kramer (2011:64) add that emancipatory knowing cultivates awareness of how problematic situations converge, reproduce, and remain in place to sustain a status quo that is unfair for some groups in society. Ultimately, when people become

aware of conditions that disempower others, they contemplate acting intended to liberate people (Chinn & Kramer 2011:64).

1.3 BACKGROUND TO THE RESEARCH PROBLEM

In 1994, South Africa held its first democratic elections after a long struggle for an elected society that respects and promotes the rights of all its citizens, irrespective of race, gender, class, age, disability, and religion. A fundamental social right is gender equality. A vision of human rights which incorporates acceptance of equal and inalienable rights of all women and men guides South Africa's definition of and goals towards achieving gender equality. This vision is a fundamental tenet of the Bill of Rights, Chapter 2 of the Constitution (SouthAfrica 1996: s 9(10))

1.3.1 Political and legislative transformation in South Africa

After the 1994 elections, the South African Government introduced the notion of empowerment: foreign to many groups under the Apartheid regime. The promulgation of the Skills Development Act (Act 97 of 1998) drove this notion since 1998 by intentionally promoting the:

- Development of skills of the South African workforce.
- Improvement of the quality of the lives of workers, their prospects of work and labour mobility.
- Promotion of positive self-empowerment.
- Increase of levels of investment in education and training in the labour market.
- Encouragement of employees to use the workplace as an active learning milieu.
- Provision of employees with opportunities to acquire new skills.
- Quality of education and training in and for the workplace.
- Improvement of employment prospects of persons previously disadvantaged by unfair discrimination and to redress those disadvantaged through training and education (South Africa 1998:s 2).

The *Skills Development Act* was an initiative to contribute to the empowerment of

people, including nurse educators, in the workplace and represented a corporate perspective on empowerment (South Africa 1998:s 2).

Within the provisions and objectives of the Act, empowerment of employees is an essential requirement employers and institutions have to consider. As the development of new skills leads to a renewed appreciation of employees of their worth to employers and institutions, the demand to access power structures within institutions also grows. To provide for this anticipated awareness and demand for acknowledgement, Government promulgated the *Broad-Based Black Economic Empowerment Act* (Act 53 of 2003) (BBBEE). This Act established a legislative framework for the promotion of black economic empowerment. Empowerment in the context of this Act is closely related to the notion of economic upliftment. This Act (*South Africa 2004:s 1) defines empowerment, and BBBEE as

"the economic empowerment of all black people including women, workers, youth, people with disabilities and people living in rural areas through diverse but integrated socio-economic strategies that include, but are not limited to:

- (a) increasing the number of black people that manage, own and control enterprises and productive assets
- (b) facilitating ownership and management of enterprises and productive assets by communities, workers, cooperatives and other collective enterprises
- (c) human resource and skills development
- (d) achieving equitable representation in all occupational categories and levels in the workforce
- (e) preferential procurement; and
- (f) investment in enterprises that are owned or managed by black people".

This legislation presents a socio-political perspective on empowerment (see section 1.3.2 of this thesis). In addition to this point of view, nursing, as a female-dominated profession, would also benefit from a feminist perspective on empowerment (see section 1.3.2.2 of this thesis). The South African context further contributes to a confluent perspective on empowerment (see section 1.3.2.3 of this thesis).

1.3.2 Perspectives on empowerment

Various perspectives on empowerment, including sociopolitical, feminist, and the South African perspective, emphasise "contextual" aspects of empowerment.

1.3.2.1 Socio-political perspective

The political/economic mobilisation/liberation perspective reflected in the legislation referred to in section 1.3.1 is an ongoing process figuring most prominently in labour union activities and manifestos. Although mass campaigning for empowerment from the ranks of the worker class endures, legislation in many countries, including South Africa, stipulates empowerment, transparency and emancipation. However, such legislation does not automatically bring about empowerment or the exercise thereof. Empowerment "granted" through legislation and not taken up by workers can further lead to mass campaigning (Dugan 2003:1).

A socio-political perspective on empowerment emphasises social discrimination that isolates certain groups in society, depriving them of opportunities and excluding them from decision-making processes. The previous Government of South Africa perpetuated social isolation. This deprived many South Africans participation in decision making, inside and outside of civil services structures. Currently, despite the legislation, flaws in communication lines, informal hierarchies, individuals' and groups' power possessiveness, individuals' inability and unwillingness to claim empowerment and the responsibilities that go with it significantly hamper the uptake empowerment (Dugan 2003:1).

In line with the socio-political perspective on empowerment, political theory promotes the concept of empowerment as an attempt at enabling marginal, disempowered groups to reduce their powerlessness and increase individuals' control over their lives. The emphasis is on increasing individual self-determination, freedom of choice and meaningful participation in the political structures of society. Political theory also assumes the disempowerment of the majority of people. Power and being empowered are necessary for people to exercise control over and freely deal in resources (material, human, financial) and ideology (values, attitudes, beliefs) (Edigheji 1999:3; Ellefsen & Hamilton 2000:108; World Health Organisation [WHO] 2006:18). Furthermore, in the socio-political history of South Africa, gender was a decisive factor determining social status and power. This is evident from the place of women in a male-dominated society, in contrast to a female-dominated profession like nursing, where female empowerment is a key focus.

1.3.2.2 Feminist perspective

Closely linked with gender empowerment, feminism perceives empowerment as essential in altering the powerlessness of women. Organisations that work for gender empowerment focus largely on equality to access to economic opportunities and allowing them to play a significant role in decision-making and management. Empowered women sustain meaningful contributions to society (Aithals.a.:3; Antony 2003:1)

Mass action aimed at promoting women's rights, emancipation and the creation of a collective conscience towards gender empowerment followed much the same route as other reforms aimed at socio-political change. Although nursing as a female-dominated profession always had women in positions of power, much of their empowerment was "allowances" from a male-dominated medical superstructure. Jooste (2010:80) points out that although nursing in South Africa has a rich history of equality between different races, it appears not to have infiltrated the current hierarchy in nursing education. It is not clear whether this is due to the organisational structure not promoting empowerment or of personal reasons for not claiming empowerment within organisational structures (Jooste 2010:80).

The current political transformation and legislation on gender equality in South Africa (e.g., South Africa 1996:s 9; South Africa 2000: s 8(h); South Africa 2001:20) have opened the way for the empowerment of women. Women who belonged to political organisations participate in political discussions in legislative bodies at local, provincial and central government levels. However, to the researcher, it still seems as though gender empowerment figures only in acclaimed political appointments and among successful businesswomen. At the grassroots level in the organisational hierarchy in nursing education, empowerment of the individual appears somewhat of a myth (see section 1.3.3.4).

1.3.2.3 South African confluent view

In South Africa, democratic theory in organisational structures describes empowerment as changing the power relations that exist among people. Hood (2010:475) maintains, "decisions made by consensus, rather than those made by an

individual tend to work better" .Empowerment is considered a power-sharing venture among leaders and managers and employees. Employees are given a platform to voice their opinions and express their empowerment needs (Dugan 2003:4; Ellefsen& Hamilton 2000:108; Wilkinson 1998:2). While individuals without power lack control over their personal lives and are more rigid, rule-minded and less committed to organisational goals, those who experience a sense of power are motivated to achieve organisational goals. The researcher observed that nurse educators at the colleges involved in the current research, did not seem to consider the management structure as democratic and consequently felt disempowered, or rather *un-empowered*. Nasiripour and Siadati (2011:906) found that nurses in Iranian hospitals experienced disempowerment due to a low level of respect, recognition and wages; heavy workloads, little if any participation in decision-making; limited autonomy and authority, and lack of powerful supportive work conditions. On the other hand, according to Regan and Rodriguez (2011:2), nurse managers and assistant nurse managers who feel engaged, useful and valued, experience empowerment that allows them to be effective in staff development and to make swift decisions on the go.

Legislation alone, however, cannot "enforce" empowerment as by definition empowerment cannot be allocated to but needs to be taken up (claimed) by a person. Oxaal and Baden (1997:6) caution against assuming that any participation in organisational structures would promote empowerment. Nurse educators should voice their opinions about work conditions that affect or limit their professional autonomy. The management at nursing colleges has to comply with the Skills Development Act (Act 97 of 1998). Nursing colleges consequently have to institute pertinent empowerment initiatives. Organisations need to develop and adapt to survive and grow continuously. This requires a milieu in which everybody works towards attaining organisational goals. Everybody has to incorporate the mission and vision of a future organisation and not merely rely on past successes (Lussier 2013:316; Cherry & Jacob 2011:344; Daft & Marcic 2011:146).

1.3.3 The researcher's observations

Considering the socio-political and the feminist perspectives on empowerment, one might tend to conclude that offered the opportunity towards empowerment; women would gladly accept this. Especially in a female-dominated profession such as

nursing, "steered by women", being empowered and exercising empowerment should reign supreme. Nurse educators, given the power differential between tutors and students and the notion of discipline inherent in education and teaching, should find themselves in the frontline of empowerment and of being empowered individuals. The researcher's observation in dealing with nurse educators daily, however, was quite the opposite. During discussions, nurse educators seemed to feel disempowered and lamented non-participation in major decision-making processes. Management in nursing education made decisions that nurse educators felt discontented about or sometimes refuted.

Chinn and Kramer's (2011:249) definition of empowerment as the growing capacity of individuals or groups "to exercise their will, to have their voices heard, and to claim their full human potential; addressing and changing conditions to remove barriers that thwart an individual or group's ability to claim their full potential" is not evident among nurse educators in the Limpopo Province. The researcher found the situation at the nursing college and campuses, as voiced by nurse educators, all but liberating, democratic, emancipatory or participative. Instead, the atmosphere appeared oppressive and hostile whenever the researcher broached the issues of participative management, implementation of policy, cooperation, decision making and professional status.

The researcher observed that educators' empowerment was affected negatively mainly by student discipline; the hierarchical structure of the college and the Department of Health and Social Development (See fig. 1.1), and the difference between management's and nurse educators' perceptions of empowerment.

1.3.3.1 Student discipline

Some nurse educators indicated that student participation in some college structures granted them more power and empowerment than lecturers. For instance, students would leave lecture sessions to attend Students' Representative Council (SRC) meetings, Senate and College Council meetings without informing the lecturer. As students were not reprimanded, and no alternative arrangements were made for such meetings outside of official tuition time, educators were left feeling frustrated,

betrayed and disempowered. Nurse educators felt they had no "subservient" subjects towards whom they could "exercise their empowerment". Due to the SRC's prominence on campuses, students appeared to perceive SRC meetings more important than teaching and learning. From the nurse educators' perspectives, this threatened classroom management and discipline and left them defenceless and disempowered

1.3.3.2 Hierarchical structure of the college and Department of Health and Social Development

In addition to students' behaviour and apparent misinterpretations of student-centeredness in the learning environment, nurse educators indicated that the hierarchical structure, with heads of disciplines at the level of deputy managers, excluded them (educators) from decision making at the college level. As they were not given a platform to voice their opinions on certain key issues such as strategic planning, which is normally done by the college management, educators felt that they had no control over their role as educators. People who exercise little control in their lives seem to experience an empowerment deficit (Swift & Levin 1997:71; Regan & Rodriguez 2011:2). Empowerment requires that individuals not only participate in decision-making but also make decisions on issues about their personal and working lives. Involving individuals in decision making essentially involves them in the empowerment process. Such engagement in the empowerment process heightens productivity and people's motivation (Orr 2010:129; Daft & Marcic 2011:423). Participation in decision-making is vital to effective empowerment. Furthermore, all those involved in decision making and empowerment processes must share common values on the goals to be achieved and the provision of resources for attaining these goals (Kotze 2013:224). In this regard, Avolio, Zhu and Koh (2004:952) point out that close followers are more likely than their leaders to see some of the inconsistencies in their leadership behaviour which may affect how committed they feel to the organisation as well as how empowered they feel.

The organisational structure of the Department of Health and Social in Limpopo Province is complex, with communication mostly flowing from the top downwards. This is inconsistent with the concept of empowerment as a non-oppressive,

emancipatory, liberating and human potential enhancing experience. Figure 1.1 depicts the nine (9) hierarchical levels from the top official for health (MEC) to the respondents' level (nurse educator); that is, conceptually nine levels of devolution of power and "empowerment". In addition to the distance created by these levels, there is the problem of actual distances between main campuses and satellite campuses in the Limpopo Province; distances that are not always bridged by modern technology.

1.3.3.3 Management's perception of empowerment

College Management seemed to confuse 'empowerment' or the process of empowerment with the delegation of tasks and even the 'delegation' of responsibility and accountability. Management appeared to equate empowerment initiatives with in-service training. Management offered numerous empowerment workshops intended to improve nurse educators' ability to perform their teaching function competently. This restrictive view on empowerment in an organisational hierarchy, which nurse educators' already deemed stifled, made them perceive themselves as being controlled instead of being in control of their professional destiny as alluded to by Laschinger, Finegan, Shamian, and Wilk (2004:269) and (Kotze 2013:43). According to Fereni and Tiranani (2009) in Nasiripour and Siadati (2011:907), it is a requirement that managers in the field of healthcare facilitate appropriate conditions for nurses to be empowered. Individuals should participate in the construction of the realities that affect empowerment. The individual must be aware of the need to be empowered, be willing to participate and not view empowerment as something separated from their surrounding world. Despite the empowerment workshops in the Limpopo Province, nurse educators demonstrated a lack of motivation to engage in professional development activities. This negatively affected the quality of teaching and the internal relationships in the college, further eroding a sense of empowerment on the part of the nurse educators.

1.3.3.4 Nurse educators' perceptions of empowerment

In addition to management holding certain restrictive perceptions of empowerment and the process of guiding educators towards empowerment at colleges, educators also held somewhat skewed ideas about the concept of empowerment. They tended to see empowerment as something that is bestowed upon them by a higher

authority, and not something that is partially generated from within – that it must be claimed and not ascribed to them (Jooste 2010:198).

Empowerment seemed to be equated to having power beyond the specification of a specific job description and inevitably reflected a "craving for power" and authority. It is the researcher's impression that once the concept of empowerment was misunderstood, or differently understood and approached by management and nurse educators, nurse educators' aspirations to become and to be empowered were frustrated leading to a further feeling of disempowerment. Moreover, the concept of empowerment was not defined and articulated in terms of college activities. The expectation was that management would always make decisions for nurse educators because they had more power due to their hierarchical ascribed positions. Despite having identified the need for empowerment, the concept did not seem clear to them but rather confusing.

1.3.3.5 Implications of discrepant views on empowerment as concept and strategies involved

It is the researcher's experience that the success or failure of empowerment initiatives depends on the extent to which all involved agree on what is meant by the concept and the goals to achieve through empowerment initiatives. Where there are differences in perspective on empowerment, different expectations prevail, and empowerment initiatives may fail to meet the expectations of those who are supposed to benefit from it. For instance, the management of a given organisation may intend to empower its employees to increase the effectiveness or profitability of the organisation, while the employees expect to benefit by being able to achieve their personal goals. Employees may experience a sense of disempowerment despite these efforts by management.

Not only managers and nurse educators differ in defining "empowerment". There is no consensus on defining empowerment in the academic literature (Postma 2008:442; Regan & Rodriguez 2011:1). In the 1980s and 1990s, when the concept became prevalent in nursing, it was ambiguously defined and was therefore misunderstood. Consequently, managers and their subordinates differed in their

perception of precisely what empowerment entailed. Empowerment strategies are one way to reconcile these differences.

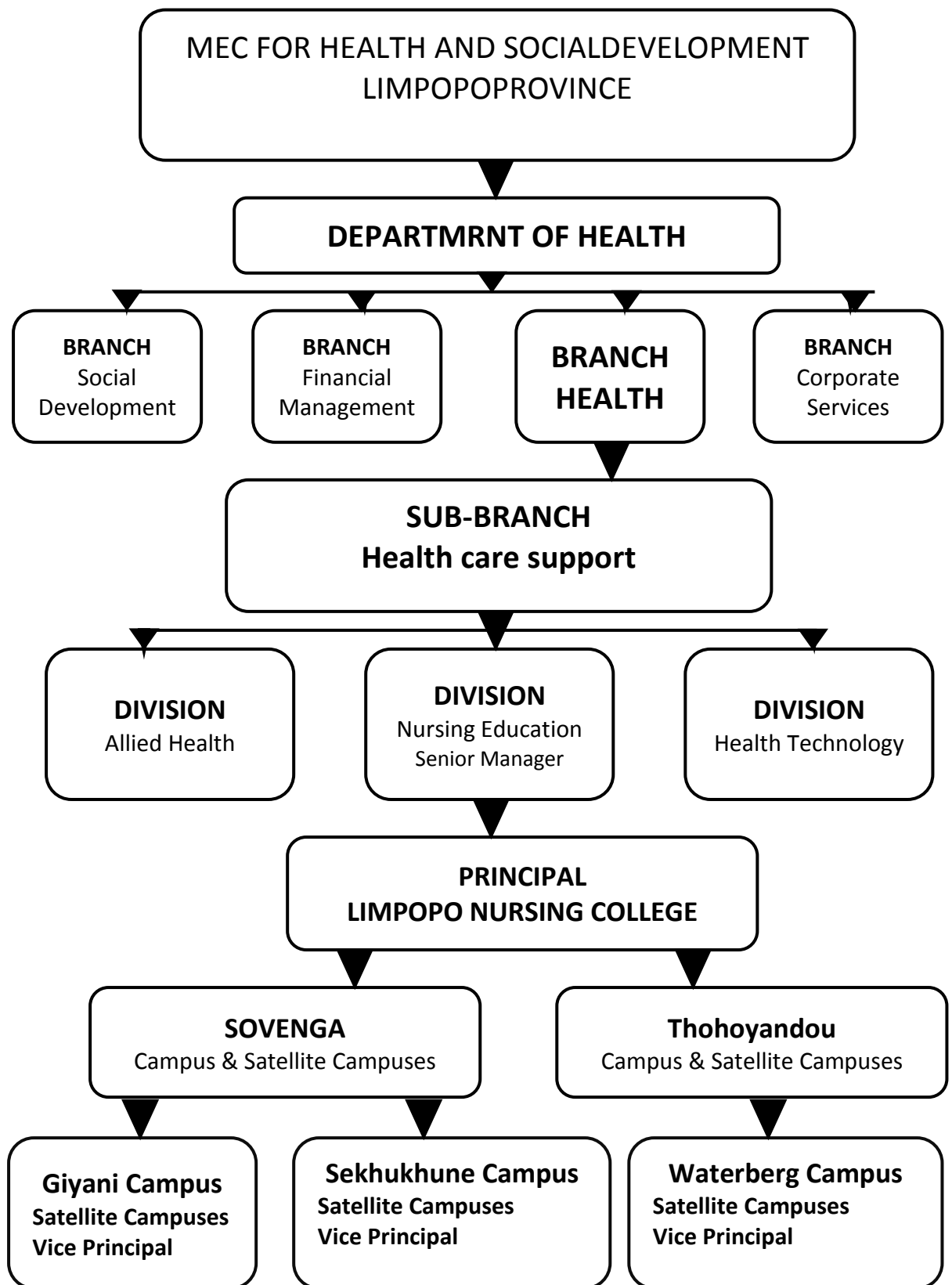


Figure 1.1 Modified organisational structure of the Department of Health and Social Development, Limpopo Province

The discrepancy between managers' and subordinates' views on empowerment also relates to whether the individual or the organisation is the focus of empowerment. A focus on group empowerment enables management to achieve the organisational goals as opposed to serving the development goals of individuals. In this study, some nurse educators seemed to work better in taking individual responsibility and reporting to their supervisors, accounting for themselves. Realising this contributed to the researcher, as these nurse educators' immediate supervisor, becoming more aware of their position and experience of "empowerment" relating to students and the researcher. At this point, a perspective supported by democratic theory in management, something the nurse educators regarded as lacking in the formal management structure, can serve a positive purpose. As indicated previously, democratic theory within organisational structures describes empowerment as changing the power relations that exist among the people. Decisions in a democratic environment are made by group consensus rather than by individuals (Hood 2010:475). Consensus spells involvement, negotiation, contribution and the like – that voices have been heard and attended to (Hood 2010:475). Empowerment in a democratic consensus approach is a power-sharing venture between leaders or managers and employees, a way of counteracting the individuals becoming faceless within a group (Lussier 2013:319; Dugan 2003:4; Ellefsen & Hamilton 2000:108; Wilkinson 1998:2). The researcher observed that nurse educators at the colleges appeared to find it difficult to suggest and initiate anything due to inadequate empowerment, non-involvement in decision making, lack of personal power, and low morale. Only a few would present innovative ideas which were frequently not considered.

1.3.3.6 Lack of adequate resources

The researcher further observed that a lack of adequate resources such as computers, the Internet and online support materials has a negative impact on the work of nurse educators. As Ellefsen and Hamilton (2000:107), Jooste (2010:350), Maccoby (1999:2) and Kekana, Du Rand and Van Wyk (2007:28) state, employees need to have access to the necessary equipment and support to perform their duties. Inadequate resources negatively affect nurse educators' teaching and ultimately result in poor student performance. Coupled with the student discipline issue at

nursing colleges in the Limpopo Province, this leads to a further feeling of being un-empowered.

To conclude the background to this research, five (5) primary problems relating to empowerment exist at nursing colleges in the Limpopo Province, namely

- a lack of clarity on what empowerment is and what it entails
- a lack of a sound consensus empowerment strategy
- a lack of having "subservient" subjects
- a managerial context in which people were disempowered rather than being empowered as intended
- a lack of adequate resources and support.

1.4 STATEMENT OF THE RESEARCH PROBLEM

Based on the background and the researcher's experience and observations in the field, the problem related to both the understanding and operationalisation of the concept of empowerment within the nursing college and nursing education institutions' management style. At the time, individuals at different levels of the formal hierarchical structure perceived "empowerment" differently. Also, management strategies and the formal structure of the college in many ways opposed the principles of a context conducive to the empowerment of nurse educators.

1.5 PURPOSE OF THE STUDY

The research purpose is a clear, concise statement of the specific goal or aim of the study that stems from the research problem (Burns & Grove 2009:69; Johnson & Christensen 2012:73; Polit & Beck 2008:81).

The purpose of this study was to investigate and describe the perceptions of nurse educators in the Limpopo Province of their empowerment in terms of Kanter's Theory of Structural Organisational Power, and Speitzer's Emotional Empowerment Theory as integrated into Laschinger's (2010) "Integrated Model of Nurse/Patient Empowerment."

1.6 OBJECTIVES OF THE STUDY

Objectives are clear, concise, declarative statements expressed in the present tense following on the purpose of the study (Burns & Grove 2009:165; Burns, Grove & Gray 2013:138; Polit & Beck 2012:73). Research objectives usually focus on one or two variables predicting a dependent variable based on selected independent variables (De Vos 2011:94; Christensen, Johnson & Turner 2011:30; Christensen, Johnson & Turner 2015:47).

The objectives of the current study within the theoretical parameters were to

- Gather and analyse demographic data on nurse educators in the Limpopo Province pertinent to empowerment
- Describe the perception of nurse educators in the Limpopo Province of empowerment
- Gather, analyse and apply data pertinent to structures necessary for empowerment namely structural and psychological empowerment structures
- Determining associations among the construct of Kanter's Theory of Structural Organisational Power, and Spreitzer's Emotional Empowerment Theory as integrated into Laschinger's (2010) "Integrated Model of Nurse/Patient Empowerment" and with demographic data.
- Set and test a series of null hypotheses based on the various variables alluded to in the previous objectives.

1.7 RESEARCH QUESTIONS

The researcher formulated an overarching research question with five sub-questions on the problem of nurse educator empowerment to attain the purpose and objectives of the study (Burns & Grove 2009:39; Burns, Grove et al 2013:140; Rebar, Gersch, Macnee & McCabe 2011:176; Polit & Beck 2008:64). The overarching research question was

How do the defining concepts relating to empowerment as proposed by Kanter's and Spreitzer's models integrated by Laschinger's and refined for application in the current research

relate to one another in the context of nursing education (NE) in Nursing Education Institutions (NEIs) in the Limpopo Province?

The five sub-questions were:

- What are nurse educators' perceptions of empowerment (concept)?
- What are nurse educators' perceptions of the management structure and strategies at the nursing college (external context or structural empowerment)?
- To what extent do nurse educators claim their empowerment (operationalisation: using empowerment strategies, being empowered, self-care, seeking support, work satisfaction)?
- What are nurse educators' perceptions of their psychological empowerment level (internal and psychological empowerment context)?
- To what extent are the construct present in Laschingers theoretical model statistically related or associated?

1.8 THEORETICAL FRAMEWORK

The human behaviour currently under investigation is "empowerment" and the description and measurability of empowerment and Kanter's (1993) Theory of Structural Organisational Power, and Speitzer's Emotional Empowerment Theory as integrated into Laschinger's (2010) "Integrated Model of Nurse/Patient Empowerment" guided this. The researcher derived a conceptual model for the current research from these theoretical structures.

The researcher adapted Laschinger's theoretical model as depicted in Fig 2.1 by making certain innovative changes to suit the current research topic, problem and questions. Figure 1.1 exhibits these innovative changes.

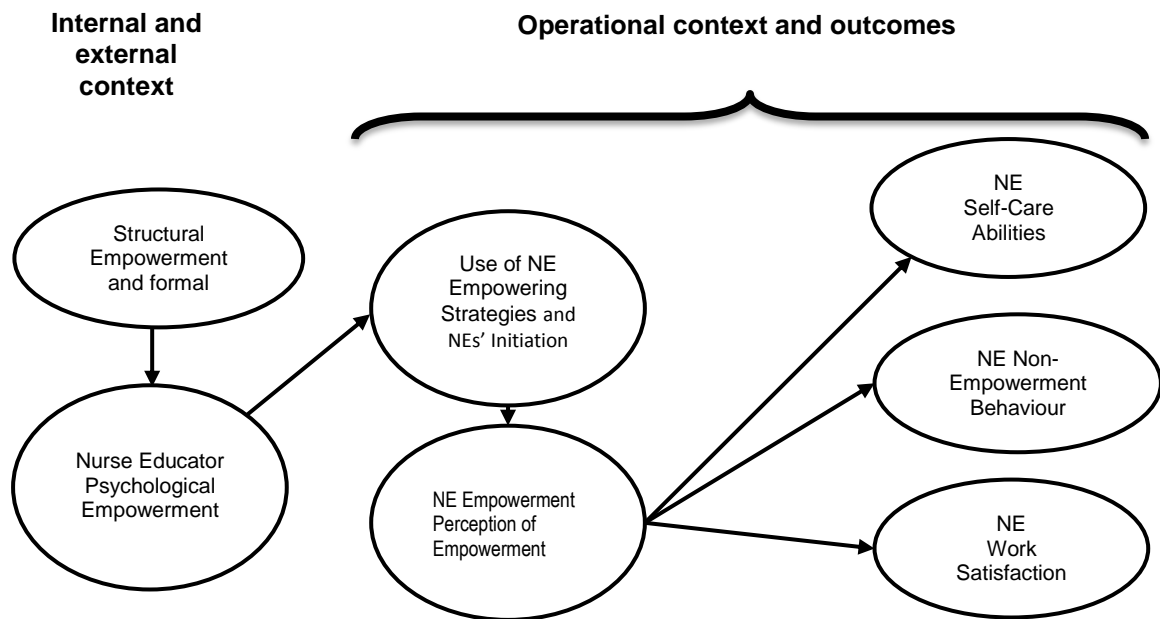


Figure 1.2: The conceptual model of empowerment underlying the current research

1.9 HYPOTHESES

Johnson (2012:9) defines a hypothesis as an untested conjecture which forms the first part of the study. Also, Christiansen and Bertram (2014:23) circumscribe a hypothesis as a tentative and testable explanation of a natural phenomenon. Bowling (2014:161) explains that a hypothesis is an assumption that expresses a tentative solution to the research problem.

- **Hypothesis 1:** There is no significant difference between nurse educator's perception of the concept of empowerment and demographical information such as the campuses where they are stationed, highest qualification and teaching experience.
- **Hypothesis 2:** There is no relationship between the nurse educator's perception of the concept of empowerment and existing structure in nursing education in Limpopo province

- **Hypothesis 3:** There is no relationship between nurse educator's perception of the concept of empowerment and structural empowerment such as access to information, access to support, access to resources, access to opportunities to learn and grow, informal and formal power.
- **Hypothesis 4:** There is no relationship between the nurse educator's perception of empowerment and their current level of empowerment.
- **Hypothesis 5:** There is no relationship between the nurse educator's perception of the psychological empowerment concepts and self-efficacy and the ability to have an impact.

Data relating to these null hypotheses were subjected to ANOVA and Chi-square testing to ascertain statistically significant associations among variables (De Vos, Strydom, Fouche, & Delport, 2011; Gay, Mill & Airasian 2011:151; and Johnson & Christensen 2014:578).

1.10 PARADIGMATIC FOUNDATIONS OF THE STUDY

A paradigm is "a worldview, a general perspective on the complexities of the real world" (Polit & Beck 2008:13). Babbie and Benaquisto (2010:32) describe paradigms as the "fundamental models or frames of reference used to organise observations and reasoning". *Collins English Dictionary* (1994:1130) defines a paradigm as "a pattern or model (in the philosophy of science), a very general conception of the nature of scientific endeavour within which a given enquiry is undertaken".

The positivist paradigm served as a foundation for the current study. Positivism is defined as "a strong form of empiricism, especially as established in the philosophical system of Auguste Comte. It rejects metaphysics and theology as seeking knowledge beyond the scope of experience and holds that experimental investigation and observation are the only sources of substantial knowledge" (*Collins English Dictionary* 1994:1215). Bowling (2014:132) sees a paradigm as a set of theoretical perspectives that form the basis for each branch of investigation. Paradigms consist of a set of assumptions that form the basis for developing research questions

The *Oxford Advanced Learner's Dictionary* (2010:1140) defines positivism as "a system of philosophy based on things that can be seen or proved, rather than on ideas". Positivism refers to a philosophical system that recognises only that which is logical or mathematically proven. It rejects metaphysics or theism. It emphasises the power of evidence associated with quantitative data and data analysis (Babbie 2004:36& 2013:60; Newby 2010:34; Polit & Beck 2008:14). Positivism is a philosophical belief within which different disciplines carry out their investigations (Saks & Allsop 2013:21). According to Johnson (2012:10), positivism, as a research paradigm, values only sense observable phenomena such as things that can be measured. Positivism also emphasises logic and knowledge over emotions, intuition and the like. In the positivist paradigm, research methods drawn from the natural sciences with an emphasis on measurement, provide scientific knowledge. Positivism's main aim is to investigate or formulate laws using quantitative methods that emphasise factual information as its crucial characteristic (Bowling 2014:139).

1.11 RESEARCH DESIGN

A research design is an overall plan for obtaining answers to research questions (Polit & Beck 2012:58). A research design is a blueprint that directs a study and maximises control over factors that could impede answering the research questions, or attaining the research objectives (Burns & Grove 2009:41; Burns et al 2013:43; Rebar, Gersch, Macnee& McCabe 2011:175).

The researcher selected a quantitative, non-experimental, descriptive-correlational design to investigate the concept, context and operationalisation of empowerment in nursing education at nursing college campuses and satellite campuses in the Limpopo Province. See Chapter 5 for a full discussion of the research design and methodology.

1.12 RESEARCH METHODOLOGY

Polit and Beck (2012:62) describe research methodology as the steps, actions and stratagems taken to examine the problem under investigation and to analyse the collected data". The research methodology includes the population; sample and

sampling; data collection and analysis, and validity and reliability (See Chapter 5 for detailed discussion in this thesis)

1.12.1 Population

Polit and Beck (2012:73) describe a population as "the entire aggregate of cases in which a researcher is interested". Moule and Goodman (2014:290) and Polit and Beck (2012:73) distinguish between a target and accessible population.

The target population is a set of individuals or elements that meet the sampling criteria, the aggregated cases about which the researcher would like to infer the results of the study (Christensen, Johnson & Turner 2011:187; Christensen, Johnson & Turner 2015:196; Burns & Grove 2009:42; Parahoo 2014:260). Babbie (2010:214) and Babbie (2013:134) refer to the accessible population as "that aggregation of elements from which the sample is selected".

The accessible population for this study consisted of all nurse educators at the college's five main campuses and 24 satellite campuses who were available at the time of data

1.12.2 Sample and sampling

Sampling means the process of selecting a portion of the population to represent the whole population in a study (Burns & Grove 2009:343; LoBiondo & Haber 2010:221; Polit & Beck 2008:339).

A non-probability sampling method was selected and included all the college's main campuses and satellite campuses as well as nurse educators from these sites. LoBiondo-Wood and Haber (2010:225) point out that in non-probability sampling, the researcher chooses elements by a non-random method or arbitrary method as not every element of the population has an equal opportunity of being included in the sample (Burns and Grove 2009:353). The odds of selecting a particular individual are thus not known (De Vos et al 2011:231).

To select the campuses for participation in the study, the researcher used a census (sampling frame) of these campuses (Christensen et al 2011:151; Christensen et al 2015:162; Newby 2010:154; Polit & Beck 2008:323). The researcher obtained a list of the main and satellite campuses from the human resources division at these campuses (See Table 1.1 and Table 1.2). All campuses participated in the study

The respondents were selected using non-probability sampling, more specifically, using convenience sampling (O’Leary 2014:190; Brink, Van der Walt & Van Rensburg 2012:140). This method saved time and met the researcher’s financial constraints. Nonetheless, this did not impede the study as the target population was the same. The college’s main campuses and satellite campuses are situated far apart. More time would be required to sample the respondents randomly. Also, travelling and accommodation would have been costly. Thus, the respondents who were “conveniently” available on the day of data collection were asked to complete the questionnaires.

A response rate of 70% and more is deemed acceptable (Johnson & Christensen 2014:250). The response rate for the current study aimed at was 80%. Table 1.1 illustrates the number of respondents and the expected response rate from the main campuses and satellite campuses, respectively.

Campus	Number of respondents	Response rate	Total
Giyani	19	80%	15
Sekhukhune	9	80%	7
Sovenga	38	80%	30
Thohoyandou	25	80%	20
Waterberg	5	80%	4
TOTAL	96	80%	76

The response rate at the satellite campuses also aimed at 80%. Tables 1.2 illustrates the number of respondents and the expected response rate.

TABLE 1.2: Number of respondents and expected response rate at satellite campuses

District	Number of satellite Campuses	Number of respondents	Expected Response rate	Total
Mopani	5	16	80%	12
Sekhukhune	5	18	80%	14
Capricorn	4	13	80%	10
Vhembe	5	18	80%	14
Waterberg	5	9	80%	7
TOTAL	24	74	80%	59

1.12.3 Data collection

The researcher used a self-designed questionnaire for data collection (See Chapter 5 for a detailed discussion). A questionnaire can be used to collect information on attitudes, perceptions, knowledge and experience, and requires participants to provide written and tick-off responses to a set of questions or items (Babbie & Benaquisto 2010:249; LoBiondo-Wood & Haber 2010:275; Waltz, Strickland & Lenz 2010:301).

The researcher administered the self-completion questionnaire to all nurse educators on campus during the different data collection sessions.

1.12.3.1 Questionnaire

The questionnaire was based on the literature review on “empowerment” and the components of the conceptual framework and supporting theories, and consisted of five sections:

- Section A: Consisted of respondents’ demographic information
- Section B: Consisted of concepts related to structural empowerment
- Section C: Explored the respondents’ psychological empowerment
- Section D: Consisted of operationalisation of concepts respondents use of empowerment strategies, self-perception of empowerment, empowerment self-care, non-use of disempowerment behaviours, work satisfaction)

Section E: Consisted of respondents' self-concept

1.12.3.2 Administering the questionnaire

The researcher drew up a programme of dates for data collection and delivered the programme and letters of permission to the heads of the main college campuses.

The researcher introduced himself to the heads of the satellite campuses and explained the purpose of the study. The researcher distributed the questionnaires personally. He also employed research assistants to deliver the questionnaires to the two main campuses. They distributed the questionnaires to the respondents on these campuses, collected them and dispatched them to the researcher.

1.12.4 Data analysis

Data analysis refers to the systematic organisation and synthesis of research data and the testing of research hypotheses using those data (Burns & Grove 2009:44; Polit & Beck 2008:751; Johnson & Christensen 2012:451; LoBiondo-Wood & Haber 2010:309).

The researcher used descriptive statistics to describe, reduce, organise and give meaning to the collected data (Burns et al 2013:46; Johnson & Christensen 2012:451; Polit & Beck 2008:751). Chapter 6 contains frequency distribution tables and graphs displaying the data (LoBiondo-Wood & Haber 2010:313).

Inferential statistics were used to make generalisations about the study population based on the set hypotheses. Inferences were based on the sample characteristics (Burns & Grove 2009:452; Burns et al 2013:538; Polit & Beck 2008:556; Johnson & Christensen 2012:452). A research statistician analysed the data using the Statistical Package for Social Science (SPSS) version 23 program.

1.13 VALIDITY AND RELIABILITY

Validity and reliability determine the quality of a research instrument.

1.13.1 Validity

Validity refers to the degree to which an instrument measures what it is supposed to measure (Burns & Grove 2009:380; Burns et al 2013:393; Polit & Beck 2008:457; LoBiondo-Wood & Haber 2006:338; Johnson & Christensen 2014:172).). Validity is concerned with the accuracy of the instrument (Johnson & Christensen 2014:172).

1.13.2 Reliability

Reliability refers to the consistency with which the instrument measures constructs (Borden & Abbott 2014:126; Brink et al 2012:140; Polit & Beck 2008:452). In this study, the Cronbach's Alpha was calculated to test the internal consistency of the instrument as a whole (Simon 2010:151). It is believed that the different constructs and components in the adapted version of Laschinger's model refined to fit the current research further improved both reliability and validity (See Chapter 5 of this thesis for a full discussion).

1.14 SIGNIFICANCE OF THE STUDY

The researcher's initial envisioned significance of the research was that by clarifying the meaning of *empowerment* and explicating how nurse educators' perceive it, the study should contribute to nursing education and the nursing profession in general. In addition to this initially envisioned significance of the study, also see Chapter 6 on the finally formulated significances of the study.

1.14.1 Nursing education

Gaines, Jenkins and Ashe (2005:522) maintain that appropriate activities should be integrated into nursing education to empower future nurses. The current study explored the respondents' perceptions and expectations of their empowerment. The researcher imagined that the findings should indicate factors to incorporate into empowerment programmes. Improving nurse educators' empowerment is a prerequisite for realising the ideal of providing nursing education that would ultimately empower nursing students. Involving nurse educators in examining and clarifying their perceptions and experience of empowerment is the first step.

1.14.2 Nursing profession/practice

The researcher envisioned that the findings of this study would assist in promoting empowerment by indicating factors that need to be tackled and implemented in nurse education and educational practice and college management. Importantly, this would represent a holistic approach to empowerment that would ensure accountability for attaining individual and organisational goals.

1.15 LIMITATIONS OF THE STUDY

The main limitation of the current study is that the findings of the study cannot be generalised to other provinces because it was conducted only in the Limpopo Province. A non-probability convenient sampling method was employed and might have affected the objectivity of the data. However, the aim of the study was towards analysing the context surrounding nurse educator empowerment in the Limpopo Province and base the remedial action on these findings.

1.16 ETHICAL CONSIDERATIONS

Ethics deal with matters of right and wrong. Ethical considerations are essential in any research involving human subjects to protect the rights of the research participants (Polit & Beck 2008:167). Accordingly, the researcher obtained permission to conduct the study and upheld the principles of autonomy, beneficence, confidentiality, informed consent, justice, respect and self-determination of respondents, institutions and the integrity of the researcher (Pera & Van Tonder 2011:331). A discussion of the ethical considerations follows in Chapter 5 of this thesis.

1.17 DEFINITION OF KEY CONCEPTS

For this study, the following key concepts apply.

Empower

Collins English Dictionary (1994:511) defines empower as “to give or delegate power or authority to; authorise; to give ability to; enable or permit”. *Longman Dictionary of Contemporary English* (2009:554) defines empower as “to give someone more control over their own life or situation”. Empower means “to invest, equip or supply with power”. Gold, Holden, Stewart, Iles & Beardwell (2013:273); and McKenzie, Pinger and Kotecki (2012:303) broadly support this.

Empowerment

Kotze (2013:215) defines empowerment as “being able to take control of one’s life and make informed and responsible decisions to manage one’s self in one’s world”. Robbins and DeCenzo (2010:422) support the latter definition by adding that empowerment entails “an increase in the decision-making discretion of workers”. According to Jooste (2011:222), empowerment means “a process of giving consent to an individual to exercise control over tasks”.

From Chapter 3, onwards the result of a limited concept clarification of the concept of empowerment applied to the researcher's conceptualisation of empowerment. “Empowerment refers to an inner change in orientation, from a dependent and authority-seeking disposition to a disposition of self-efficacy, liberation, and the choice to embrace organisational power and authority in an informed, responsible and accountable way by reciprocating the sharing of power, knowledge of and participation in organisational matters to attain organisational goals cooperatively’. (See Chapter 3 Section 3.6)

Nurse educator

A nurse educator (NE) refers to a professional nurse who has obtained an additional qualification in nursing education, and who has subsequently registered as a nurse tutor in terms of the SANC’s Regulation R118 (of 23 January 1987 as amended) “Regulations Concerning the Minimum Requirements for Registration of the Additional Qualification in Nursing Education” in terms of “the Act” meaning the Nursing Act, 1978 (Act 50 of 1978), as amended by the Nursing Act (Act 33 of 2005), Paragraph 1(i) namely, “nurse educator” referred to a person who facilitates the learning process for the programme leading to registration as a Nurse (General, Community & Psychiatry) and Midwife NEIs and (Enrolled Auxiliary and Enrolled Nursing R2176 and R2175) and post-basic R212 programmes (Advanced Midwifery and Neonatal Nursing Sciences; Operating Theatre Nursing; Critical Care Nursing General, Medical and Surgical Nursing, Ophthalmic Nursing and Orthopaedic Nursing Science, and R48 programme (Health Assessment Treatment and Care).

Nursing College/Nursing Education Institution (NEI)

A nursing college (NC) refers to “an academic institution registered with the South

African Nursing Council following regulation R3901 of 12 December 1969, as amended” (Regulation R3901, Paragraph 1(1-2). In this study, NEI refers to a nursing college/nursing education institution referred to an institution registered under R3901 in the Limpopo Province.

Perception

Williams (2013:585) states further that perception is the process by which individuals attend to, organise, interpret and retain information from their environments. In this study, perception and perceptions referred to the participants’ (nurse educators) views, knowledge and attitudes regarding their empowerment.

Power

The *Concise Oxford English Dictionary* (2008:1125) defines power as “the ability to do something or act in a particular way” while *Oxford Advanced Learner’s Dictionary* (2010:1146) defines power as “the ability to control people or things”. Kotze (2013:215) describes power as “the ability to influence others to bring about desired outcomes”. In that study, power referred to the ability of nurse educators to initiate and direct their personal and professional activities to develop themselves and students and advance nursing practice.

1.18 ORGANISATION OF THE CHAPTERS

The study consists of seven chapters.

- Chapter 1 Introduction and overview of the study
- Chapter 2 Theoretical foundation of the study
- Chapter 3 Literature review-Part 1: The concept of empowerment
- Chapter 4 Literature review-Part 2: Access to empowerment resources for Nurse educators in the Limpopo Province
- Chapter 5 Research design and methodology
- Chapter 6 Analysis and Presentation of the data
- Chapter 7 Findings, Implications and Recommendations

1.19 CONCLUSION

This chapter outlined the problem, purpose and significance of the study; briefly

discussed the research design and methodology and ethical considerations, defined key terms, and outlined the chapters in the study. Chapter 2 describes the theoretical foundation of the study.

CHAPTER 2

THEORETICAL FOUNDATION OF THE STUDY

2.1 INTRODUCTION

This chapter serves to introduce the theoretical foundation of the study. The quantitative and positivist paradigms focus on measurable aspects of human behaviour (Brink, Van der Walt & Van Rensburg 2012:10). The human behaviour currently under investigation is “empowerment”, Kanter’s (1993) Theory of Structural Organisational Power, and Speitzer’s Emotional Empowerment Theory as integrated into Laschinger’s (2010) “Integrated Model of Nurse/Patient Empowerment” guided the description and measurability of empowerment in this study. The researcher derived a conceptual model for the current research from these theoretical structures (see section 2.3.4 in this thesis)

2.2 RESEARCH PARADIGM

LoBiondo-Wood & Haber (2011:582) state that a paradigm is a way people in society think about the world. Saks and Allsop (2013:19) define the term paradigm more specifically as a framework of foundational beliefs about what to study, the methods to use and how to interpret data to gain knowledge of the natural or social sciences.

Neuman (2011:81) defines a paradigm as an axiom to theory and research - a general organising framework for theory and research that embraces basic assumptions, critical issues, models of quality research and methods for seeking answers to research questions and theory. Baronov (2012:77) views a paradigm as a conceptual system containing underlying assumptions about how the world operates. Punch (2009:358), in Yang and Miller (2008:25), defines a paradigm as a view of reality - an intellectual framework that specifies a discipline’s proper domain, basic assumptions, appropriate research questions and rules of inferences. Polit and Beck (2008:13) partially corroborate these authors’ viewpoints. They state a paradigm is a worldview, a general perspective on the nature of the real world. This involves the nature of ontology (social reality), epistemology (that which is considered knowledge and truth) and methodology (the scientific way of arriving at

knowledge). Bowling's (2009:129) view that a paradigm is a set of theoretical perspectives and assumptions on which to base scientific enquiry (research) corroborates Polit and Beck's (2008:13) point of view. In the same vein, Babbie and Benaquisto (2010:32) see the concept of paradigm as a model or framework that enables the scientific community to understand the real world (Babbie & Benaquisto 2010:32). Newby (2010:44) supports the idea of a paradigm as a conceptual framework that underlies the theoretical dimension and practice of any scientific discipline - a way of thinking about a subject area within the scientific community. Newby continues by explaining that a paradigm functions at a higher level than methodology by linking the way the researcher thinks about what is appropriate to investigate and on what bases to consider the truth of research outcomes.

Furthermore, paradigms equate with perspectives and theoretical lenses through which people perceive different pictures of the same world. Thus, a paradigm becomes a system of beliefs about the world of science. Also, Johnson and Christensen (2008:33), supported by Meleis (2007:35), view a paradigm as a perspective about research held by a community of researchers based on a set of shared assumptions, concepts, values and practices.

In the researcher's view, the main issue stemming from this overview of the concept of paradigm involves a broad philosophical foundation holding implications for adherents to a philosophical foundations' perception of what essentially constitutes social reality (ontology), epistemology (knowledge) and knowledge production (methodology).

Concerning the current research, the philosophical point of departure is positivism that leaves the researcher with an objective deterministic "out there" ontology. Positivism expresses valid knowledge about what is observable through the senses and what is investigated and quantified via quantitative research methodologies. In the case of the latter, the current research design is quantitative, descriptive, correlational and non-experimental.

2.2.1 Positivism

According to Saks and Allsop (2013:21), most studies carried out in the field of the health sciences share a framework of assumptions and beliefs associated with the philosophical position known as positivism. Positivism as such refers to the application of the methodologies of the natural sciences to the social sciences, namely, the notion of studying the natural and social realities in the same objective manner.

2.2.1.1 Definition

According to Babbie and Benaquisto (2010:24), Comte's assertion that society could be studied scientifically forms the base for scientific development in the social sciences. Comte coined the term "positivism" to explicate his scientific approach, which, according to Polit and Beck (2008:14), is also known as logical positivism, the paradigmatic foundations of current quantitative research.

Positivism asserts that an objective reality exists apart from the perceptions of those who observe it and research aims towards understanding reality (Check & Schutt 2012:15) from a positivist perspective. De Vos et al (2011:6) corroborate this by stating that positivism is an approach to social sciences research that applies the principles of natural science to investigate social phenomena. Positivism is further explained by Saks and Allsop (2013:475) as an epistemological (knowledge-generating) position favouring methods drawn from the natural sciences in conducting research. This aims at identifying general laws and objective facts about the natural and social world. According to Check and Schutt (2012:15) and Polit and Beck (2008:762), positivism as a research paradigm underlies the traditional scientific approach assuming quantification resembles the fixed, objective and orderly proceeding of reality.

2.2.1.2 Assumptions of positivism

Assumptions at the ontological, epistemological and methodological levels are either pertinently, or by implication, addressed by one's philosophical stance. According to Polit and Beck (2008:14), Polit and Beck (2012:12), Burns and Grove (2009:40) and

Rebar et al (2010:221), assumptions are propositions that are taken for granted or are considered true although they have not been scientifically verified. These are often arrived at and accepted on the grounds of logical philosophical argument. In the current research, the positivist assumptions are:

- Ontology, social reality or “nature” is orderly and regular. Positivists believe that reality exists independent of human observation and that the creation of the universe is not “human-mind making” (De Vos et al 2011:6; Polit & Beck 2008:15). This involves the concept of determinism, the belief that phenomena in the real world have antecedent events in a cause and effect sequence, as well as co-occurrences of events (Burns & Grove 2009:134; Saks & Allsop 2013:23). Scientific theories provide a kind of backcloth to empirical research (De Vos et al 2011:6). In the current research, the part of the ontology, or social reality, the research focused on is that of the empowerment of nurse educators in the social reality of nursing education institutions (NEIs). The theoretical backcloths are Kanter’s (1993) Theory of Structural Organisational Power and Speitzer’s (1996) Emotional Empowerment Theory as integrated into Laschinger’s (2010) “Integrated Model of Nurse/Patient Empowerment”.
- Epistemology, understood more broadly, is about issues having to do with the creation and dissemination of knowledge in areas of inquiry. Epistemology is the study of knowledge and justified belief (Epistemology). In positivist terms, only phenomena that are observable to the senses are deemed knowable, refined to scientific “knowledge” through the scientific (research) process. This implies that phenomena that are not amenable to senses are not known to exist (De Vos et al 2011:6; Saks & Allsop 2013:23).
- Methodology entails the methods the researcher applies, the research act towards obtaining knowledge within the accompanying definition of epistemology. According to Sarantakos (2005:34), positivists believe in empiricism, which claims that knowledge develops through the senses or experiences. As positivists value objectivity, they hold their personal beliefs and biases in check to avoid them from interfering with the phenomena under investigation (Burns & Grove 2009:22; De Vos et al 2011:6; Polit & Beck 2008:15). May (2011:10), define objectivity as a kind of depiction in the social

scientific method. Objectivity in positivism refers to the researcher's detachment from the topic under investigation to accumulate verifiable facts gathered through the scientific process (Brink et al 2012:25; De Vos et al 2011:6; Saks & Allsop 2013:22). Positivists believe that hypotheses derived from scientific theories are amenable to empirical testing (De Vos et al 2011:6) by stressing the value of accuracy, precision and experience (Sarantakos 2005:34). In the current study, the researcher illustrates his detachment via the application of specific theories (Kanter, Spreitzer & Laschinger's theories), the measurement scales contained in the questionnaire and the statistical procedures applied to the raw numerical data. In this instance, the deductive research design (from general theory to specific measurements) produced inductive (statistically grouped) generalisations (Sarantakos 2005:34). Positivist researchers plan methods, designs and constructs strictly according to its measurement potential before the study commences (Sarantakos 2005:34).

2.2.2 Quantitative research

According to Polit and Beck (2008:15), quantitative research aligns with the positivist paradigm and underlying philosophy. Johnson and Christensen (2008:33) define quantitative research as depending primarily on the gathering of numerical data. According to Johnson and Christensen (2008:34) and Yang and Miller (2008:256), quantitative research collects data, based on precise measurement using structured and validated data collection instruments. According to Johnson and Christensen (2008:35), quantitative research follows confirmed scientific methods because it focuses on hypothesis and theory testing. Gay, Mills and Airasian (2011:7) support this view by explaining quantitative research as the collection and analysis of numerical data to describe, explain, predict or control phenomena of interest. These authors (Gay et al 2006:9) and Langdridge and Hagger-Johnson (2013:13) also state that quantitative research focuses on the collection and analysis of numerical data to explain, predict or control phenomena under investigation. More pertinently, descriptive quantitative research attains the later by focusing on people's behaviour in natural settings (Cozby& Bates 2012:114). Such quantitative data analyses depend on statistical procedures (Gay et al 2011:15; Punch 2009:260).

The current study reflects these broad premises of quantitative research as it investigated the perception of nurse educators of their empowerment status in nursing education institutions (college campuses and satellite campuses). A structured questionnaire based on the underlying theoretical constructs of Kanter's (1993) Theory of Structural Organisational Power and Speitzer's Emotional Empowerment Theory, was used to collect numerical data about the perceptions of nurse educators regarding their empowerment in nursing education institutions. The Statistical Package for Social Sciences (SPSS Version 23) (Polit & Beck 2008:642) aided the data analyses procedures.

2.2.2.1 The characteristics of quantitative research

According to Saks and Allsop (2013:22) and Polit and Beck (2008:16), quantitative research comprises the following features.

Quantitative research is more systematic than qualitative research (LoBiondo-Wood & Haber 2010:8; Polit & Beck 2008:16). The quantitative researcher applies rigorous methods to minimise biases and to control extraneous variables in the process of knowledge production (Polit & Beck 2008:286). Rigour involves the disciplined and scrupulous adherence to detail and accuracy (Burns & Grove 2009:34; Saks & Allsop 2013:22). This ascertains excellence in quantitative research (Polit & Beck 2008:286). According to Saks and Allsop (2013:23), rigour also pertains to the transparency of methods applied in quantitative research, methods that are demonstrable, logical and mathematically sound. These allow for replication of research, a process that, increases the reliability and validity of the research findings (Saks and Allsop (2013:23). Furthermore, Briggs, Coleman and Morrison (2012:123) state that quantitative research use replication to increase external validity (see section 5.8.2 in this thesis).

Measurement as a principal characteristic of quantitative research and mathematically sound research produces reliable data if measurement instruments such as questionnaires demonstrate reliability statistically and meet the criteria set for validity (Saks & Allsop 2013:23). According to Burns and Grove (2009:36), when the researcher conducts quantitative research, the most precise instruments to

measure the variables relating to the phenomenon under investigation should be used. Further, quantitative researchers use control measures to minimise biases (Polit & Beck 2008:198). LoBiondo-Wood and Haber (2010:159) define control as the measures the researcher uses to hold the conditions of the study uniform to prevent bias. Burns and Grove (2009:35) posit that control transpires when the researcher applies measures that decrease the possibility of error so that the findings are an accurate reflection of reality. Section 5.8.1 and 5.8.2 discuss the internal and external validity of the current study and the reliability and validity of the data collection instrument. Internal and external validity measures further assist in explaining dependent and independent variables associated with the research topic (Saks & Allsop 2013:23) and their interrelationships. Also, researchers can test and validate theories applied in their studies (Briggs et al 2012:123), improving its credibility. This contributes to making quantitative results more dependable, a point towards which large samples also contribute by providing an 'emic' (an insider) perspective (Briggs et al 2012:123).

Finally, quantitative research is empirical and collects empirical data. Consequently, data are derived from, or guided by, experience or experiment; is depended upon experience or observation and is demonstrable or verifiable by experience or experiment (Empirical). Such observations may be made directly or indirectly (Polit & Beck 2008:16).

It is the researcher understanding that all the characteristics of quantitative research mentioned up to this point are dependent upon the researcher taking an objective stance in positivist terms. Both the research process and the phenomenon under investigation are "external" to the researcher (Saks & Allsop 2013:22). The knowledge produced is based on a body of refined theory derived from previous research and formal theory (Newby 2010:95). Neuman (2011:86) further points out that the objectivity of the research during quantitative research relates to an agreement between observers (researchers or fieldworkers) on the observations they make and an agreement that knowledge is unbiased and not based on personal values, opinions, attitudes or beliefs.

Finally, quantitative research goes beyond the specifics of the research situation (Polit & Beck 2008:16) to generalise findings to another comparable situation. The researcher has a central interest in demonstrating that the study findings can be generalised to locations beyond the study setting (Briggs et al 2012:19).

2.3 THEORETICAL GROUNDING

One of the fundamental tenets of quantitative research is the application of theoretical frameworks, such as the theoretical frameworks depicted and described in sections 2.3.1 & 2.3.2 in this thesis, to guide the study and structure the literature review.

2.3.1 The concept of theory

According to (Barker 2003:434) in De Vos and Strydom (2011:37), a theory consists of interrelated hypotheses, concepts, constructs, definitions and propositions that present a systematic view of phenomena founded on empirical findings. A theory aims to explain and predict phenomena (Schweigert 2012:13).

Polit and Beck (2008:57) concur with the view of a theory as a systematic, abstract explanation of some aspects of the real world (ontology). Furthermore, the creative and rigorous presentation of ideas in theories presents hypothetical, purposeful and systematic views of the phenomenon under discussion (Chinn & Kramer 2011:185).

Gay, Mills and Airasian (2006:35) state that a theory is an organised body of concepts, generalisations and principles that researchers apply during scientific investigations. The theoretical framework that guided the current study consisted of ideas that are amenable to investigation. These also guided the literature review. De Vos and Strydom (2011:29) view concepts as specific things about which a scientist tries to make sense of the real world while Polit and Beck (2008:141) note that concepts are the building blocks of theory. Gay et al (2006:35) argue that research based on theory is conceptually rich and at the end of the study, it may suggest further studies to test a theory.

The theoretical structures applied to guide the current study consisted of concepts from Kanter's (1993) Theory of Structural Organisational Power and Spreitzer's (1995) Emotional Empowerment Theory as integrated into Laschinger's (2010) "Integrated Model of Nurse/Patient Empowerment". From these, the researcher derived a conceptual model for the current research (see section 3.3.2.2 in this thesis). Yang and Miller (2008:14) posit the idea of using theory in research to provide descriptive generalisations of reality. Furthermore, the theory is applied to reinterpret common-sense version of reality. According to Cozby and Bates (2012:22), theories generate new knowledge by focusing the researcher's thinking so that new aspects of behaviour become evident.

2.3.2 Kanter's Theory of Structural Organisational Power

This section gives a brief discussion of Kanter's theory as the point of departure of the current study.

2.3.2.1 Assumptions

Kanter's theory articulates in the following assumptions:

- Organisations have a significant effect on employees' lives
- Employees act in adaptive ways
- Employees have free will despite the restrictions on their positions
- How employees behave at work is a result of their job descriptions and ranks
- Employees' abilities to demonstrate their skills are not the same in all situations (Wilson & Lancaster 1994:40). These assumptions demonstrate the varied levels that contribute to personal empowerment. The employment environment, the position and rank a person occupies can either facilitate or hinder empowerment. These assumptions could become the basis for research and measurement.

2.3.2.2 The constructs of Kanter's theory

The constructs advanced by Kanter include power, empowerment structures, access to empowerment and the impact of individuals' powerlessness in organisations (Laschinger et al 2010:50).

- **Power**

Kanter (1997:166) points to the pejorative portrayal of the concept of power in the literature and that it has many meanings and interpretations. Therefore, Kanter's (1977:166) theory commences with the definition of the concept of power by differentiating it from hierarchical dominance. Power is the '*the ability to get things done, to mobilise resources, to get and use whatever it is that a person needs*' to attain set goals. Kanter believes that management within an organisation should provide employees with power tools to achieve organisational goals in a meaningful manner rather than to aid them to monopolise power, thus denying others to perform effectively. One of the organisational tools utilised to empower others is the voice individuals use to express themselves in an organisation (Bradbury-Jones, Irvine & Sanbrook 2007:382; Kanter 1977:166; Laschinger et al 2010:5). The researcher's own attempts at clarifying the concept of "empowerment" is presented in Chapter 3.

- **Empowerment structures:**

Kanter posits that there are two primary structures of empowerment in organisations, namely the structure of opportunity and the structure of power (Laschinger et al 2010:5).

- **The *Structure of opportunity*:**

According to Kanter, the structure of opportunity entails conditions of service in organisations that provide the individual with an opportunity to progress. Also, it relates to individuals' development of knowledge and skills. Kanter believes that individuals who occupy high performing positions in organisations are proactive in solving problems in the working environment. These individuals participate in change and bring innovative ideas to the organisation. Kanter (1977:130) believes that employees who remain for a long time in their job gain more knowledge of organisational operations, and have more influence, autonomy and control over their

functions, thus possessing more “power” and leaving them feeling more empowered. Ellefsen and Hamilton (2000:109) corroborate this by stating that structure and opportunity in organisations enhance mobility and growth. As perceived by Anderson and Anderson (2010:178), empowerment and responsibility are the fundamental dispositions of highly functional people in organisations.

In contrast, the perception is that individuals in low-status jobs behave in a non-progressive and less committed way. Such individuals are cautious and resist change (Laschinger et al 2010:5). According to Kanter (1977:130), such individuals need to be prompted to exercise their autonomy to participate meaningfully in organisational activities. Laschinger et al (1999) in Ning, Zhong, Libo and Qiujie (2009:2644) found that nurses perceived more structural empowerment and more job satisfaction when leaders create an enabling environment for them in which to exercise their autonomy, decision-making and confidence.

- ***The structure of power:***

Kanter (1977:176) states that individuals’ power within an organisation relates to their active performance within such organisations. The structure of power entails individuals’ access (activity performance) to information, support and organisational resources (Ellefsen & Hamilton 2000:110; Hage & Lorensen 2005:237). Access to information pertains to the knowledge necessary to effect job-related activities meaningfully. Such information encompasses technical knowledge and skills relating to employees’ expertise (Laschinger 2010:5).

Access to resources entails having the ability and the means to obtain materials, money and rewards to meet job demands (Laschinger 2010:5). The provision of enough and relevant teaching materials in nursing education institutions could serve as a vehicle for the empowerment of nurse educators (Kanter 1977:166).

Other sources in an organisation that enhance the effectiveness of employees include feedback from supervisors and support for exercising discretion while working (Laschinger 2010:5). Kanter (199:191) also posits out that conditions of work in organisations could restrict the discretion of individuals. Individuals with the

freedom to exercise discretion are more likely to become empowered than those with under restrictive supervision.

- **Access to empowerment structures in organisations**

Formal and informal power systems in an organisation facilitate individuals' access to empowerment structures. Individuals' access to formal power emanates from job activities that permit flexibility and the use of one's discretion in decision making (Laschinger et al 2010:5). According to Kanter, informal power derives from individuals' relationships with others in the organisation. The relationship with other employees enables the individual to obtain cooperation from them to attain the organisation's goals (Laschinger et al 2010:6). Employees who have access to empowerment structures are more satisfied with their work and demonstrate more commitment to the organisation than those with low job activities (Structural Empowerment)

The degree of access to empowerment structures influences the extent to which individuals are proficient at mobilising resources to accomplish job activities. Laschinger et al (2007) in Ning et al (2009:2644) found an association between nurse managers' job satisfaction and their relationships with supervisors with greater manager structural empowerment. Access to empowerment structures eventually influences employees' attitudes and behaviours (Laschinger et al 2010:6). According to Anderson and Anderson (2010:179), support, training and development of people lead to an ability to solve problems rather than blaming, defending or attacking one another making them better performers.

- **The impact of lack of access to empowering structures:**

Kanter (1977:186) maintains that when employees lack access to empowerment structures such as resources, information, support and opportunities, they

experience powerlessness. These employees might lack internal locus of control and tend to see their fate as being in the hands of supervisors. Powerless employees have an insignificant impact on tasks delegated to them. Furthermore, these employees sometimes feel that they do not make progress in their jobs or the hierarchy. They perceive themselves not to have development opportunities to secure promotions, leaving them feeling further excluded from the decision-making processes (Laschinger et al 2010:6). Also, employees feel frustrated, hopeless and might even feel that their jobs are not significant to their lives (Laschinger et al 2010:6).

Powerlessness is also experienced by line managers, mainly those performing routine functions. This happens when supervisors, termed “men in the middle” perceive low opportunities for promotion, supervising subordinates who are resistant to changes (Kanter1977:186).

On the other hand, employees with access to empowerment structures experience a feeling of being in control of conditions within their jobs. This results in the improvement of organisational functioning (Laschinger et al 2010:6). Thus, individuals with access to power structures are highly motivated, and they motivate fellow employees by sharing with them the sources of power in the organisation (Laschinger et al 2010:6).

2.3.3 Spreitzer’s psychological empowerment theory

Spreitzer (1995:1444) defines the concept of psychological empowerment as a “motivational construct” which consists of four components, namely:

- *Meaning* pertains to the value of a task in relation to individuals’ standards or ideals. It demonstrates the individual’s quest to perform well (Spreitzer 1995:1444)
- *Competence* pertains to self-efficacy of the individual to perform work activities with skill. An individual’s capability directly influences how the individual performs ascribed activities (Wang & Lee 2009:273).
- *Self-determination* pertains to an individual’s sense of choice and autonomy in initiating or continuing work-related behaviours or actions. The choice is a

fundamental component of an individual's intrinsic motivation and leads to learning, interest and resilience when faced with challenges (Wang & Lee 2009:273).

- *Impact* pertains to the degree of influence individuals believe they hold over fellow employees at work. Impact links with individuals' high level of performance characterised by individual's persistence under challenging circumstances.

These components of psychological empowerment suggest active participation in, and awareness of, one's work role (Spreitzer, 1995a, 1995b, 1996, 2008; Spreitzer, Kizilos, & Nason, 1997). According to Spreitzer (1995), psychological empowerment points towards an intrapersonal process shaped by individuals' subjective experiences or beliefs about their work role. As explained by Spreitzer (1995), individuals who attain these four dimensions experience psychological empowerment. They view themselves as capable and innovative and show less fear of trying something new in their work. In the same vein, nurse educators who believe that they can influence the operational activities in nursing education institutions are more motivated (Kotze 2007:1; Quinn & Spreitzer, 1997; Wang & Lee 2009:273).

2.3.4 Conceptual framework/model

Chinn and Kramer (2011:157) define a conceptual framework as "*a logical grouping of related concepts or theories ... created to draw together several different aspects that are relevant ...*". Polit and Beck (2008:141) state that conceptual frameworks are less formal in organising phenomena than theories. Further, conceptual frameworks consist of abstract concepts that link up with their relevance to the phenomenon. Also, conceptual frameworks can be applied by the researcher to refine a research problem (Rebar et al 2011:204). Brink, Van der Walt and Van Rensburg (2012:26) posit that a conceptual framework assists the researcher to identify and define concepts and to propose relationships between concepts.

McKeen and Slevin (2008:107) define a model as the most straightforward way of organising parts of a complex phenomenon. McKeen (1994 in McKeen and Slevin 2008:108) describes a model as a systematically constructed mental representation that assists nursing practitioners to organise their thinking.

Burns and Grove (2009:135), see a conceptual model as a set of highly abstract but related constructs that widely explicate phenomena of interest.

The researcher derived the conceptual model for the current research (see fig 2.2 in this thesis) from Laschinger's Integrated Model of Nurse/Patient Empowerment which she derived from Kanter's Theory of Structural Empowerment and Spreitzer's Psychological Empowerment Theory.

2.3.4.1 Laschinger's Integrated Model of Nurse/Patient Empowerment

As the researcher understands it, Laschinger's model operationalises Kanter's concept of "power" by using concepts from Spreitzer's (1995) Psychological Empowerment Theory such as *meaning, competence, self-determination* and *impact* (see section 2.3.3 in this thesis). The remainder of Kanter's concepts is access to information, support, resources, opportunities to learn and grow, informal power and formal power (see table 2.1 of this thesis).

In the interpretation of Laschinger's model within the context of the current research, the researcher replaced the words "nurses" and "patients" by "management" and "nurse educator" respectively to maintain the hierarchical gradient.

- **Provide access to information**

Laschinger's (2010:9) interpretation of Kanter's theory of power in organisations states that nurses and patients working together can identify the information required to address health problems. Nurses possess more knowledge than patients do; therefore, they provide information pertinent to the contexts of patients. This increases patients' access to sources of information. In the same vein, nurse administrators at nursing education institutions (NEI's) possess the information and the authority to make decisions that they should hand down to nurse educators. For instance, a policy should be made accessible to nurse educators and resources implied by these policies should be made available and accessible. According to Jacob and Vanderhoef (2014) in Cherry and Jacob (2014:38), advancements in information technology allow all levels and categories of nurses to access

information. If used correctly, nurse educators could become informed and knowledgeable in nursing education and organisational issues. This will increase their competence in the nursing education environment (Kotze 2013:230). Ninget al (2009:2643) corroborate the notion that access to information pertains to individuals' possession of knowledge about organisational operations that include decisions, policies, goals to be achieved, technical expertise and the experiences that make individuals' more efficient.

As nurses provide information to patients about the environment that is strange to them, the environment becomes a resource for the powerless patient. To empower patients further, patients and nurses engage in discussions about nursing care plans and other health-related issues (Laschinger2010:9). This provides patients with power and control. As Hebenstreit ([s.a.]:297) indicates, perceived power and control over one's environment is a crucial factor in motivating behaviour. Thus, the hospital environment has a significant effect on nursing and patient outcomes (Nasiripour & Siadati 2011:906). In the same vein, access to information, including well-equipped libraries and teaching utensils, as well as cooperative management, will empower nurse educators further. Also, access to information provides employees with a sense of purpose and enhances their abilities to make judgments contributing to the attainment of organisational goals (Schuitema 2004:13; Wang & Lee 2009:2643). Along these lines, it might be possible to recruit, maintain and retain a well-informed, empowered nurse education corps. Hage and Lorensens' (2005:237) support this with the assertion that empowered individuals experience a sense of hope, excitement and direction.

- **Providing access to support**

About the provision of support, as alluded to by Funnel and Anderson (2004) in Laschinger (2010:10), nurses provide support to patients by listening to their fears and concerns. Nurses ascertain patient beliefs, thoughts and feelings as they inquire about patient expectations of their interaction with nurses. Patients perceive nurses as coaches who could assist them in making independent choices and decisions (Laschinger et al 2010:10).

In the same vein, supervisors' concern for and about nurse educators in NEI's is a prime source of motivation for nurse educators. According to Lee and Cumming (in Regan and Rodriguez 2011:2), the amount of perceived organisational support given by superiors and peers significantly contributes to a perception of empowerment to those involved. Duffield, Diers, O'Brien-Pallas, Aisbett, Roche, King and Aisbett (2011:253) state that nurses produce better patient outcomes in situations where they feel autonomous. Also, the availability of resources proves to enhance productivity. In the same vein, and for the same reasons, Regan and Rodriguez (2011:4) argue that NEIs management must take the lead by providing the necessary communication resources to support and equipment nurse educators (Regan & Rodriguez 2011:4). Kekana, du Rand and Van Wyk (2007:29) also indicate that nurses who experience an increase in workload need support and appreciation from supervisors as well as cooperation and acceptance from co-workers. The environment in nursing education institution should thus reflect an atmosphere conducive to the free expression of feelings and opinions and a willingness to share these with others. Supervisors need to support this by providing positive feedback and guidance to subordinates (Cherry & Jacob 2014:341; Ellefsen& Hamilton 2000:110; Wang & Lee 2009:2643).

- **Providing access to resources**

Laschinger (2010:10) states that together, nurses and patients can facilitate patients' access to resources to enhance the management of their health problems. Nurses need to introduce patients to alternative resources in community centres, or other members of the multidisciplinary health team. Alternative resources might provide access, provides needed materials and supplies. These might further ease financial and time constraints and improve the accomplishment of work-related activities and patients' health care (Laschinger et al 2010:10; Ninget al 2009:2643). These can assist patients in identifying their self-care abilities and internal strengths to address their health needs, thus improving the empowerment of patients.

Regarding the current research, Hebenstreit ([s.a.]:299) states that nurse educators in the NEI's perceived themselves as having inadequate resources to facilitate teaching. Not only should NE's be able to access resources, but students should

also be allowed access to resources that can contribute to their learning. This will, in turn, promote teaching and the NEs' perception of the state of empowerment.

- **Providing access to opportunities to learn and grow**

According to Ning et al (2009:2643) opportunity for growth entails individuals' access to challenges, rewards and professional development. Laschinger et al (2010:10) believe that patients can use existing knowledge and skills to empower themselves towards solving their health problems. The role of the nurse is to foster patient development by providing patients with access to health education. In the same vein, nurse educators are encouraged to share recent educational experiences and discuss the knowledge they gain with others (see section 4.3.1.5 in this thesis).

For the current research, access to the opportunity to grow and learn is essential to the teaching role and self-development of nurse educators. Hebenstreit ([s.a]:300) states that increasing workload complicates the balancing of teaching, scholarship, continuing education and service. According to Hebenstreit ([s.a]:300), one avenue to increase structural empowerment is to create a learning organisation where the collective aspiration of nurse educators is set free. In such an environment, nurse educators would engage in continuous learning. In this regard, Kotze (2013:85) emphasises the importance of skills development, indicating that the management of nursing education institutions is obliged to ensure planned and structured development that will empower nurse educators to meet the challenges of change.

- **Informal power**

Effective relationship enhances informal power in the organisational environment (Ning et al 2009:2643). According to Laschinger, informal power emanates from networking among nurses and other health professionals. Informal power is further realised when nurses promote interpersonal relationships with other members of the health team. When patients collaborate with nurses, they eventually have access to the professional help they need. Laschinger et al (2010:11) consider this an essential empowering behaviour of healthcare professionals. A parallel exists in NEIs.

Nurses work with patients to identify ways to develop supporting alliances. According to Funnell and Anderson (2004) in Laschinger et al (2010:11), the strategy used by nurses where they develop goals together with patients is empowering to patients. Kekana et al's (2007:32) study on job satisfaction in the Limpopo Province hospitals, found that there were poor interpersonal relationships between supervisors and employees. Employees were not satisfied with guidance from supervisors. Thus, helping others at work and supporting good teamwork was important to counterbalance problems caused by staff shortage (Kekana et al's (2007:32).

In the same vein, collaboration among NEs is recognised as an essential element for the improvement of teaching and learning as well as for professional development to effect change in the field of education (Chiang & Chapman 2011:27). According to Coronel et al (2003) in Chiang and Chapman (2011:30), reciprocity is essential to the development of a collaborative culture. As nurse educators collaborate to give mutual support, their teaching practices improve.

- **Formal power**

Formal power pertains to the position held by an individual in the organisation, and it denotes the encouragement to patients to develop self-determination (Laschinger et al 2010:11) whereas informal power discussed previously pertains to the promotion of productive relationships. Nurses demonstrate their formal power by negotiating mutually agreeable processes and outcomes towards the needs of patients, thus assisting in shifting power from nurses to patients (Laschinger et al 2010:11). However, in this process, nurses should not forfeit their professional responsibility and accountability "in favour of" patient empowerment. One should not equate client-driven care to withdrawal from patient care, thus negating one's responsibility. An empowerment approach should assist patients in exploring and improving their roles as partners in health care; addressing inadequate knowledge about services and resources that could hamper care (Laschinger et al 2010:11; Wongpiriyayothar, Piamjaryakul & Williams 2011:60).

Thus, in NEIs, the manager should not be perceived as dictating teaching methods to nurse educators but should leave them to exercise their teaching autonomy. It is the responsibility of the nurse educators to identify their knowledge deficit and initiate

workshops attendance or conference attendance to enhance their knowledge. However, these should happen within the set policy, the source of formal power.

According to Laschinger et al (2010:11), there are various strategies available to improve the healthcare system, thereby contributing towards fostering the empowerment of nurses. Self-management support using a team approach to health care is an important way of fostering empowerment (Laschinger et al 2010:11). According to Hall (2004:34), nurses experience a stressful work environment and employers should support them by offering stress management programmes and counselling services to help cope with a demanding work environment. Furthermore, managers should involve nurses in decisions about work schedules (Kekan et al 2007:34). About NEIs, the teaching environment, leadership and management policies, regulations, and other documents should create conditions favourable for the empowerment of nurse educators. Nurse educators should create opportunities to function at their optimum level of performance. Allocating nurse educators to the discipline in which they are qualified and in which they consequently perform better (Kotze 2013:58). In this way, the formal power of a nursing education institution will adequately empower educators.

In summary, Laschinger's model (Laschinger 2010:8) depicts nurse and patient empowerment by outlining a logical pattern of relationship among different components or events. It proposes that access to required structures leads to nurses' psychological empowerment. Psychological empowerment entails a set of motivational cognitions shaped by the work environment to which the individuals effectively orientated themselves. Psychological empowerment entails the four domains of meaning, competence, self-determination and impact, as discussed (see section 2.3.3 in this thesis). Nurses who are empowered share empowering structures with others who become themselves empowered. In addition, nurses who work with empowered managers are also more empowered.

In the nursing environment, nurses share power with patients. Due to their psychological empowerment and having access to empowering structures, nurses have the potential and are in the position to empower patients. However, patients must perceive that they, themselves have access to information, support, resources and opportunities to advance their psychological empowerment - the experience of

self-determination, meaningfulness, self-efficacy and control over life events (Laschinger et al 2010:8).

TABLE 2.1: Nurses' empowering behaviours	
COMPONENTS OF KANTER'S THEORY	EXAMPLES OF NURSE EMPOWERING MANAGEMENT BEHAVIOURS
Access to information	<p>Nurse managers communicate openly with nurses in an endeavour to share information.</p> <p>The goals of the organisations are disseminated to nurses.</p> <p>Managers provide nurses with up-to-date information and communicate the vision of the organisation to the nurses.</p> <p>The information is disseminated in time nurses using available means such as circulars.</p>
Access to support	<p>The manager adopts a democratic leadership style in which nurses' ideas and opinions are considered.</p> <p>Nurses are given feedback on issues that affect them</p> <p>A system is implemented in which nurses' performance is evaluated fairly, and rewards are given if necessary</p> <p>Managers provide supportive leadership to nurses in which nurse are encouraged to exercise their discretion</p> <p>Nurses are encouraged to collaborate with fellow health professionals and assist one another in the execution of care</p>
Access to resources	<p>Adequate resources are provided to nurses to accomplish their activities</p> <p>Nurses participate in the assessment of the efficiency of the resources supplied.</p> <p>Nurses are involved in the planning for the disposal or limitation of needed equipment.</p> <p>Nurses are consulted when new equipment is sought from the suppliers</p> <p>Nurses define the workload they experience and interpret it so that managers can recruit new nurses</p>
Access to opportunity to learn and grow	<p>Nurses are involved in planning for in-service education</p> <p>Nurses identify programmes to attend to enhance their knowledge and skill.</p> <p>Nurses participate in training and development sessions</p> <p>Nurses are at liberty to request job enrichment and job review to prevent burnout</p> <p>Nurses are able to study further to improve their knowledge and skill</p> <p>Nurses form part of the committees and participate actively</p>
Informal power	<p>Networking sessions are held where nurses share information and update one another</p> <p>Nurses participate in team-building sessions to promote effective interpersonal relationships</p> <p>Nurses attend conferences to expand networking and create collegial relationships with colleagues in other institutions</p> <p>Professional relationships are initiated, and knowledge sharing sessions are held</p>
Formal power	<p>Nurses are recognised for the role they play in the institutions</p> <p>The job descriptions are provided and revised where necessary to align with changes in the healthcare systems in the country and internationally</p> <p>Nurses' jobs are analysed to prevent increased/decreased workload</p> <p>Nurses roles are aligned with strategic plans and nurse contributions are considered by managers</p> <p>Nurses participate in lecturer demonstrations where they showcase their skills</p> <p>Managers encourage nurses to bring suggestions to management to improve patient care</p> <p>Professional autonomy is respected, and nurses are encouraged to make independent decisions in the interest of the patient</p>

(Adapted from Laschinger et al 2010:6)

According to Laschinger et al (2010:8), enhanced nurse and patient empowerment lead to positive health outcomes such as lower health service usage. In the same vein, utilising nurse educators' self-determination, meaningfulness, self-efficacy and control over life events could be beneficial as these optimise their autonomy and facilitate their psychological empowerment (Kotze 2013:215).

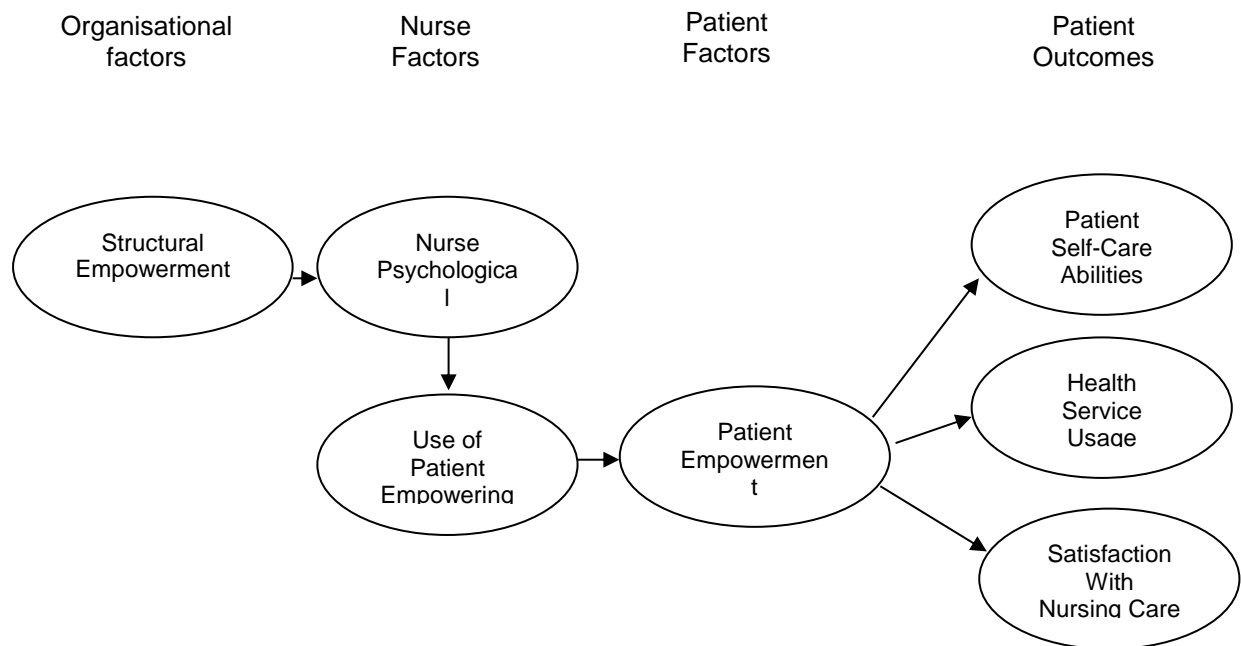


Figure 2.1: Laschinger’s Model based on Kanter’s theory of Structural Power in organisations

2.3.4.2 The conceptual model developed for the current research

The researcher adapted Laschinger’s theoretical model as depicted in Fig 2.1by, making specific innovative changes to suit the current research topic, problem and questions.

In comparison to Laschinger's' model depicted in figure 2.1, the model the researcher arrived at, as depicted in fig. 2.2, hypothesises that structural empowerment underlies NEI’s psychological empowerment. This affects the nurse educator’s use of empowering strategies offered by the management of the NEI’s as

well as nurse educators' initiative in this regard. The result hereof is nurse educators' perception of what empowerment entails and what their empowerment statuses and positions are. This ultimately relates to nurse educators' self-care abilities regarding their empowerment, behaviour on their part that indicates empowerment or disempowerment, and ultimately, nurse educators' work satisfaction.

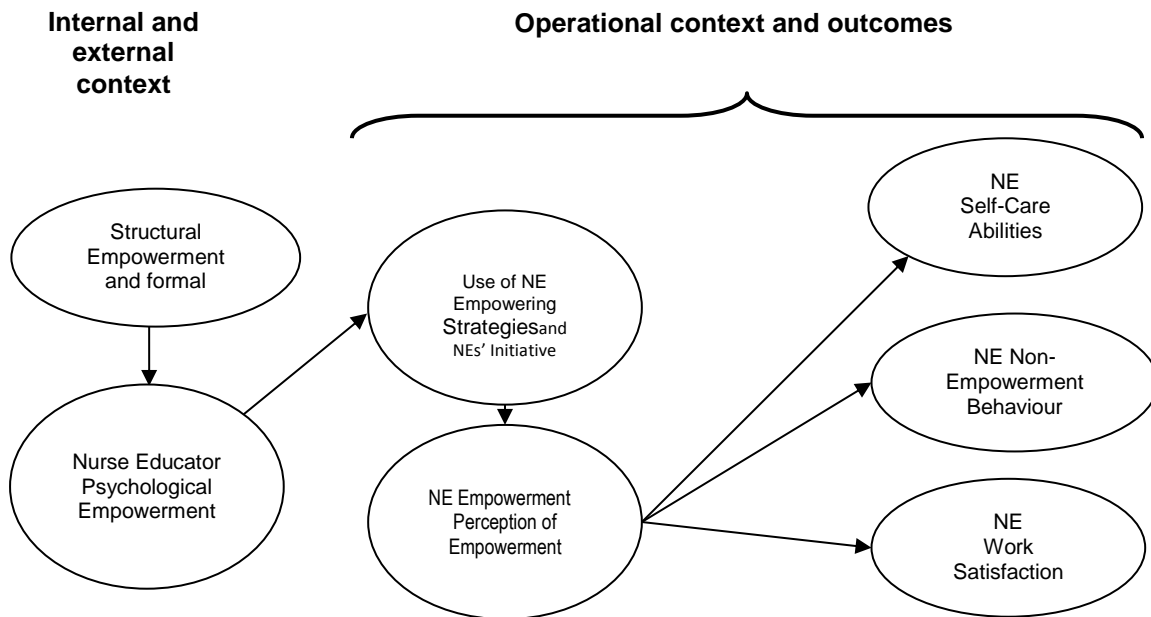


Figure 2.2: The conceptual model of empowerment underlying the current research

2.4 CONCLUSION

In this chapter, the researcher discussed the theoretical foundations of the study based on a quantitative-positive research paradigm. The researchers aligned this with Kanter's (1993) Theory of Structural Organisational Power and Spreitzer's (1995) Psychological Empowerment Theory as integrated into Laschinger's (2010) "Integrated Model of Nurse/Patient Empowerment". Laschinger's interpretation of concepts from Kanter's theory guided the literature review presented in Chapter 4 as well as the structure of the questionnaire. The next chapter discusses a partial concept analysis of the concept of empowerment.

CHAPTER 3

LITERATURE REVIEW – PART 1

THE CONCEPT OF EMPOWERMENT

3.1 INTRODUCTION

The previous chapter provided the theoretical foundations of the study, namely Laschinger's Integrated Model of Nurse/Patient Empowerment based on Kanter's Theory of Structural Power in Organisation and Spreitzer's Psychological Empowerment Theory. The literature review in this chapter takes the form of a partial concept analysis of the concept of empowerment. Dictionary synonyms and antonyms of the concept of empowerment as well as defining attributes obtained from different definitions of the concept served as data for this analysis. Annexure I contains more detailed evidence of the researcher's review of the concept of empowerment.

The purposes of the literature review as outlined by Burns and Grove (2009:95), Brink, Van der Walt and Van Rensburg (2012:71), LoBiondo-Wood and Haber (2011:57) and Polit and Beck (2008:106) are as follows:

- clarify the research topic and the research problem
- verify the significance of the research problem
- specify the purpose of the research
- describe relevant theories
- facilitate the development of a framework for the study
- identify the limitations and assumptions of the study
- select research design for the study
- specify research objectives and questions
- identify methods of measurement of variables
- direct data collection and analysis and
- lastly, interpret the findings

3.2 CONCEPT ANALYSIS

Meleis (2007:169) suggests a concept analysis when the concept appears in various form in the literature. Walker and Avant (2011:158) further indicate that a concept analysis is particularly useful in identifying items for an instrument such as a questionnaire. It is partially for this reason that the researcher conducted the current partial concept analysis.

3.2.1 Definitions

3.2.1.1 Concepts

As explicated in section 2.3.1.1 concepts are mental constructions or building blocks for theory construction and conceptualisation, permitting the ordering of environmental stimuli (Walker & Avant 2011:157). Bernstein, Penner, Clarke-Stewart, and Roy (2006:81) supported by Cherry and Jacobs' (2011:90) view of concepts as categories of objects, events or ideas with comparable properties. George (2011:3) defines a concept as an "idea, thought or notion conceived in the mind." Furthermore, concepts may be empirical or abstract. The concept of empowerment is both abstract and broad. Thus, Chinn and Kramer (2011:216) define the concept as "complex mental formulations of experience."

3.2.1.2 Concept analysis

Concept analysis is a rigorous and precise strategy to examine the meaning and the significant attributes of a concept. According to Walker and Avant (2005:63) concept analysis is the process of examining the essential elements of a concept to categorise them to illuminate similarities and differences representative or not representative of a concept, experience or phenomenon (Walker & Avant 2005:26). According to Walker and Avant (2011:157) "concept analysis is a formal, linguistic exercise to determine [those] defining attributes" of a concept. Grove, Burns, and Gray (2013:689) see concept analysis as a "strategy used to identify a set of attributes or characteristics essential to the conative meaning of [a] conceptual definition of a concept."

A concept analysis is an essential process in theory development (Meleis 2007:169) and is a fundamental principle underlying the literature review in research. Concepts

contain within them defining attributes that enable the identification of relevant and useful examples of the concept or experience. Concept analysis separates those attributes that are relevant to the concept from those that are not (Meleis 1997:208; Walker & Avant 2011:158). In the current study, a concept analysis served to identify the core attributes of the concept of empowerment.

3.2.2 An integrated design/process of concept analysis

Although different designs for conducting a concept analysis exists in the literature, the researcher utilised the process of concept analysis proposed by Walker and Avant (2011) during the current analysis.

3.2.2.1 Selecting a concept

This step entails selecting words or phrases that best depicts the researcher's unfolding understanding of the concept at any point during the analysis. This selection expresses the researcher's central interest. Walker and Avant (2011:160) advise that the concept selected should be interesting to the analyst. Chapter 1 explicates the researcher's interest in the concept of empowerment, as well as in the background to the study and the statement of the research problem.

3.2.2.2 Determining the aims of the concept analysis

The general aims of a concept analysis are:

- To give direction, set boundaries and therefore help the researcher to maintain focus on the object of interest (research topic)
- To explore the way literature sources describe and clarify the concept of empowerment in the existing literature
- To generate items for inclusion in a self-designed questionnaire (Walker and Avant 2011:158)

During the current study, the researcher embarked on a concept analysis for precisely these reasons.

3.2.2.3 Identifying the different uses of the concept

The use of literature sources such as dictionaries, thesauruses, and discussions with colleagues can assist the researcher in identifying different applications (uses) of a

concept. Apart from conversations with colleagues, these assisted the researcher in outlining the defining attributes of the concept of empowerment as well as to related attributes, antecedents, and consequences of the concept. Definitions from the literature are the fundamental sources of information about the meanings of a concept (Meleis 2007:173). Such definitions enable the researcher to clarify the meaning of a concept and its verbal usage. Literature sources such as dictionary definitions explain the meanings of concepts using everyday language or theoretical (scientific and academic) terminology. Theoretical definitions provide clarification in terms that go beyond colloquial language and indicate the concept's usage in various disciplines and theories (Chinn & Kramer 2011:178). The challenge faced by the analyst is to evolve a useful and adequate meaning from a variety of sources and possibilities to define the concept (Walker & Avant 2005:67; Walker & Avant 2011:161). This challenge motivated the researcher to define the concept such that he could operationalise it, using measurable variables relating to the concept of interest – empowerment – in the context of NEIs and nurse educators in the Limpopo Province.

3.2.2.4 Determining the defining attributes of the concept

Determining the defining attributes of a concept necessitates analyses of the literature on a concept from different angles involving both synonyms (a word with similar meaning) and antonyms (words that mean the opposite) for the concept. Determining defining (critical) attributes as well as associated attributes and distinguishing between these are considered central in the concept analysis process. Synonyms enable the researcher to identify the defining attributes of a concept such as empowerment, while the antonyms are useful to develop contrary cases of empowerment by way of contrast and countermeasure. According to Walker and Avant (2011:162), determining the defining attributes is the essence of a concept analysis. Defining attributes are characteristics or criteria of a concept that distinguish a concept from a similar one and serve to prevent the ambiguous use of a concept. Nonetheless, attributes are not immutable because they might change as the process of analysis develops (Walker & Avant 2011:162).

3.2.2.5 Developing different cases

Walker and Avant (2011:163-169) suggest the construction of different cases of the concept on completion of the concept analysis to enable the researcher to distinguish between the typical and untypical features of a concept (Walker & Avant 2011:163) in context. Although the researcher alludes to these different cases in the section that follows, he constructed only a model case of the concept of empowerment as this suffices for the current research. The researcher presents this in the form of a definition of empowerment – a working “disposition” of empowerment.

- **The model cases**

A model case is a paradigmatic or pure example of the concept under study (Walker & Avant 2011:163). An exemplary or model case provides an *accurate* representation of a concept. A model case represents the essential characteristics of a concept. Thus, Walker and Avant (2011:163) define a “model case” as “If this is not an example of the concept, then nothing is.”

- **Additional cases**

In addition to the model case, additional cases, namely related, contrary, borderline, legitimate and invented cases, reflect some of the attributes of the model case, however, not all of them.

- **Related cases**

Related cases are instances that represent a different but similar concept. According to Walker and Avant (2011:165), the construction of related cases involves incorporating some of the typical and untypical features of the concept. It enables the researcher to determine which features are essential and which are not representative of the concept. Related cases are, in some way, connected to the central concept. The related cases share several criteria with the concept under scrutiny, but some of the critical attributes of the concept under scrutiny are lacking. Thus, related cases help in understanding how the central concept fits into the network of concepts surrounding it (Chinn & Kramer 1999:67; Walker & Avant 2005:71; Walker & Avant 2011:165). The researcher sees the concept of “autonomy” as a closely related concept to that of empowerment

- **Borderline cases**

According to Walker and Avant (2011:164), borderline cases contain the most defining attributes of the concept under scrutiny but not all of them. Borderline cases are those instances of metaphoric or pseudo-applications of the concept. Borderline cases serve to clarify inconsistencies in the application of the concept. These cases may contain some of the critical attributes of a concept but may differ substantially in one of its attributes. *Paradoxical cases* are variants of borderline cases, and they embody the elements of the model as well as elements from contrary cases. They highlight the central meaning of the concept (Chinn & Kramer 1999:68; Walker & Avant 2005:70). Thus, this step entails selecting exemplars that have features or attributes of the concept as well as ambiguous attributes varying according to context. An example of such a case, relating to empowerment, would be the concept of authority

- **Invented cases**

This step entails the development of a situation that contains ideas outside the experiences of the analyst or researcher to exemplify typical features of the concept (Walker & Avant 2011:166). The method for analysing the case should be innovative since the exemplars must be out of the ordinary. The purpose of invented cases is to highlight the significant features of the concept by taking the concept out of its usual context (Walker & Avant 2011:166). For instance, giving a detailed explication of how one computer program (software) integrates and serves to activate other pieces of software and thereby executing its function in such a way that the program itself is enhanced or improved while operationalising the other programme.

- **Contrary cases**

Contrary cases represent “not an instance” of the concept under analysis (Chinn & Kramer 1999:67; Walker & Avant 2011:166) and might be antonymous to a concept. The attributes of the contrary cases in the current study would be opposite (antonyms) to the concept of empowerment. Contrary cases help the analyst to state clearly, what the concept is by indicating what it is not (Walker & Avant 1995:44; Walker & Avant 2011:166). In the researcher’s opinion, all the antonyms for

the word empowerment discussed in this chapter serve as attributes of a contrary case of the concept of empowerment.

3.2.2.6 Identifying antecedents and consequences of the concept

This section describes the antecedent (causes or necessary conditions) and consequences (outcomes) of the concept under investigation.

- **Antecedents**

Antecedents are those events or incidents that should exist before the occurrence of the concept (Walker & Avant 2005:73; Walker & Avant 2011). In the current research, antecedents refer to conditions that precede empowerment of nurse educators in the Limpopo Province. These preceding conditions involve specific personal characteristics, attitudes, and knowledge, as well as existing organisational hierarchies, amongst others.

- **Consequences**

According to Walker and Avant (2011:167), consequences are those events or incidents that occur because of the occurrence of the phenomenon (including empirical referents) represented by the concept (Ellis-Stoll & Popkess-Vawtwer 1998:65; Walker & Avant 2011:168). Regarding empowerment and the apparent self-impregnation of empowerment, consequences or outcomes of empowerment might well be the bolstering of a belief or feeling of being empowered.

3.2.2.7 Describing the social contexts and underlying anxieties related to the concept

The social context to which a concept applies specifies who might use the concept, the reasons for its use and the way to use it. In the current study, the context is that of nurse educators at NEIs in the Limpopo Province – their perception of the concept of empowerment, their empowerment and the managerial or organisational-hierarchical context in which they work.

3.2.2.8 Define empirical referents of the concept

According to Walker and Avant (2011:168), the determination of empirical referent is the last step in the concept analysis process. Empirical referents are classes or categories of actual phenomena that, by their felt or perceived existence, demonstrate the occurrence of the concept under analysis. In the current study empirical referents, or variables, were identified from the concept analysis and the literature review structured according to Laschinger's Integrated Model of Nurse/Patient Empowerment and from Kanter's Theory of Structural Power in Organisation and Spreitzer's Psychological Empowerment Theory. The empirical referents were utilised to construct the questionnaire in the current study.

3.2.2.9 The practical applications of the concept

This step entails the application of the concept in a specific and pragmatic way by defining and explaining the practical applications of the concept. The researcher breaks down the essential elements of the concept and defines or operationalises their relationships to the practice setting (Walker & Avant 2011:172). In the current study, this practical application manifests in the operationalisation of the multi-dimensionality of the concept of empowerment via the self-constructed questionnaire and the measuring of respondents' experiences or perceptions relating to empowerment. These are finally articulated in the findings and recommendations of the current study.

3.3 DICTIONARY AND THESAURUS ANALYSIS OF THE CONCEPT OF "EMPOWERMENT"

As an orientation towards the analysis of the concept of empowerment, the researcher first introduces the word (concept of) "power." From this point onwards, the research concept of "empowerment" is addressed by considering the prefix "em-", the word or stem "power," and the suffix "-ment" to illuminate the morphology of the word "empowerment."

The way in which the researcher went about integrating dictionary definitions of the words: power, empower and empowerment was to look-up synonyms in dictionaries and thesauruses, listing those words that immediately caught the researchers eye as meaning what he, at the time, understood by the word empowerment in the educational setting. These synonyms were then pursued into a second "layer" to a

fourth layer of the synonyms, according to Rondale (1981). The research chose this source from the website (Synonym Finder) as it is currently still regarded as “the best” thesaurus of the English language. As a 2017 entry in this regard states: “Maybe it’s odd to review a thesaurus, but this really is the best, by far” (Synonym Finder 2017).

The section that follows portrays the results of the dictionary searches graphically. On completion of the process, the researcher noted “surprising” meanings of the perused words, those that apparently fall outside of the current managerial-hierarchical context. The researcher repeated the process in less depth for antonyms.

It is worth noting that this process of listing synonym and comparing them could continue *ad infinitum*. The researcher presents only a selected number of synonyms in the diagrams (figures) that he arbitrarily selected. Annexure I contains more detailed tables and lists of synonyms.

3.3.1 The stem or parent word “power”

According to Jooste (2012:121), the word power conjures images of coercion and domination. Gardner (Jooste 2012:121) refers to power as “a specific capacity, faculty, or aptitude, the ability or capacity to perform or act effectively, the ability, strength, and capacity to do something; effectiveness of strength or force exerted or capable of being exerted; the might of a nation, political organisation, or similar group”.

A brief summation of the word, or concept of, power is depicted in figure 3.1. This depiction is given up to the fourth level of synonym abstraction. After this point, synonyms started repeating themselves and eventually returned to the parent word or stem. It serves to indicate the complexity of the semantics and morphology of words.

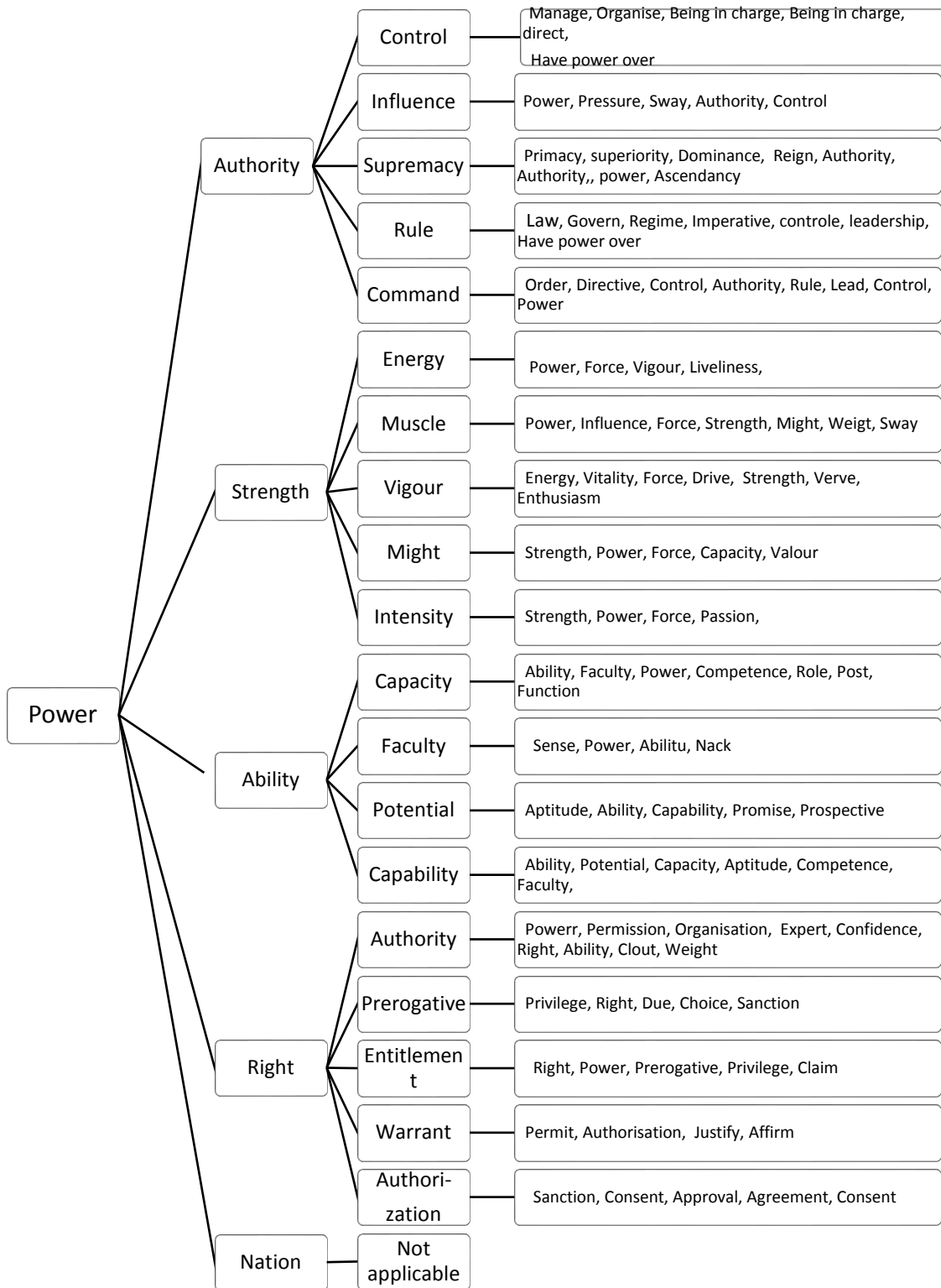


Figure 3.1: Synonyms for the word “power”

From the limited exploration of synonyms for the word “power” (fig. 3.1) as it relates to human capacity, the researcher defines the word “power” at this point as having authority, strength, and ability that allow for certain rights. In researching the word power as parent word as indicated in fig 3.1, synonyms tend to return to the original parent word at the third level of analysis. This illustrates that both as a colloquial word and scientific or academic terminology, the word (empowerment) require a pertinent definition in context. For instance, note that the synonym “Nation” as power does not fall within the social reality (context) of the current discussion of the concept of empowerment (NEIs).

3.3.2 Prefix and suffix

According to the Collins English Dictionary (CED) (2007:26), an “affix” is “a linguistic element added to a word or root to produce a derived or inflected form (CED 2007:26). Affixes appear in the form of prefixes, suffixes, and infixes.

The word “empowerment” consists of three parts, namely a prefix (em-), a root word (stem or noun) “power,” and a suffix (-ment). The prefix em-, a derivative of the prefix en- is a Latin word that entered the English language via Old French. According to Myword (accessed 14 March 2013), “em-“ as a prefix is added to the start of a word and indicates qualities such as “into,” “on” or “put into,” to modify a word. “Em-” also refers to “come into a certain state” or to “give to.” Suffixes serve to complete a noun changed by a prefix to give it a new meaning. A noun is a word that refers to a person, place or thing (concept). “Power” as the root word/noun of the word “empowerment” serves as the primary referral point or essence of the word empowerment. Interpreted directly, “empower” thus means to bring into a state of power; to put into a state or a position of power, or to give power. This changes the noun “power” to a verb (to empower) (Compact Oxford English Dictionary 2006).

According to the Collins English Dictionary (CED) (2007) the suffix “-ment” is used to form nouns, especially from verbs. The verb “to empower,” by adding the suffix “-ment,” is returned to the status of the parent word “power” – a noun.

Of importance to the current analysis of the word and concept of “empowerment,” is the reference the CED (2007) makes to the implications of adding the suffix “-ment” to a root, namely that it: indicates

- a state or condition of quality, e.g., enjoyment
- the result or the product of an action, e.g., embankment
- a process or action, e.g., management

Taking the word “empower” and adding the suffix “-ment,” the word empowerment reflects these - a quality, a product, and a process. Thus, the process of empowering a person (or self) results (product) in an empowered (quality) person.

Power (noun) + “em-“= Empower (verb) + “-ment”= Empowerment (noun)

Figure 3.2: Morphology of the concept of empowerment

3.3.3 “Empower” as the parent word

When the prefix “em-“ is added to the parent word “power” it becomes a verb - “empower” (Oxford Advanced Learners’ Dictionary 2010:480). According to Oxford Advanced Learners’ Dictionary (2010:480), the word “empower” means “to give somebody the power or authority to do something.” Further, the word “empower” means “to give somebody more control over their own life or situation they are in.” “Power” is an Anglo-Norman French word “poeir,” meaning “be able” (Concise Oxford English Dictionary 2008:1125).

3.3.3.1 Synonyms for “empower”

Figure 3.3 exhibits the author’s sense-making of the word “empower” through a thesaurus search.

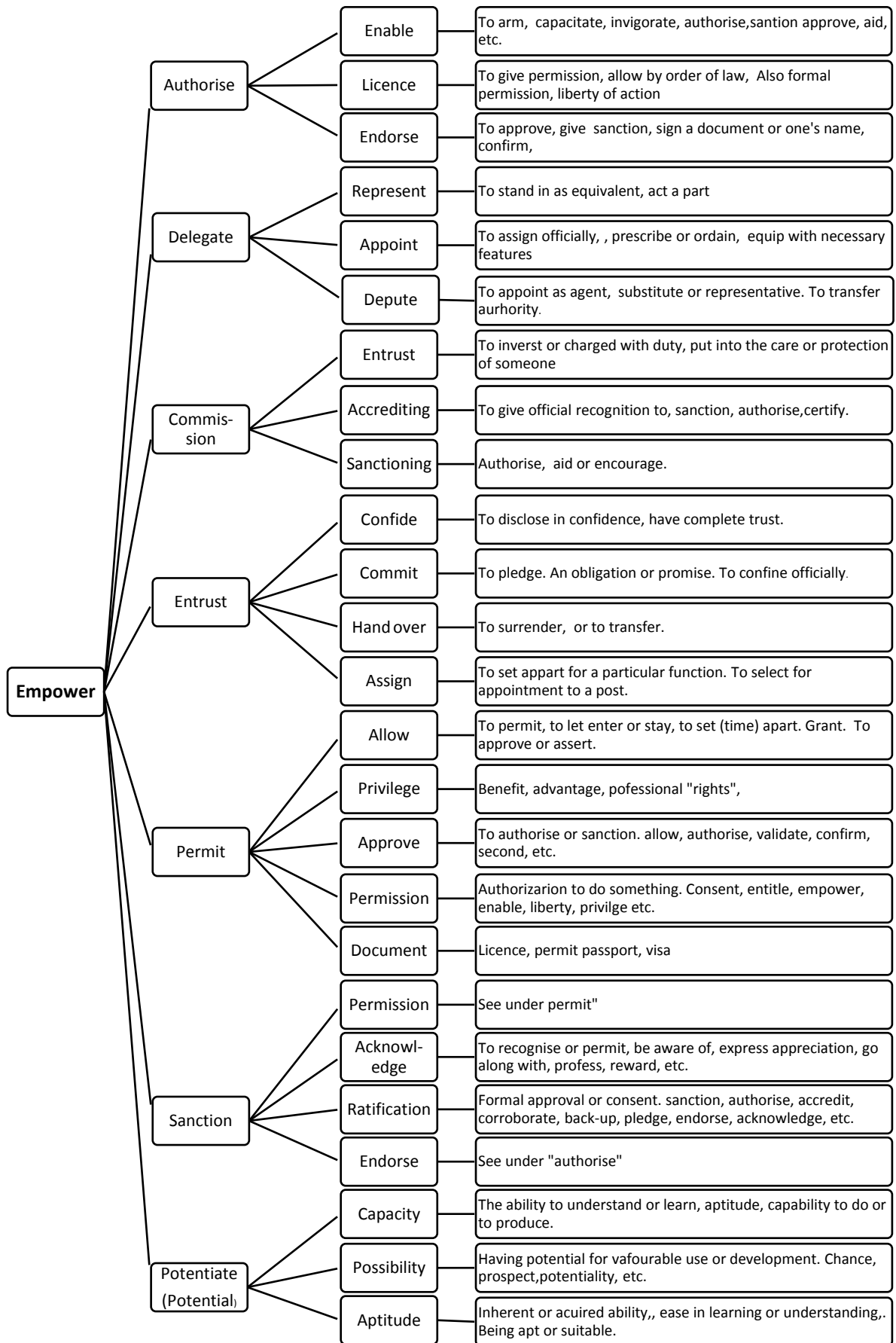


Figure 3.3: Synonyms for the word “empower”

In addition to the synonyms contained in Figure 3.2, the words authorise, delegate and deputise, according to the researcher's contextual understanding of the word empower, summarise the first level of synonyms as exhibited in Figure 3.2 best.

- **Authorise**

To authorise is to allow somebody to do something legally. According to" Oxford Advanced Learner's Dictionary (2010:60), authorise means "to give official permission or power to do something. From an organisational perspective, it implies that a person has a legitimate right to direct others through an authorised position (Cherry in Cherry & Jacob 2011:334).

When a person is authorised, he/she can make decisions and influence others to act in a manner determined by those decisions. The person making decisions is accountable for their decisions and the actions of others who acted on the command stemming from a decision (Hood 2010:304). Jooste (2010:201) argues that an empowering manager encourages followers to take responsibility for their decisions by allowing them to self-correct and learn from their mistakes. Thus, to authorise equates to potentiating or empowering a person. In nursing education, an empowered nurse educator will empower students with knowledge and skills by authorising them to participate in learning activities.

- **Delegate**

The word delegate means "to give authority to someone in a lower position than yourself to do something" (Oxford Advanced Learner's Dictionary 2010:386). To delegate is to transfer the responsibility to someone while remaining accountable for the results. When managers do not delegate, they undermine the role of their subordinates and prevent employees from doing their job effectively (Cherry & Jacob 2011:411; Daft & Marcic 2011:228; DuBrin 2012:286). The word "delegate" is also vital to the concept of "potentiate." Williams (2013:281) states that managers can exercise their authority directly by completing tasks themselves, or they can choose to pass on some of their authority to subordinates. Also, Jooste (2010:81) emphasises that it is essential to delegate tasks to get the work done on time and to

achieve quality outcomes. Thus, to delegate is to empower employees and trust that they could perform duties efficiently.

- **Deputise**

To deputise is closely linked to “delegate” To deputise is to do something in a higher position than one would usually do” (Oxford Advanced Learner’s Dictionary 2010:393). This again substantiates the importance of “to potentiate” empowerment. According to Oxford School Thesaurus (2012:134) to “deputise” means to; stand in for, take over from, to cover for, to take the place of; to do the job; or to represent or substitute.

A person who agrees to deputise must accept the authority that goes with the job at hand. The Concise Oxford English Dictionary (2008:385) defines ‘deputise’ as “to temporarily act or speak on behalf of someone else.” According to Daft and Marcic (2011:226) authority given to a person to deputise vests in the organisational position, not people. Thus, a person who deputises another is empowered to apply authority that goes with the position.

At this point, the word “empower” is summarised as

- sharing power with nurse educators
- giving authority to nurse educators
- accepting authority, sharing it with and applying it to others to achieve organisational goals
- encouraging and motivating nurse educators
- allowing nurse educators the freedom to perform activities unhindered
- giving nurse educators responsibility and allowing them to account for it
- giving nurse educators the opportunity to grow and develop through delegation and allowing them to deputise seniors

3.3.3.2 Antonyms for the word “empower.”

Although, colloquially, one would immediately identify the antonym of the verb “to empower” as “to disempower” a thesaurus search gives equal acknowledgement to the words “to disallow” and the word “powerless.” Figure 3.4 exhibits the

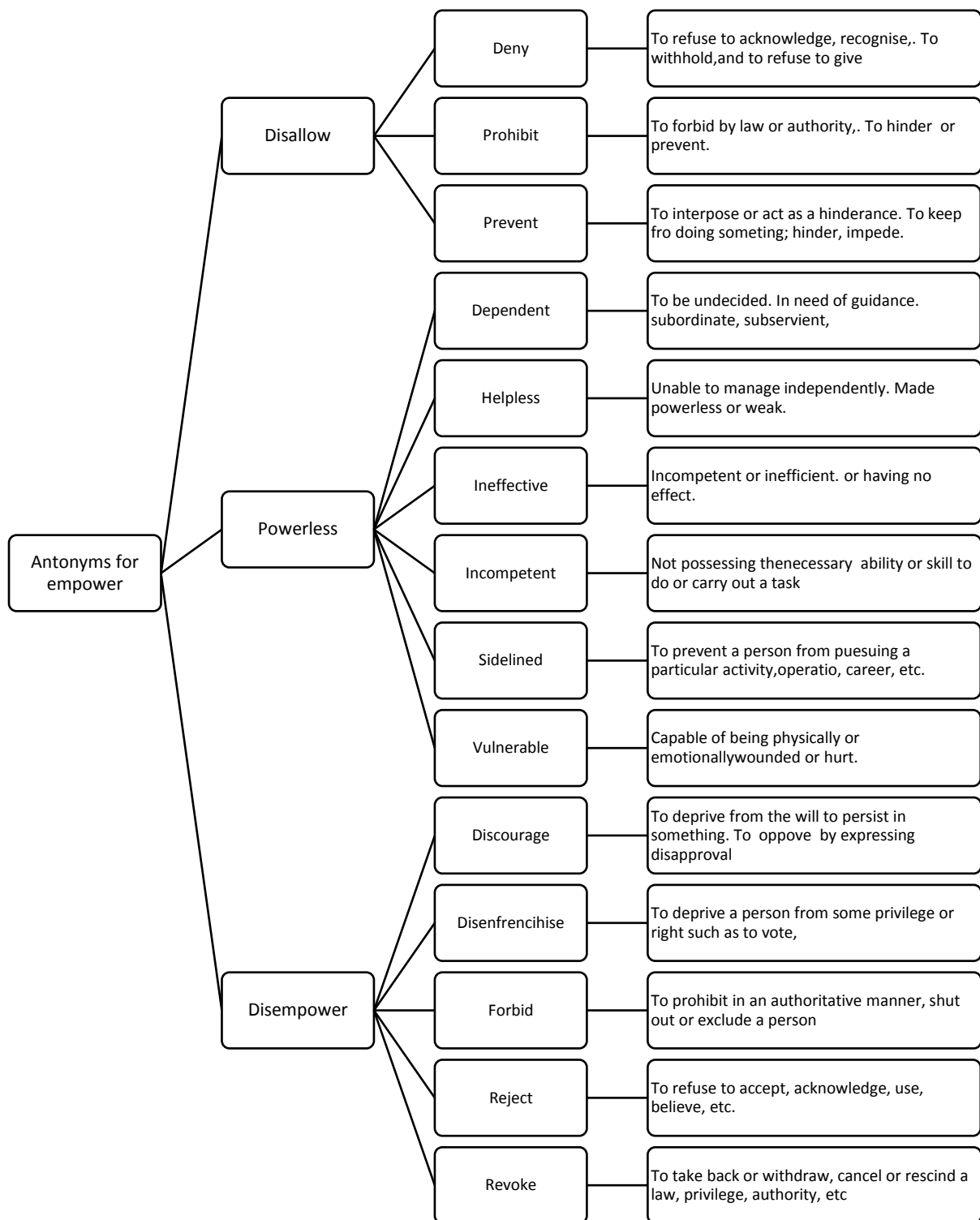


Figure 3.4: Synonyms for the antonyms of the word empower

researcher's understanding of the opposite of "empower" at this point. Additional words that define the researcher's contextual understanding (the context of management and education) of "disempowerment" are to discourage, forbid, refuse and reject. These words are discussed in this section and Fig. 3.4 shows the different levels of antonyms of the word empower following Rondale (1978).

- **Discourage**".

To discourage is to prevent a person from being empowered. The Oxford Advanced Learner's Dictionary (2010:416) defines "discourage" as "to try to prevent something or to prevent somebody from doing something especially by making it difficult to do or by showing that you do not approve of it." A discouraged person loses confidence or enthusiasm (Concise Oxford English Dictionary 2008:409). The current study investigated perceptions of nurse educators in the Limpopo Province regarding their empowerment. The conditions in the workplace might discourage nurse educators from performing better, thus demotivating them. As can be seen in Figure 3.4, synonyms of the word "discourage" imply that a person becomes deterred from performing an activity.

- **Forbid**

The word "forbid" means to prevent someone from performing an act. According to the Oxford Advanced Learner's Dictionary (2010:583), forbid means to order that something must "not be done." Furthermore, it means to make it difficult for a person to do something". In this regard also, see "to discourage."

- **Refuse**

The word, refuse means an act of preventing somebody's access to opportunities or resources in an organisation. For instance, the leader of the institution refused lecturers to ask questions during a meeting. The Oxford Advanced Learner's Dictionary (2010:1237) also defines the word refuse as "to say that you will not do something that somebody has asked you to do or not wanting something that has been offered to you." In this instance, it might indicate that the person who refuses already experiences a feeling of "not being empowered" or "not having a say."

- **Reject:**

To reject is to deny a person to do something. To reject implies not accepting something offered by someone or that the person himself or herself might feel rejected or disempowered. For instance, a lecturer might request to attend a national conference, but the supervisor rejects such a request. The Oxford Advanced Learner's Dictionary (2010:1241) defines "reject as to refuse to accept or consider something (even a person).

Further synonyms of reject illustrate words such as "repudiate" and "cast aside." According to the Concise Oxford English Dictionary (2008:1221), repudiate means "to refuse to accept or be associated with, deny the truth or validity of" something." A nurse educator who dismisses a student from a teaching session disempowers that student in the learning context. In the same vein, a manager who ignores the contribution of a nurse educator during a meeting rejects, ignores or disempowers that educator.

3.3.4 "Empowerment" as the parent word

In this section, the word "empowerment" is illuminated by its synonyms and the synonyms of its antonyms. Adding the suffix "-ment" to the verb "to empower" changes the verb back to a noun as is the case with the word "power."

3.3.4.1 Synonyms for the word "empowerment"

According to Kotze (2013:215), empowerment means being able to take control of one's own life and make informed, and responsible decisions to manage oneself in one's world. Empowerment thus implies that a contextual frame determines its substance in different situations. The word 'empowerment' refers to the use of a person's potential and competencies, the discovery of new expertise and the creation of new opportunities to which to apply such competencies (Jooste 2010:222). Chinn and Kramer (2011:249) view empowerment as the growing capacity of individuals and groups to exercise their will, to have their voice heard and to claim their full human potential. Furthermore, empowerment entails addressing the changing conditions to remove barriers that thwart an individual's or groups' ability to claim their full potential.

Thus, empowerment reflects:

- involvement of everyone
- power-sharing between leader and followers
- active participation in decision-making (Jooste 2010:198-199)
- teams becoming successful in achieving organisational goals (Hellriegel, Slocum, Jackson, Louw, Staude, Amos, Perks & Zindiye 2012:490)
- employees feeling better about their jobs and themselves (Williams 2013:495)

Figure 3.4 exhibits the synonyms for the word “empowerment.” It appears that since the word empowerment is more specific than the parent word “power” and the antonym “powerless,” synonyms for the word empowerment more quickly returned the researcher to this parent word.

- **Authority**

The word authorisation means “official permission or power to do something. It is the act of giving permission” (Oxford Advanced Learner’s Dictionary 2010:83). Within the context of an organisation, a person is given the legitimate right to direct others. It is usually based on the position of a person in an organisation. A person with authority influences others to act according to decisions made (Cherry & Jacob 2011:336; Jooste 2006:401; Hood 2010:304; Zindiye 2012:304).

- **Emancipation**

According to The Oxford Advanced Learner’s Dictionary (2010:476), the word emancipation means “setting a person free, especially from legal, political or social restriction.” The synonyms of emancipation, which further define empowerment include liberation, freedom, and deliverance and the like (Concise Oxford English Dictionary 2008:870).

Emancipation implies that people who enjoy liberation and deliverance are also free from all restrictive conditions in an organisation. According to Finkelman and Kenner

(2013:191), emancipation implies giving a person the freedom to act legally without somebody exerting control.

- **Enablement**

Enablement is the act of allowing a person to perform specific activities using their capabilities. A person is allowed the freedom to do such activities. The word “enablement” does not appear as a verb in the dictionaries the researcher consulted. The verbal form of the word “to enable” means to expedite, allow, license, permit, make possible. It further implies the provision of adequate power, means, opportunity or authority to do something (Collins English Dictionary 1994:511; The Oxford English Reference Dictionary 1996:462; The Oxford Thesaurus 1991:698). However, enablement as a “noun” means “an approach which provides means or opportunity or maximising each person’s latent potential.”

- **Equality**

The word equality means “the state of being equal” (Collins English Dictionary 1994:5250; Concise Oxford English Dictionary 2008:481). Cherry and Jacob (2011:391) explain that equality is an attitude that communicates acceptance and approval of another person. Thus, equality facilitates the empowerment of people either in work settings or the community.

- **Liberation**

According to The Oxford English Reference Dictionary (1996:825), the word liberation means “the act or an instance of liberating; the state of being liberated.” The concept of liberation pertains to setting people free from oppressive or restrictive conditions. In an empowering organisation, people can freely express their views and make responsible decisions without restrictions.

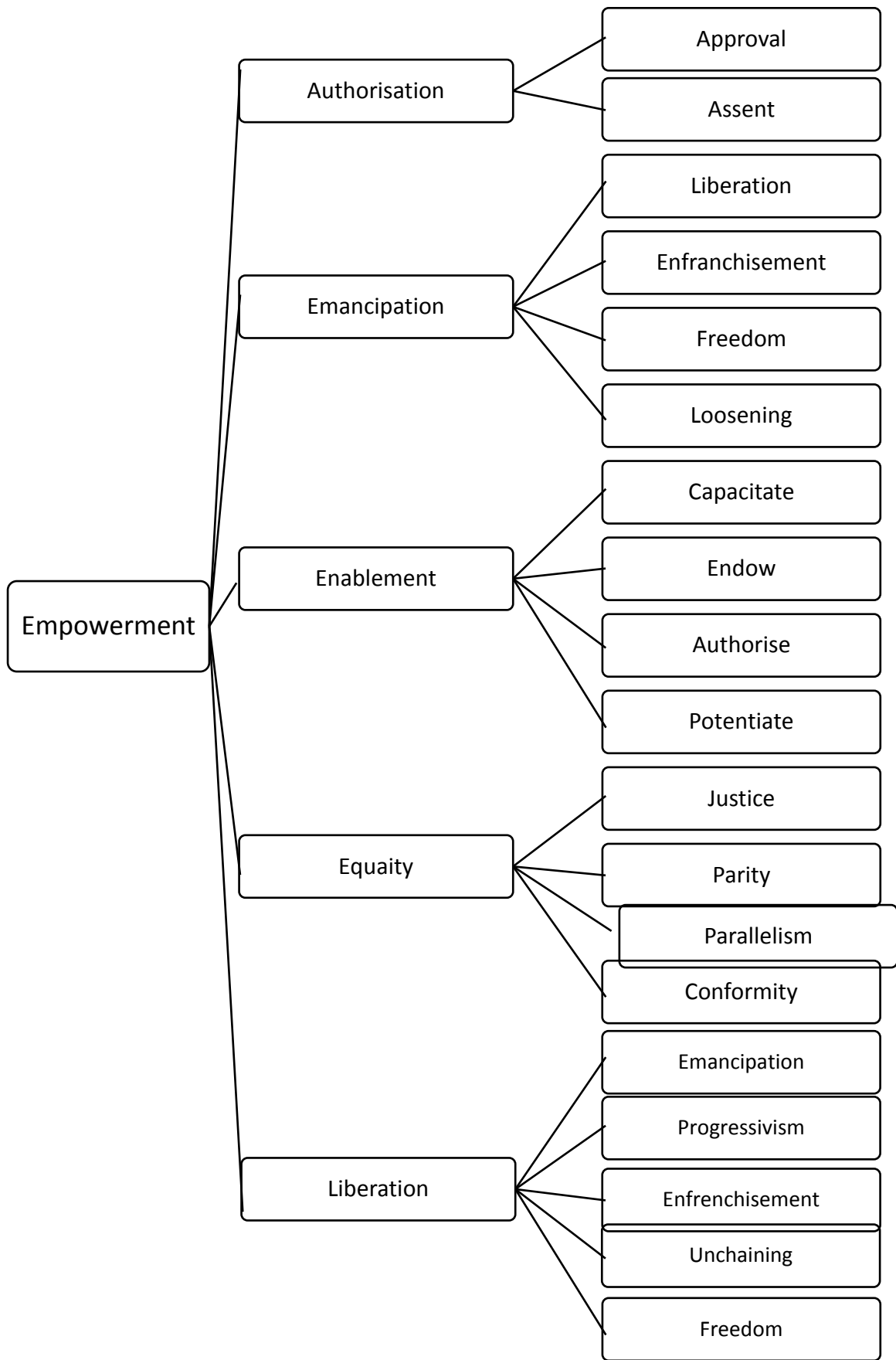


Figure 3.5: Synonyms for the word Empowerment

3.3.4.2 Antonyms for the word “empowerment”

Antonyms of empowerment are words/concepts that indicate disempowerment. They are the opposite of empowerment in all respect. Figure 3.6 shows some of the antonyms and sub antonyms for empowerment.

- **Isolation**

Isolation refers to the act of putting away or separating someone from others or denying a person access to resources others enjoy. The Oxford Advanced Learner's Dictionary (2010:797) “defines isolation as the state of being separate.” Words indicated in Figure 3.5 as synonyms (seclusion; retirement; privacy; separation; loneliness; solitude) further define the concept/word isolation.

- **Victimisation**

“Victimisation” means the act of denying the person the right to freedom of life. Victims do not have the power to defend themselves because they do not have access to resources to empower themselves. Victimisation is “the act of making somebody suffer” (Oxford Advanced Learner’s Dictionary 2010:1657).

- **Subordination**

“Subordination” is the state of making a person powerless and dependable on others. Subordination means that “a person has a position with less authority and power than somebody else in an organisation” (Oxford Advanced Learner’s Dictionary 2010:1489). In the NEI’s where there is empowerment, nurse educators are not subordinates, but employees who can contribute equally to the success of the NEI’s.

- **Paternalism**

“Paternalism” is a state in which a person is denied the authority or independence to do anything, particularly in an organisation. A person would always be required to request permission to do something. Therefore, a person is never given the freedom of choice in an organisation (Oxford Advanced Learner’s Dictionary 2010:1075).

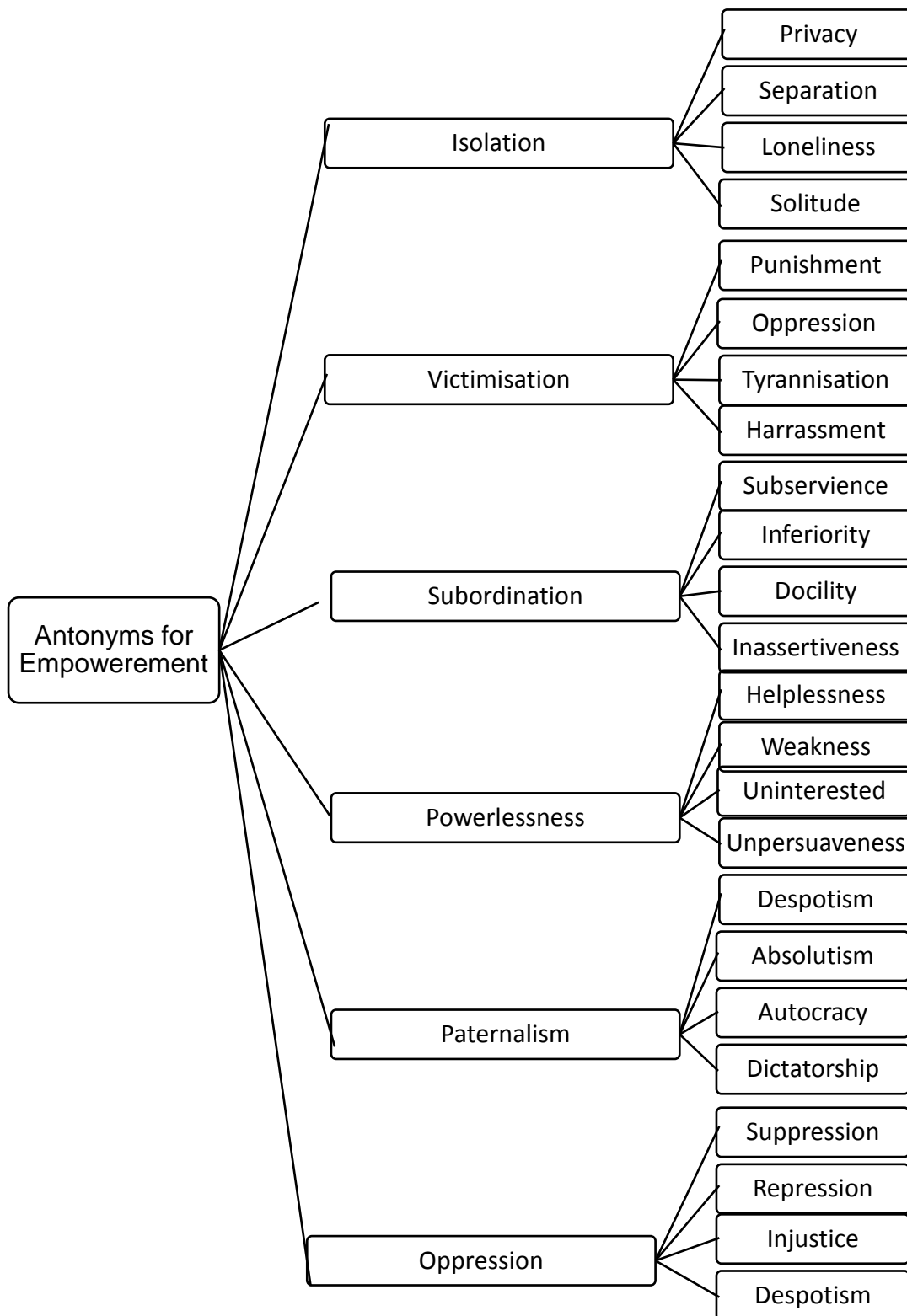


Figure 3.6: Synonyms for the antonyms of empowerment

- **Oppression**

“Oppression” entails the act of denying a person the rights to do something or to utilise the resources in an organisation. It is related to paternalism discussed in that a person might not do anything unless permitted by somebody in authority (Reader’s Digest Complete Wordfinder 1993:90;933;810;390;1751; Oxford Student’s Dictionary 2007). The following words are synonyms of oppression: repression; suppression; subjugation; tyranny; despotism; enslavement, persecution; maltreatment; abuse; hardship; torture; pain; injury; injustice and anguish. These synonyms provide a further exposition of the word “oppression” which does not exist in NEIs where nurse educators participate in decision making. In addition, also see Annexure I.

3.4 ANALYSIS OF DEFINITIONS OF EMPOWERMENT OBTAINED FROM PROFESSIONAL LITERATURE

At this point in the analysis, the focus turns to the way the term empowerment features in less colloquial and more professional literature. Page and Czuba (1999:3) explain that empowerment is a construct shared by various fields such as economics, politics, education, psychology and the healthcare disciplines. Various theoretical perspectives on empowerment such as community development theory, feminist-political theory, democratic theory, participatory research design and education shed further light on the concept of empowerment (Ellefsen & Hamilton 2000:108-10). These structures form part of the “contextualisation” of the word and concept of empowerment. The more social and community-oriented perspectives may not pertain to empowerment in NEIs pertinently. However, they do set a broader context in which empowerment can be achieved.

3.4.1 A Community developmental perspective

The community development perspective views empowerment as increasing the spiritual, political, social, education, gender or economic strength of individuals and communities. Further, community development refers to the degree of empowerment of individuals relating to knowledge and skills that communities apply to make self-fulfilling decisions about their future. Community development further entails civic activities, citizen involvement and involvement of professionals to build stronger and more resilient local communities. Community development aims to empower individuals and groups of people by providing them with the skills they need to effect

change in their communities (Empower 2013). According to a community-development perspective of empowerment, community members themselves determine their destiny (The Human Development Report (1995) in (Oxaal & Baden 1997:2; Brown & Brown 1994:15).

Community development uses the networking and connection of individuals and groups in the community to mobilise for the acquisition of resources. These create empowering opportunities for empowerment (Griffith, Allen, Zimmerman, Morrel-Samuels, Reisch, Cohen & Campbell 2008:89). However, the Africa Health Strategy (2007-2015:3) has identified specific factors that undermine efforts to empower communities. First, there is inadequate community involvement and empowerment. Second, there is ineffective coordination with other sectors and harmony with partners. These factors undermine the development of communities' empowerment status (Wallerstein 1992 in Cornish 2006:304).

The community development perspective advocates for community partnership in accordance with the sustainable goals emphasis on strengthening the implementation and revitalisation of a global partnership for sustainable development (United Nations 2015:2).

Thus, the attributes of empowerment from the community development perspective are:

- acquisition of knowledge and skills by individuals and groups in the community
- individuals and groups networking and developing partnerships to develop themselves
- individuals and group participation in community development initiatives
- individual and group involvement in civic activities that aim to empower them.

In terms of the current research, NEIs form “communities” and these attributes of communal empowerment also apply to NEIs.

3.4.2 An educational perspective

From an educational perspective, empowerment implies liberating the oppressed through education. Freire (1973 in Hur 2006:527) presents four progressive steps of empowerment, namely, conscientising, inspiring, liberating and confident.

The process of emancipatory education is instrumental in establishing empowerment in education. The notion here is that many people are subjected to different forms of external domination from which they can be rescued by critically reflecting on their experience of their life-world (Jacobs, Gawe & Vakalisa 2004:19). Empowerment occurs when at least two people interact, that is, the person who empowers (the educator/manager) and the person who is to be empowered (the student/NE) (Hawk 1992:610).

The educational perspective emphasises the following:

- providing (educational) resources
- building and increasing the ability and effectiveness of individuals to attain their goals (Hawk 1992:610). Also, empowerment means giving power to the learners through education (Jacobs, Gawe & Vakalisa 2004:19).
- dissemination of knowledge to facilitate empowerment (Briscoe, Schuler & Tarique 2012:14; Carl 1995:7; Hood 2010:463)
- not allowing the alienation of teachers from their position in the organisational structure (Vavrus 1989:2-4 in Carl 1995:5)
- liberating oppressed people through education
- emancipatory education in which the learner asks questions
- providing resources, tools for the communities to develop, build, and increase the ability and effectiveness of individuals to attain their goals
- the process of overcoming workplace alienation and gaining freedom to participate more fully in public affairs
- a democratic environment which permits educators to make their own decisions concerning subject-related and organisational aspects falling outside their classrooms but includes curriculum matters (Zeichner 1991:365 in Carl (1995:5).

3.4.3 A psychological perspective

The psychological perspective views empowerment as a process aimed at helping individuals to develop confidence in their capabilities. It means assisting them in realising that they have the skills needed to cope successfully with a given situation. Empowerment entails self-development and assertiveness wherein the individuals become aware of their abilities. Empowerment entails a process by which people develop a sense of their inner power and the ability to live strategically (Ellis & Hartley 2005:22; Jooste 2010:201).

According to Conger and Kanungo (cited in Regan and Rodriguez 2011:2), psychological empowerment is viewed as a motivational state that is based partially on Bandura's theory of self-efficacy. Furthermore, Conger and Kanungo (1988) in Spreitzer (1995: 1444) indicate that empowerment is a motivational concept of self-efficacy that refers to the intrinsic motivation of the individual manifested by self-reflection, and person's orientation to their social roles. Individuals with elevated levels of self-efficacy believe in their capabilities to perform activities with skill. In other words, self-efficacy is consistent with the extent to which individuals are empowered to perform specific activities with skill and knowledge. The psychological perspective proposes that those who believe that they will succeed, have a higher chance of doing so than those who do not believe they can do so (Dugan 2003:1).

Empowerment equips people to improve their lives within their communities and society, by acting on issues they regard as important. Individuals can develop the ability to make life choices and develop the ability to take responsibility for continuous learning and personal development (Interagency Gender Working Group (IGWG) 2001:1; Page & Czuba 1999:3; Simms, Price & Ervin 2000:393; Tomez 2000:95).

The attributes of empowerment from a psychological perspective are as follows:

- individuals develop confidence in their capabilities
- self-development and assertiveness
- people develop a sense of their inner power and the ability to live strategically

- Individuals develop elevated levels of self-efficacy
- the elimination of barriers that prevent people from a feeling of power needed to accomplish their work.
- developing the ability to take responsibility for continuous learning and personal development

3.4.4 A socio-cultural perspective

From a socio-cultural perspective, empowerment refers to the extent to which communities can gain control of matters. It envisions a social process that enables communities to gain mastery over issues that concern them. It further entails a process which involves *“enabling ordinary people to take charge of their lives, to make communities more responsible for their development and make the government listen to the people in terms of their identified needs”* (Aithal [s.a.]:1-2).

Knowledge derived from empowerment is viewed as promoting the participation of people, organisations, communities, increased individual and community control, political efficacy, the improved quality of community and social justice (Eklund 1999:47). It entails educating the population to enable them to define problems they encounter and to progress through a process of developing renewed beliefs in their ability to influence their personal and social lives (Enablement 2013).

Therefore, the attributes of empowerment from a socio-cultural perspective include

- communities capable of gaining control of difficulties
- government listening to people’s identified needs
- promoting the participation of people, organisations, and communities to increased individual and community control
- improving the quality of community life and social justice.

3.4.5 A politico-economic perspective

According to a politico-economic perspective, empowerment resides in communities and societies, and not individuals. Empowerment is a structural feature of society in which social institutions, such as banks, execute power (being empowered). However, in some societies, people can actualise their potential while in others, it is

difficult to achieve because of competition and conflict to gain access to limited resources. Therefore, people and institutions need to collaborate to deal with conflicts of interest through participation in political and economic activities (Ringmar 2006:15-17). This also applies to nurse educators in NEIs.

The politico-economic perspective also depicts empowerment as improving the lives of poor and marginalised people by enabling them to accomplish tasks they would otherwise not be able to complete on their own (Politico-economic Perspective: 2007).

The politico-economic perspective aims to:

- Redress the historical process of the systematic disempowerment or exclusion of minority groups with due consideration of the historic, economic and social context of these groups (Benal & Enchautegul-de-Jesus 1994:552). Some societies and cultures still exclude certain groups, such as women, from decision-making processes. These women are consequently not empowered or emancipated, and nurses often fall into these groups, which hamper their professional growth and development.
- Transform societies into humanised systems that lead to liberation and emancipation. In a country like South Africa, the process of transformation continues to distribute resources equitably between urban and less developed rural area.
- Mobilising the self-help efforts of the poor and developing their skills for self-reliance, rather than just providing them with social welfare (Politico-economic Perspective 2007). The politician promised to provide for society and ignore the fact that society should do the things for itself. Therefore, this undermines empowerment and leads to the dependency of people on the state.

Thus, a politico-economic perspective views empowerment as:

- people and institutions' need to collaborate to deal with conflicts of interest through participation in political and economic institutions
- improving the lives of poor and marginalised people
- to humanise the system that led to the marginalisation of people
- developing the skills of the poor for self-reliance.

3.4.6 A liberation-theological-religious perspective

Liberation theology regards empowerment as remembering, envisioning and reclaiming. Remembering implies bringing back into peoples' consciousness their history by reflecting on what happened in the past, and by doing so, freeing blocked cultural energy (McIntosh 1999:9-10). Reminiscence galvanises envisioning that inculcates a spiritual vision in the community members characterised by belongingness and togetherness irrespective of the place from which the person originates. The vision incorporates cultural values and spiritual beliefs of the society (McIntosh 1999:8). Reclaiming involves learning all values and beliefs of the community anew. This can lead to community members developing spiritual capabilities to deal with challenges facing them (McIntosh 1999:8). In the field of nursing education empowerment is facilitated through nurse educator's spiritual capacities, their reminiscence, that help them cope with challenges in their teaching environment.

According to this perspective, empowerment is considered an integral part of a pastor's functions. It involves fierce advocacy on behalf of vulnerable groups and those stripped of authority and power. Pastors could contribute to the empowerment of vulnerable groups by providing holy communion, encouragement, and tenderness to the vulnerable groups (Jonte-Pace & Parsons 2001:194-195).

The attributes of empowerment from a religious perspective are

- freeing blocked cultural energy
- encouragement of vulnerable groups
- people participating in their activities and be creative towards achieving their goals.

3.4.7 A public health perspective

The public health perspective views empowerment and health promotion as a prerequisite for community development (Wallerstein & Bernstein 1988:380 in Bersma 1992:155). Empowerment is a means of achieving improved health and quality of life, community connectedness, social development and social justice (Cervero & Wilson 1996:27; Nachshen 2005:68).

The goal of empowerment is to enable communities to develop the skills to design, implement, control and evaluate their health interventions by recognising family, community and cultural strengths rather than justifying identified health deficits (Nachshen 2005:68). For this reason, the community is an equal stakeholder in the development of health programmes. This increases their knowledge of health resources, including available funding through community organisations and institutions. The community plays a role in identifying health risks and participate in health prevention programmes. According to Aithal ([s.a.]:2) and Cervero and Wilson (1996:27), the community identifies resources that would help them to implement preventative programmes. Nurse educators should identify, participate and help the community to deal with health-related challenges.

Thus, attributes of empowerment from a public health perspective include:

- a means of achieving improved health and quality of life, community connectedness, social development and social justice
- enabling communities to develop the skills that will assist them to be equal participants in the development of health programmes that will improve their lives.

3.4.8 An organisational perspective

From an organisational perspective, empowerment is integral to the current paradigm shift in leadership theory that emphasises the intellectual capacity of leaders. Leaders in organisations do not own, or rule over employees but guide them. Thus, leaders should create and develop a climate of trust and respect (Daft 2005:11).

The focus in organisations has shifted from bossiness, power, towering, and authoritativeness to equality. Leadership's focus is the provision of service. From an organisational perspective, people should be accountable to the organisation. According to Daft and Marcic (2011:227), for organisations to function well, everyone needs to know what people in high positions are doing.

Employees in organisations should be free to use their talents, skills, resources, and experience to make decisions to complete their workload promptly, a domain previously the holy ground of management. Ownership-attitudes can improve the quality of tasks performed by employees (Gibson, Ivancevich, Donnelly & Konopaske 2003:479; Hoy & Miskel 1996:180; Blanchard, Carlos & Randolph 1996:20-22; Tomey 2000:264).

Empowerment occurs in a flattened organisational environment. By simplifying the structure of an organisation, leaders share power with others and enable them to act more autonomously. It is the basis of transformational and servant-leadership, in which the leader shares the vision of the organisation, delegates a great deal of authority for decision-making and allows employees to share in the satisfaction derived from goal achievement (Ellis & Hartley 2005:22).

Structural changes in management should empower employees with the authority to schedule their work and take the responsibility to monitor the team's performance (Gibson, Ivancevich, Donnelly & Konopaske 2003:479). According to Seibert, Wang, and Courtright (2011:986), empowered team members feel motivated by their sense of ownership and responsibility for their work, taking an active part in their work. This is a *move from management towards leadership* (Ellis & Hartley 2005:22; Harvey 1990:3; Hellriegel et al 2012:304; Suominen, Saviko, Kviniemi, Doran & Leino-Kilpi 2008:42). In nursing education institution giving more responsibilities to nurse educators facilitates empowerment leading to improved performance.

Thus, the attributes of empowerment from an organisational perspective are as follows:

- provide opportunities to people to gain knowledge, motivation, and feelings of ownership
- leaders share power with others by giving workers responsibilities and opportunities to make decisions about their work
- members are selected and trained to solve production problems.

3.4.9 Summary of different perspectives on empowerment

Table 3.1 exhibits a summary of the attributes, antecedents and consequences of empowerment as derived from the professional literature on empowerment.

Empowerment appears to be part of the “human condition” - an all-at-once experience. For this reason, depending on the context and the “human condition,” certain concepts (words) could indicate both attributes, antecedents and consequences of empowerment.

TABLE 3.1: Summary of different perspectives on empowerment

ATTRIBUTES	ANTECEDENTS	CONSEQUENCES
assertiveness belongingness community connectedness democratic environment emancipatory education envisioning gaining control intrinsic motivation reclaiming self-development self-efficacy sharing of power social process togetherness	acquisition of knowledge advocacy climate of respect conscientising, developing partnerships elimination of barriers emancipatory setting envisioning liberating networking providing resources share power spiritual capacity taking responsibility	active participation assertiveness belongingness confident decision-making develop inner power humanising the system Inspiring intellectual capacity leader capacity liberating overcoming alienation self-awareness self-development self-efficacy sense of ownership sense of responsibility share power social development social justice togetherness

3.5 DEFINING ATTRIBUTES, ANTECEDENTS AND CONSEQUENCES OF EMPOWERMENT

This section should be read in conjunction with Table 3.1 on the attributes, antecedents and consequences of empowerment and section 3.4.

3.5.1 Defining attributes of empowerment

At this point, the researcher considers the defining attributes of the concept of empowerment as those listed in Table 3.1 and abstracted in Table 3.2. The researcher selected the latter set of attributes as he gained more insight into the concept of empowerment via thesauruses, dictionaries and the literature review. These defining attributes need to figure in any model case representation of the

concept of empowerment. The identification of defining attributes represents the primary accomplishment of the process of concept analysis. These attributes must be identifiable in any “true” definition, or model case, of the concept of “empowerment” (Rodgers 2000:91; Walker & Avant 2011:162-3).

TABLE 3.2: Defining attributes of empowerment	
DEFINING ATTRIBUTES	AUTHOR
Autonomy	Briscoe et al (2012:14) Carl (1995:7) Hood (2010:463)
Accountability	Daft & Marcic (2011:226)
Authority	Hellriegel et al (2012;304)
Choice	Simms et al (2000:393) Tomey (2000:95) IGWG (2001:1)
Responsibility	Seibert, Wang & Courtright (2011:986)
Liberation	Freire (1973 in Hur 2006:527)
Self-efficacy	Regan & Rodriguez (2011:2) Finkelman & Kenner (2012:212)

3.5.1.1 Autonomy

According to Finkelman and Kenner (2013:180), Hood and Leddy (2006:321) and Tomey (200:72), autonomy indicates that a person can perform professional activities based on knowledge and informed judgment. Autonomy indicates the independent means of a person takes to direct and influence others, accomplish organisational goals. Furthermore, autonomy implies that a person uses discretion, freedom, and independence in decision-making within the organisation (Daft & Marcic 2011:226; DuBrin 2011:231; Williams 2013:279; Williams 2013:313). As Blanchard, Carlos and Randolph (1999), Kendall (1993 in Mitcheson and Cowley 2003:414) and Swift and Levin 1987:84) espouse, that autonomy implies an informed person that can act self-sufficiently as an individual or as a group member.

People who are empowered gained the ability to act responsibly and account for their actions based on their utilisation of information, knowledge, and power. Being informed is vital to becoming empowered and remain empowered (Daft & Marcic 2011:423; DuBrin 2012:359). Furthermore, autonomy implies that people are

encouraged to deal with challenges in their daily activities (Cavanaugh & Blanchard-Fields 2006:359; Cherry & Jacob 2011:200; DuBrin 2011:359; Jooste 2009:168).

3.5.1.2 Authority

As an attribute of empowerment, authority implies that employees have the statutory right to decide and act on their decisions. This also implies that they meet legal demands. According to Tomey (2004:114) and Hood and Leddy (2006:321), authority is closely related to autonomy. Organisational authority assumes institutional policies are in place to back the individual in decision-making, thus executing her authority. Therefore, authority is the lawful right ascribed to a competent and informed person in a position the employer acknowledges (Cherry & Jacob 2011:334). Also, authority entails having an inner capacity and courage to speak out one's opinions on specific issues (Sarmiento, Laschinger & Owasiw 2004:135; Tomey 2000:26). It is an intrapersonal attribute in which individuals "authorise themselves" which manifests itself interpersonally (Sarmiento, Laschinger & Owasiw 2004:135; Tomey 2000:26).

From an organisational perspective, authority refers to the individual's formal right to make decisions and influence others' behaviour to implement decisions based on formal organisational relationships. An individual with authority has a mandate and the necessary power to act independently and responsibly through the manipulation of available resources (Hodge, Anthony & Gales 2003:304; Hein 1998:156; Nel 2002:212; Tomey 2000:94; Twinn, Roberts & Andrews 2000:421).

3.5.1.3 Choice

The word choice is defined by Oxford Advanced Learner's Dictionary (2010:246) as "an act of choosing between two or more possibilities; something that you can choose." As an attribute of empowerment, choice entails the individual's ability to decide on actions and decisions. Empowered choices should be strategically implemented according to priority (The IGWG Interagency Gender Working Group 2001:1). Thus, choice relates to autonomy and authority. Through empowerment, individuals gain an increased ability to make choices and participate in decision-making (Mullard 2003:88).

Individuals are encouraged to think, decide, choose and act independently. They are encouraged to transform their choices into actions. Also, individuals must account for the decisions they make for the outcomes resulting from such choices (Anderson & McFarlane 2000:96; Zimmerman 1990:174).

3.5.1.4 Responsibility

Seibert, Wang, and Courtright (2011:986) see responsibility as a defining attribute of empowerment. According to Hood and Leddy (2010:320), Kelly (2008:343) and Tomey (2004:47), responsibility is closely related to accountability meaning “to act in return, to have an obligation to account for something, to be answerable to someone or something.” Empowerment entails developing a sense of responsibility and a commitment to carry out individual assignments or delegated tasks (Searle 1992:183). In return, the empowered individual also delegates, however, upholds responsibility and accountability (DuBrin 2012:286; Twinn, Roberts & Andrews 2000:421).

Kelly (2008:343) corroborates Searle (2000:179), who posits that the responsible individual is obliged to act in an expected manner that demonstrates a certain level of obligation and commitment. The empowered individual’s conscience becomes an integral driving force leading to responsibility.

3.5.1.5 Accountability

As an attribute of empowerment, accountability links up closely with autonomy, authority, and responsibility (Jooste 2010:57). According to Hellriegel et al (2012:305), accountability is an expectation that employees will accept credit or blame for the results of their work. Accountability views empowered people accountable to justify their choices, decisions, and actions. Accountability aligns authority and responsibility. People with authority and responsibility can justify their performance (Daft & Marcic 2011:226). Accountability entails the offering of substantiated answers and explanations when questions arise as to the execution of choices, decisions, and actions (Hood & Leddy 2006:320). Accountability cannot be shared with or delegated to, other (Jooste 2010:57).

3.5.1.6 Liberation

Freire (Hur 2006:527), sees liberation as empowering the people. People freed from

unnecessary restrictions and who have equal access to resources experience a feeling of liberation that also figures in their free expression of opinions without fear of retaliation. Liberated people are more creative in their contributions towards an organisation and are in control of those contributions (Williams 2013:213).

According to Jentoft (2004:2), liberation entails progressing out of a position of helplessness and hopelessness towards a position of self-determination. In self-determination, people develop the capacity to shape their lives without any authoritative individuals telling them what to do. Liberated persons believe that they can achieve the goals they set for themselves. They have confidence in their ability to determine their future through set goals and develop the capacity to think and act independently in the pursuit of these. In nursing education institutions, nurse educators are liberated by their qualification, knowledge, and skills to create means to improve teaching and learning of students. Such educators encourage students to work on their self-development. To improve the school environment, Corney (2008:414) emphasises students' making informed choices and accepting responsibility for those choices (Corey 2008:414; Jooste 2009:234; Tomey 2000:95).

3.5.1.7 Self-efficacy

According to Regan and Rodriguez (2011:2), and Finkelman and Kenner (2013:212) self-efficacy suggests that those who believe they will succeed have a greater chance of doing so than those who do not hold that belief. Self-efficacy is pivotal to a person's destiny and goal attainment (Bandura 1997:42; Eklund 1999:45). Self-efficacy links up with

- developing self-confidence (Lemme 1995: 84; Tomey 2000:95)
- implementing one's empowerment expectations
- internal locus of control, authority and liberation (autonomy) and
- successful decision making (Funnell & Anderson 2002:9; Huber 2000:196; Twinn, Roberts & Andrews 2000:422; Slater & Bremner 2011:255).

Donohue, Fisher, and Hayes (2003:288) espouse that people accept an internal locus of control are unlikely to experience anticipatory anxiety and are more likely to engage in activities in a persistent manner. Thus, self-efficacy as an attribute of

empowerment sustains self-esteem. Shaffer and Kipp (2010:487) and Slater and Bremner (2010:252) view the latter as the individuals' self-evaluation and the assessment of their worth. It denotes a positive or negative attitude towards the self. Empowerment contributes towards, and fosters, the development of an elevated self-esteem in individuals and the capability to appraise self in a realistic manner (Lemme 1995:78). The outcome of a realistic self-appraisal is an important indicator of the individual's perception of self within the organisational structure (Kernis 2006:10; Lemme 1995:82; Tomey 2000: 95). Thus, self-esteem links up with autonomy and the acceptance of authority. Persons with high self-esteem are more likely to make autonomous decisions using the authority ascribed to them.

Self-esteem and self-concept are denotatively varied. Self-esteem refers to the composite view of oneself that formed through direct experiences and evaluations of significant others (Bandura 1997:10). Self-concept entails:

- information individuals have about themselves and the way they perceive themselves (e.g., as being empowered)
- the perception of one's unique attributes, an element of personal authority
- thinking autonomously about the self (Bandura 1997:10; Shaffer & Kipp 2010:481).

According to Lemme (1995:78), self-concept is a collection of beliefs about the kind of person one is - a vehicle through which people become resilient enough to participate in, and influence events, affecting their lives (Jentoft 2004:2).

3.5.2 Antecedents to empowerment

Table 3.3 exhibits the antecedents to empowerment the researcher sees as prominent at this point.

TABLE 3.3: Antecedent towards empowerment	
Antecedent	Sources
Concept clarity	(Mason in Rodwell (1995:308; Saremi 2015:10)
Climate of respect	(Daft 2005:11; Hood 2014:87; Cherry & Jacob 2014:290)
Education	(Hur 2005:527; Hood 2014:7; Jooste2012:43; Kotze 2013:224)
Advocacy for the poor and vulnerable groups	(Pace & Parson 2001:194; Jooste 2010:4; Cherry & Jacobs 2017:238)
Leadership style	(Gibson et al 2003:479; Sullivan & Decker 2009:46; Hellriegel et al 2012:3570; Rousell 2013:487)

An explication of the antecedents exhibited in Table 3.3 follows concerning the individual (person) and the environment.

3.5.2.1 Concept clarity

- **Personal disposition:**

An educator's disposition to empowerment articulates on a clear conceptualisation of the concept of empowerment in nursing education. Nurse educators need to understand what empowerment means and what it entails before empowerment can occur (Mason in Rodwell 1995:308). The possession of such information leads employees to develop self-confidence, a feeling of belonging and an improvement of their performance (Saremi 2015:10). Empowerment is a prerequisite for nurse educators to empower students through precept and example.

- **Environment**

Environmental conditions should be such that it fosters empowerment (See Chapter 4). In nursing education institutions, there should be sufficient and accessible resources for the educator. Adequate resources should be adequately maintained for

nurse educators to utilise them (Kotze 2013:167). Furthermore, Kotze (2013:215) emphasises the importance of a working environment where nurse educators could become confident and maintain their competencies. Muller, Bezuidenhout and Jooste's (2010:488) corroborate the view that leaders should create a safe environment that fosters empowerment through adequate supervision and regular in-service education of staff.

3.5.2.2 Climate of Respect

- **As personal disposition**

Respect is considered the most important antecedent of empowerment. It is essential to be aware of, and respect, other peoples' beliefs about the course of action they want to pursue (Daft 2005:11; Hood 2014:87). According to Cherry and Jacob (2014:290), the effective leader maintains honesty and integrity in the workplace. Trust is recognised as essential for effective leadership and fostering respect for people (Hein 1998:162; Rodwell 1995:310; Ryles 1999: 602). Thus, a relationship characterised by respect would facilitate empowerment, and a person would feel free to interact with others.

- **As an environmental element**

An environment characterised by respect is significant to empowerment. Respect is a human trait that maintains healthy relationships among people. To foster empowerment in a nursing education institution, the leader should understand the complexities of the organisation. Also, the leader should recognise the areas where management skill fits with the goals of the organisation (Cherry & Jacob 2014:290; Hood 2014:87).

3.5.2.3 Education

- **As personal disposition**

Education may be perceived as the most influential antecedent of empowerment. Hur (2005:527) maintains that being educated is an important vehicle for the empowerment of individuals. The acquisition of knowledge, positive attitude and

skills can contribute towards the empowerment of individuals (Hood 2014:7). An employee should be exposed to opportunities for growth and learning; for instance, managers should acquire more knowledge and skills in managing their organisation (Jooste 2012:43; Kotze 2013:224).

- **As an environmental element**

The environment should offer opportunities for people to learn and grow. There should be enough resources for people to develop knowledge and skills. According to Rousell (2013:484), training should include comprehensive offerings such as orientation, in-service education, and organisation-based continuing education. The employees should be assisted with tuition, reimbursement and flexible schedules for formal education. According to Kotze (2013:174), human resources plan for the school should provide for the increase of knowledge and skill of lecturers. In-service education should be linked to the strategic plan to provide current and future competencies of the employees.

3.5.2.4 Advocacy for the poor and vulnerable groups

- **As personal disposition**

People with power and influence should advocate for the poor and vulnerable groups such as children. It is important for leaders not to look at themselves but make efforts to help people in need (Pace & Parson 2001:194). A person who advocates for others gives them information such as the source from which to obtain support (Jooste 2010:4). According to Hood (2010:108), a person advocating for others share spontaneous thinking with others and provide reasons.

- **As an environmental element**

A safe and secure environment should be created for nurse educators in the NEIs. In clinical practice setting where students are allocated for learning, the relationship should be characterised by, for instance, mutuality, consideration of information and full participation by students. Furthermore, nurses are responsible for mobilising and facilitating clients' strength in achieving health care by creating a safe environment for them (Cherry & Jacobs 2017:238; Hood 2010:471). According to Kotze

(2013:223) leaders should create an atmosphere of friendship, cooperation and instil in others a collective effort that builds spirit and identity.

3.5.2.5 Leadership style

- **As personal disposition**

A leader should adopt a leadership style that is appropriate for the position the person occupies and a style that will allow for empowerment to be realised. According to Rousel (2013:487), leaders align themselves with a specific style and apply the personal elements in each of the leadership styles. In addition, fitting leadership style to the situation could lead to good productivity (Sullivan & Decker 2009:47; Daft & Marcic 2011:383). Within the researcher's broader understanding of the concept of empowerment at this stage, a more democratic leadership style is required.

A leader should create harmony and build emotional bonds with others. This, as espoused by Rousell (2013:487), leads to loyalty and a sense of belonging of employees. Jooste (2012:122) is of the view that leadership depends on empowered leaders who are not afraid to effect change. Leaders should use their effective style to facilitate the empowerment of employees.

- **As an environmental element**

A more open leadership style and organisational air foster a good interpersonal relationship with others - a basic requirement to exercise empowerment. According to Hellriegel et al (2012:3570), a leader should build coalitions and networks amongst followers. According to Kotze (2013:51), a leader considers the leadership style that is appropriate to the situation and considers the resources available to facilitate empowerment. To effect empowerment in nursing education, the leader applies a leadership style that promotes academic development and, acquires the necessary resources for nurse educators to act more autonomously.

3.5.3 Consequences or outcomes of empowerment

It is expected that empowerment delivers good outcomes that promote the

development of nurse educators. The consequences of empowerment appear in table 3.4 and indicate the sources from which they were obtained.

TABLE 3.4: Consequences or outcomes of empowerment	
CONSEQUENCES	SOURCES
Positive self-esteem	(Haibaghery & Salsali 2007:8) (Sarmiento, Laschinger & Owasiw 2004:135; Saremi 2015:8)
Ability to set and reach goals	(DuBrin 2012:404; Ellis & Hartley 2005:18; Saremi 2015:7)
A sense of hope	(Eklude 1999:43; Muller et al 2011:428)
Critical reflection	(Regan & Rodriguez 2011:2)
Self-determination	(Hur 2006:531; Page & Czuba 1999:3; Zimmerman 1992:708; Zerwekh & Claborn 2009:398)

All these consequences are vital to organisational management and the attainment of organisational objectives.

3.5.3.1 Positive self-esteem

Empowerment is revitalising and is self-impregnating. Individuals develop a sense of importance due to their ability to determine their destiny. Empowerment leads to growth and development of nurse educators after they develop power and authority through knowledge and skills. Consequentially, individuals would like to achieve more in life due to elevated self-esteem and would like to learn more, acquire more knowledge and face the world with confidence (Haibaghery & Salsali 2007:8; Sarmiento, Laschinger & Owasiw 2004:135; Saremi 2015:8).

3.5.3.2 Ability to set and reach goals

Empowerment leads to a person's ability to set goals (Saremi 2015:7). DuBrin (2012:404) defines a goal as an overall condition one is trying to achieve or a conscious intention to act. An empowered nurse educator has the knowledge,

power, and skill to set a realistic goal.

According to Ellis and Hartley (2005:18), empowered persons can act and share their views with others. Life goals can be set by the individual or as a group with others by utilising available resources and opportunities to empower themselves.

3.5.3.3 Self-determination

Once empowered, nurse educators can exercise influence on the social and political environment through participation in community (NEI driven) organisations and activities. Through participation in such activities, nurse educators are more capable of charting their courses of action (Zerwekh & Claborn 2009:398). In other words, the individual nurse educator, through these, develops self-determination (Hur 2006:531; Page & Czuba 1999:3; Zimmerman 1992:708). Such self-determination can, however, also serve as an antecedent to empowerment.

3.5.3.4 A sense of hope for the future

Eklude (1999:43) attests to the view that individual experience of empowerment includes amongst others self-acceptance. This is supported by Jooste (1998:44), stating that empowered individuals can set an example to others by displaying appropriate behaviour in various situations. Future generations would learn from the empowered individuals who became beacons of hope for them to anticipate a brighter future. Muller et al (2011:428) argue that empowerment entails the discovery of new expertise and the creation of new opportunities to apply new competencies a person acquired. This would be achieved when the health care leader motivates employees and give them the opportunities to participate in decision-making.

3.5.3.5 Critical reflection

An empowered nurse educator would be able to think critically and analyse issues following the views of others. Such educators would not permit self to be controlled by others or control them but seen as role models for others. Empowered individuals can look at situations in detail. Harris (2005:55) conducted a study in South Africa on whether journaling as a teaching method was empowering to students. One of the results was that students developed reflective skills by addressing issues at a deeper level. According to Regan and Rodriguez (2011:2), empowerment allows nurse

educators to be effective in staff development and make decisions quickly on the job.

3.6 MODEL CASES OF EMPOWERMENT

As indicated in the introduction to this chapter, the researcher applied the principles of concept analysis to gain a better understanding of the concept of empowerment and to generate empirical referents to use as items in a questionnaire. The outcome of the concept analysis that is important to the current study is a model or concept case or definition of the term “empowerment.”

Empowerment refers to an inner change in orientation, from a dependent and authority-seeking disposition to a disposition of self-efficacy, liberation, and choice to embrace organisational power and authority in an informed, responsible and accountable way by reciprocating the sharing of power, knowledge of and participation in organisational matters to cooperatively attain organisational goals.

A model case of empowerment of the nurse educator entails all these. It applies to her/his position within an organisational hierarchy and as the essence of what education entails (manner and matter).

3.7 DEFINING EMPIRICAL REFERENTS FOR EMPOWERMENT

Determining empirical referents is the last step in the analysis of the concept of empowerment. It is the step in which the existence of the concept is measured, especially when the concept is highly abstract (Walker & Avant 2011:168). Referents are the items contained in the questionnaire indicated in the Annexure G section of the study and that the rest of the literature to follow also contributes to the identification and formulation of empirical referents.

Empirical referents are categories or classes demonstrating the actual existence of empowerment. Empirical referents are the means for measuring the defining critical attributes of empowerment. Abstract concepts could make it challenging to establish empirical referents (Hansen 1998:452; Rodwell 1996:310; Speros 2005:637; Sutherland 2002:279; Walker & Avant 2005:73).

3.8 PRACTICAL IMPLICATIONS OF THE CONCEPT ANALYSIS

Firstly, the analysis of the concept of 'empowerment' demonstrated the importance of understanding the concept before the researcher could use it in the field of nursing education. Secondly, this concept analysis set a baseline understanding of the concept of empowerment that allowed the researcher to view and talk about empowerment from different angles and within different contexts. Thirdly, the outcome of the concept analysis, especially the antecedents and consequences support the theoretic outline of Laschinger's Integrated Model of Nurse/Patient Empowerment based on Kanter's Theory of Structural Power in Organisation and Spreitzer's Psychological Empowerment Theory, as discussed in chapter 4.

3.9 CONCLUSION

In this chapter, the researcher reported on the outcome of the main events in a concept analysis of the concept of empowerment. The next chapter presents a detailed report on the literature review structured according to Laschinger's model of Nurse/Patient Empowerment deduced from Kanter's theory of Structural Power in Organisations and Spreitzer's Psychological Empowerment Theory.

CHAPTER 4
LITERATURE REVIEW – PART 2:
ACCESS TO EMPOWERMENT RESOURCES
FOR NURSE EDUCATORS IN THE LIMPOPO PROVINCE

4.1 INTRODUCTION

The previous chapter provided an in-depth analysis and discussion of the concept of empowerment. The adapted version of Laschinger's Integrated Model of Nurse/Patient Empowerment deduced from Kanter's Theory of Structural Power in Organisations and Spreitzer's Theory of Psychological Empowerment guided the structure of this chapter.

4.2 ACCESS TO INFORMATION

In nursing education, nurse educators and their supervisors should identify information that facilitates nurse educators' empowerment. Communication as a human ability rests on certain principles. Despite the current advanced level of communication technology and the array of media it provides, these do not alter the foundational principles of clear and effective communication. Kotze (2013:216) states that creating an environment that empowers nurse educators includes, amongst others, communication. Although verbal communication might appear unrivalled, non-verbal communication, especially in face to face communication, might at times override the intended meaning and importance, or the effect, of verbal communication.

4.2.1 Communication

Communication is a complicated, ongoing process in which participants simultaneously create shared meaning when they interact. Also, communication is the process in which people interact using messages. Communication aims at creating a shared understanding of a message sent and received (Cherry & Jacob 2011:471; Hood 2014:80; Munos & Luckman 2005:69; Sullivan & Decker 2005:122; Zeuschner 2003:22). Communication is vital to establish relationships.

4.2.2 Communication media at the College and campuses

There is a variety of communication approaches available in nursing education in the Limpopo Province. Communication could take place in either writing only or via interactive video (Cherry & Jacob 2011:384; Hood 2014:82; Sullivan & Decker 2005:122; Cherry & Jacob 2011:384). The Nursing College, campuses and sub-campuses utilise different media, to communicate in writing or verbally. These include e-mail messages, SMS messages, the internet and intranet and telecommunication to communicate memoranda, circulars, policy legislation and the like. Language as a medium of communicating is of prime importance. However, due to inadequate infrastructure in some satellite campuses and main campuses, communication has been hampered by a lack of internet, landline telephones and the e-mail system that regularly do not work.

4.2.3 Communication and empowerment

The importance of communication is evident in the success of organisations that involves employees in decisions that affect them (Hood 2014:85; Kendall 1998:92; Williams 2013:584).

Sullivan and Decker (2005:122) believe nonverbal messages, known as meta-communication, accompany verbal messages. These include body language, such as gestures, arms, and body posture. According to Grohar-Murray and Langan (2011:55), facial expression and body gestures should be consistent with the message received. Ivancevich and Konopaske (2013:445) emphasise the importance of training employees in communication to improve their communication skills.

Skilled communication is beneficial to the physical, psychological and social well-being of people. It can thus improve empowerment as empowerment entails positive enabling outcomes for people. This enabling aspect of empowerment facilitates self-confidence.

4.2.4 Factors affecting communication

The role communication plays in management, as well as in emancipation and empowerment, is well-documented. Factors affecting the quality of communication, as the primary source of access to information, deserve attention.

Although culture (Cherry & Jacob 2011:400; Hood 2014:83; Lanchaster 1999:195) and gender (Cherry & Jacob 2011:398; Grohar-Murray & Langan 2011:58; Lanchaster 1999:195) do play important roles in communication, in the context of the current study these were highly homogenous

A further three main characteristics of caring are involved in sound communication. Trust facilitates the transmission of honest information to others (Cherry & Jacob 2011:386; Hood 2014:90). The researcher's analysis of the concept of empowerment convinced him that without trust and honesty of contents of the communication, the receiver of communication, whether a manager or a subordinate, would be misleading and the sender of the message would be inauthentic. Trust fosters respect. It considers the uniqueness of individuals and fosters good relationships among them (Cherry & Jacob 2011:53; Hood 2014:87; Lanchaster 1999:197). Self-trust and the trust of others are also foundational in the uptake of empowerment and the exercise thereof. In the same vein, empathy, viewing issues from the perspective of others, promote both communication and empowerment. Not empathising with others might lead to unacceptably rude communication and might also be viewed as power hunger. Both verbal and nonverbal communications deserve an empathetic touch (Cherry & Jacob 2011:387; Hood 2014:86; Lanchaster 1999:197; Williams 2013:614).

Language is perhaps the most critical aspect relating to effective communication. This applies to both the spoken and the written word. For instance, Bednarz, Schim and Doorenbos (2010:255) indicate that some of the most frequently cited pitfalls and frustrations for students and faculty relate to language and communication. Various sources also mention that managers and leaders should communicate their messages clearly so that others understand its intended meaning (DuBrin 2012:447; Grohar-Murray & Langan 2011:58; Hood 2014:83). The researcher observed that this is most true of the language and style used in statutes, including Acts, policy statements, concepts papers and the like.

4.2.5 Communication barriers

Although many immediate contextual issues might impinge on verbal communication (e.g., noise and distractions), other specific factors might impinge on written communication. People with a different frame of reference should, in their communication, indicate varied opinions on and interpretation of the contents of communications (Jooste 2012:210; Lanchaster 1999:201; Munos & Luckman 2005:88). In both the written and the spoken word, the use of idioms, slang, scientific terminology and the like might lead to loss of understanding of a message (Cherry & Jacob 2011:388; Munos & Luckman 2005:88). This, at times, goes hand in hand with the so-called “cultural blind spot syndrome”. When the sender and the receiver of communication look and behave alike, there would be no cultural barriers to communication (Grohar-Murray & Langan 2011:58; Jooste 2012:209; Munos & Luckman 2005:85).

4.2.6 Strategies to improve communication skills

The strategies to improve communication, and thereby the perceptions of others (of being empowered and exercising their empowerment), encompass the factors affecting communication as well as the barriers to effective communication.

Perception sensitivity (Kotze 2013:217-218) entails a caring consideration of personal differences. The latter include gender, culture, and language proficiency (reading, writing and verbal understanding); and a sound attitude (philosophy) on the part of leaders (senders of messages) (Muller, Bezuidenhout & Jooste (2006:323). This is foundational to effective listening that requires a person to concentrate on the message, to decode the message and interpret the message appropriately (Ellis & Hartley 2009:178; Finkelman & Kenner 2013:314; Muller et al 2011:325). Authentic dialogue, where people engage at a deeper level of listening to permit meaning to arise from messages, results from personal sensitivity and reflects personal sensitivity (Ellis & Hartley 2009:165; Jooste 2011:215; Sullivan & Decker 2009:126).

Directly relating to the issues of language in effective speaking, a person must possess the necessary information to be persuasive about the topic of conversation (Jooste 2011:208; Finkelman & Kenner 2013:314; Sullivan & Decker 2009:126).

Knowledge and information are equally important to prepare one for empowerment. Also, effective writing, even with, and perhaps mainly due to the advances made in the field of electronic media, a person should write accurately and be concise. Once one pushes the “go” button, the message may be unretrievable. Jooste (2011:373) thus maintains that to circulate emails around the organisation does not suffice. Emphasis should be on facilitating face to face communication that involves people and shows that their contributions are respected (Cherry & Jacob 2011:393; Ellis & Hartley 2009:163) to counteract alienation in an organisation that might leave people feeling being ignored and powerless.

4.2.7 Computers and other electronic media

Currently, access to information is mainly through information technology. As indicated in Chapter 2, according to Jacob and Vanderhoef (2014 in Cherry & Jacob 2014:38), advancements in information technology allow all levels and categories of nurses to access information. If used correctly, nurse educators could become informed and become further educated and trained in nursing education and organisational issues, enhancing competence and adept changes in the nursing education environment (Kotze 2013:230). Ning et al (2009:2643) corroborate the notion that access to information pertains to individuals’ possession of knowledge about organisational operations that include decisions, policies, goals to be achieved, technical knowledge and the experiences that make individuals’ more efficient.

The preamble to the Protection of Personal Information Act (Act No. 4 of 2013) states:

“● consonant with the constitutional values of democracy and openness, the need for economic and social progress, within the framework of the information society, requires the removal of unnecessary impediments to the free flow of information, including personal information;” (Protection of Personal Information Act (Act No. 4 of 2013)).

4.2.8 Law and policy information sources relating to empowerment

This section discusses aspects of legislation and policy about empowerment. These are information sources rather than resources. In addition to these, internal policy, personal information, information on students and the like, at the Limpopo Nursing College form part of the information sources nurse educators might need to exercise their empowerment.

As from 1994, the democratic government in South Africa repealed laws and policies that discriminated against women. The Employment Equity Act no 55 of 1998, Labour Relations Act no 66 of 1995, Affirmative Action Policy, Constitution of the Republic of South Africa, Act 108 of 1996 and National Policy Framework on Women introduce the concept of empowerment. These legislations give women rights they have not had before 1994.

4.2.8.1 Employment Equity Act no 55 of 1998

The Act's primary aim is to promote equal opportunity and fair treatment in employment through the elimination of unfair discrimination. It also seeks to implement affirmative action measures to redress the disadvantages in employment experienced by groups to ensure their equitable representation in all occupational categories and levels in the workforce (Employment Equity Act no 55 of 1998, par 2).

4.2.8.2 Labour Relations Act no 66 of 1995

The purpose of this act is to empower employees in the workplace. It purports to advance economic development, social justice, labour peace and democratisation of the workplace. The Act needs to achieve the following objectives:

- to give effect to and regulate the fundamental rights conferred by section 27 of the Constitution of South Africa Act, Act No 108 of 1996
- to give effect to obligations incurred by the Republic of South Africa as a member state of the International Labour Organisation (ILO)
- to provide a framework within which employees and their trade unions employers and employees organisation to bargain collectively to determine amongst other, better wages, terms and conditions of employment, employee participation in decision making in the workplace (Labour Relations Act, no 66 of 1995 as amended, section 1 a-d).

The bargaining aspect of this Act, in part, might contribute towards a positive view of personal empowerment. However, sometimes stakeholders misuse some measures to skew the bargaining process in a specific direction.

4.2.8.3 Affirmative Action Policy which is part of the Employment Equity Act no 55 of 1998

The purpose of this policy is to identify and eliminate employment barriers that adversely affected designated groups. The policy implements measures designed to further diversify in the workplace based on equal dignity and respect for all people. It ensures that designated groups enjoy equal opportunities in the workforce with equal representation. It further purports to retain and develop people from designated groups and to implement appropriate training measures (Employment Equity Act no 55 of 1998, Chapter III, par 15.2). The focus on development qualifies this Act as an empowering act.

4.2.8.4 Constitution of the Republic of South Africa, Act 108 of 1996).

The overarching aim of this Act is to ensure that people in this country are protected and equal before the law. Regarding this Act, everyone is equal before the law and has the right to equal protection and benefit of the law. Equality entails full and equal enjoyment of all rights and freedom. It further ensures that everyone has inherent dignity and the right to have their dignity respected and protected (Constitution of the Republic of South Africa, 1996 (Act 108 of 1996, par 9.1-5).

The following paragraph of Section 32 of the Act applies pertinently to empowerment:

- The act further empowers everyone and ensures that they have the right to further their education which must be progressively available and accessible (Act no 108 of 1996, section 32.1a-b).

4.2.8.5 National Policy Framework for Women's Empowerment and Gender Equality

In addition to the legislation, the Government of South Africa also introduced the National Policy Framework for Women's Empowerment and Gender Equality (NPFWEGE). A vision for gender equality guides this policy, and it details overarching principles proposed in all sectors of their policies.

A critical assumption on which this policy rests is

- Women empowerment approach focused on practical needs while the Gender and Development (GAD) focused on gender equality within and across the population. The focus of women empowerment in this policy affirms the goal to satisfy basic needs.

The integration of gender within and across all sectors should lead to the

- Development and implementation of affirmative action programmes targeting women
- Promotion of the economic empowerment of women
- Amendment of policies and practices that hinder women's access to decision making
- Appropriate training to improve knowledge, skills and attitude in gender analysis and equality (National Policy Framework for Women's Empowerment and Gender Equality 2001).

4.2.8.6 Millennium Development Goals Agenda for Sustainable Development

The Millennium Development Goals were declared and passed during the international conference and world summit in the 1990s. At the end of the summit world leaders distilled the key goals and targets in the Millennium Declaration in 2000. Amongst those goals are the promotion of gender equality and the empowerment of women. The target date for the attainment of these goals was 2005 and 2015 (Quan-Baffour 2012:95). However, most of these did not realise, and in 2015 the United Nations rescheduled via the 2030 Agenda for Sustainable Development. The 5th Sustainable Development Goal - gender equality - pertains directly to the current study.

- **Protection of Personal Information Act (Act No. 4 of 2013)**

Chapter 1 of the Protection of Personal Information Act (Act No. 4 of 2013) defines personal information, amongst others, as:

“(a) information relating to the race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person;

- (b) information relating to the education or the medical, financial, criminal or employment history of the person;
- (d) the biometric information of the person;
- (e) the personal opinions, views or preferences of the person;" (Act No. 4 of 2013).

To summarise, no matter how effective communication is within an organisation, it must be circulated to whoever is involved

4.3 ACCESS TO SUPPORT

According to Laschinger's model, access to support is vital to promote empowerment. Leadership and management styles set the climate for an environment conducive to empowerment. Teaching by role modelling and precept and example apply.

4.3.1 Leadership as support

Leadership moves people in an organisation towards the achievement of institutional goals. This implies that anybody could be a leader under certain circumstances; however, it also depends on the position a person holds (Bernhard & Walsh 1995; Cherry & Jacob 2011:336). In addition, Gardner (in Rousell 2006:165) defines leadership as the process of persuasion and an example by which an individual induces a group to take actions in accordance with the leader's, and institution's, purpose. Also, Williams (2013:549) views leadership as the process of influencing others to achieve group or organisational objectives. Minnick, Norman, Donaghey, Fisher and Kirgan (2010:504) believe leadership is the key to the institutional attainment of quality. In addition, leadership training and succession planning might contribute towards the empowerment of nurse educators where they can lead some projects in their institutions. A good leader is the one who engages nurse educators in activities affecting them (Regan & Rodriguez 2011:2). Like empowerment, Hood (2010:463) espouses leadership as something that does not occur automatically but is learned and developed. Based on the analysis of the concept of empowerment in Chapter 3, it is the researcher's notion that leadership and empowerment reflect one another

4.3.1.2 Attributes of an effective leader

The main qualities of an effective leader involve awareness, continuous assessment, assertiveness, accountability and advocacy.

- **Awareness:** comes with knowledge. Such knowledge should represent all five patterns of knowing in nursing (Chinn & Kramer 2008 & 2011). They should be aware (know) their followers within the spheres of these patterns of knowing and project these onto their followers. Leaders should be mindful of their strengths and limitations. They should be able to manage conditions that might impede the achievement of set goals (Bernhard & Walsh 1995:19; Cherry & Jacob 2011:339; Finkelman & Kenner 2013:465; Bernhard & Walsh 1995:18). In the same vein, Chitty (2005:118) states that leaders should demonstrate the necessary intellectual and analytical capacity and comprehend interdisciplinary models of leadership. They need to adapt quickly to new situations, including involving all stakeholders in decision-making. Finally, leaders should balance their professional responsibilities and personal lives stemming from deep introspection and reflection. According to Regan and Rodriguez (2011:2), leaders should demonstrate the capacity to connect with the spirituality of other human beings.
- **Leaders should continuously assess** the attainment of organisational goals, exercising power to the best reflection of being empowered to facilitate goal achievement (Bernhard & Walsh 1995:19; Finkelman & Kenner 2014:466; Hood 2014:464).
- **Assertiveness** points towards a leader expressing feelings, needs and ideas freely, in defending personal rights and those of others to maintain the personal integrity of all involved (Hood 2014:464).
- **Accountability** accompanies the seasoned leader. In this regard, the leader should communicate both achievements and failures to the group members, providing reasons for failures or the successes achieved. Accountability is also a defining attribute of empowerment (Ellis & Hartley 2009:19; Finkelman & Kenner 2014:466; Hood 2014:464).
- **Advocacy** reflects the leader's support, defence and maintenance of the group's goals. Advocacy implies changing the structure and goals in

collaboration with the group, not for the group (Bernhard & Walsh 1995:23; Hood 2010:485; Hood 2014:465).

4.3.1.3 Transformative leadership theories and styles

As indicated in Chapter 3, one of the antecedents of empowerment is the leadership style that sets climate conducive to empowerment. Seibert, Wang and Courtright (2011:991) associate leadership style with psychological empowerment, or lack thereof.

It is the researcher's opinion that neither trait theory about leadership (Cherry & Jacob 2009:337; Roussel 2013:732; Sullivan & Decker 2009:45) nor the autocratic leader (Finkelman & Kenner 2014:464; Samson 2009:30; Sullivan & Decker 2009:46; Simms et al 2000:95), nor Laissez-faire leader (Finkelman & Kenner 2014:464; Samson 2009:32; Sullivan & Decker 2009:46), nor Great man leader (Jooste 2009:63; Simms et al 2000:95) nor Teacher-learner leader entirely offer what the researcher considers necessary to create an organisational climate conducive to empowerment. Neither do the democratic or bureaucratic leadership styles do so. It is the researcher's view that these in some way, fail to tie together all elements in an organisational setting towards facilitating the cultivation and exercise of empowerment.

Based on the outcome of the concept analysis exercise reported in Chapter 3, and the researcher's scrutiny of the literature, the researcher considers transformative leadership the most appropriate to account for the promotion of empowerment – that is, theoretically at least

The researcher sees Transformational leadership as conducive to the cultivation and execution of empowerment. These leaders commit people to action and empower them towards leadership, thus effecting change and creating an agent of change (Cherry & Jacob 2009:338; Ellis & Hartley 2009:338; Roussel 2013:738). Transformational leaders believe in shared leadership between leaders and the followers using their power to establish a reciprocal relationship between them and their followers rather than to relinquish it. They emphasise the importance of

interpersonal relationship amongst the group members, which, leads to collective action. Transformational leaders merge the motives, desires, values and goals of leaders and followers into a universal quest. This encourages followers to better themselves rather than to satisfy leaders and promote their self-interests. These leaders' primary conduit is the self and self-knowledge (Hood 2010:457; Rousell 2006:170; Simms et al 2000:95; Sullivan & Decker 2005:54).

The competencies of dynamic and transformational leaders, according to Bennis (Rousell 2006:171), include attributes pertinently setting a climate for empowerment. These include the management or steering of attention, meaning, trust, and self.

The management of attention comes about by developing a bold vision and a sense of achievement of outcomes. Such a vision is realistic, attainable, credible and an attractive future state of the organisation. This paves the way for managing meaning, which involves communicating this vision and creating a culture to sustain this vision to construct bonds and relationships between people that assists in maintaining trust and trustworthiness of these transformative leaders. These require self-management through self-knowledge, of knowing one's skills and efficiently using them. Leaders in nursing education should identify their skill deficits and take responsibility to improve on these to empower themselves. The consequence of incompetent nurse leaders is amongst others, a demoralised staff (Bennis in Rousell 2006:171).

4.3.1.4 Emotional intelligence

Emotional intelligence is the capacity to recognise our feelings and those of others, for motivating ourselves and for managing emotions well (Kotze 2013:220; Rousell 2013:61). In the researcher's view, transformative leadership encapsulates emotional intelligence.

Within the concepts of transformative leadership and emotional intelligence, the concepts of personal and social competence fit the competencies of transformative leaders.

Personal competence	Social competence
Self-awareness: is characterised by one's internal barometer, which is the way a person evaluates self.	Social awareness: marks by one's social radar which is the capacity to assess one's inner weakness and strength compared to others
Emotional self-awareness: The leader recognises their own emotions and their effects on others.	Empathy: Having a sense of other's feelings, concerns, their perspectives and having an interest in them
Accurate self-awareness: The leader knows things that should be achieved and limitations associated with achieving those goals.	Organisational awareness: The leaders are capable of reading the group's current power relationships
Self-confidence: the leaders feel a sense of worth that is sustained during failures and defeats	Service orientation: The leader anticipates, recognises and meets followers' needs.

(Adapted from Kotze 2013:221)

4.3.2 Management as support

Management, like leadership, is a crucial factor that influences empowerment in organisations. How managers might go about managing an organisation, and employees can also be described in terms of leadership styles. The views and perceptions of managers are also key factors that could facilitate empowerment or disempowerment of nurse educators.

4.3.2.1 Definition of the concept of management

Management entails the process for accomplishing the goals and strategic objectives of the organisation through the activities of employees (Samson 2009:3) through the managerial processes or functions of planning, organising, command and control. Managers focus their energy and effort on fostering a smooth workflow and efficient utilisation of resources (DeCenzo & Robbins 2010:392; Hood 2010:457; Rousell 2006:4) through executing these functions. The limitation and scope provided by these functions are perhaps the most distinctive difference between management and leading through leadership.

Planning is future-directed and provides a strategy of action (Cherry & Jacob 2011:343; Sullivan & Decker 2009:55) to achieve organisational goals. According to Williams (2013:9) planning involves determining organisational goals and a means to achieve them. DuBrin (2013:9) and Rousell (2013:358) corroborate this. Planning

involves decision-making, which, is crucial to organisations (DuBrin 2012:9; Jooste 2012:52; Williams 2013:9). Organising focuses on building the dual structure of material and human resources through the roles of liaison officers, coordinators, resource allocators and task delegators. These can, but do not necessarily lead to the empowerment of subservient employees (DuBrin 2012:12).

Planning and organising facilitate leading. The latter does not necessarily imply leadership qualities. In this regard, see table 4.2. As “leader,” the manager acts as a motivator, spokesperson, negotiator and team-builder (Cherry & Jacob 2011:343; DuBrin 2012:13; Sullivan & Decker 2009:56). These are all activities that could lead to the cultivation of empowerment in subordinates.

Controlling might be the element distinguishing management from leadership, especially as far as empowerment is concerned. Controlling entails regulating the activities of employees according to planned activities (Cherry & Jacob 2011:343; Grohar-Murray & Langan 2011:147; Samson 2009:10). This is achieved through monitoring progress towards goal achievement and taking corrective actions where necessary (DeCenzo & Robbins 2010:31; DuBrin 2013:14; Sullivan & Decker 2009:56).

Table 4.2 exhibits several suggested differences between managing (management) and leading (leadership).

The differences exhibited in Table 4.2 are not necessarily incompatible. They should complement and balance one another. As Smit and De Cronje (2002:283) indicate, a person “can be a manager, a leader or both”. In person, both managers and leaders influence their constituencies beyond their operational boundaries (Bratton & Gold 2007; Rousell 2006:172,) and are empowered to provide inspiration, motivation and direction to the organisation. Managers in nursing education should realise that people need to be led rather than to be managed. The central focus would be to pursue the goals and values of the organisation (Daft 2011:15). They also ensure that members of their organisations follow them as well (Clark 2007:2; Jooste 2012:26).

TABLE 4.2: The contrasts between leadership and management	
Leadership	Management
Leaders ensure the attainment of the set goals of organisation and individuals	Managers maximise the output of the organisation through administrative inputs.
Leaders adopt flexibility in their organisation	Managers seek stability in their organisation
Leaders set the direction for followers enabling them to participate in the problem-solving process facilitating empowerment	Managers make decisions for employees. This could disempower them.
Leaders adopt radical thinking, following their intuition	Managers use incremental thinking following principles and policies of the organisation.
Leaders use vision, strategic goals and values of the organisation to guide their followers	Managers control employees instead of guiding them towards the realisation of the organisational vision.
Followers would choose and follow leaders naturally either through election or their participation in certain activities	Managers are endowed with authority/power ascribed to their position and loyalty to the organisation
Hierarchical position does not affect the quality of leadership	The distance between hierarchical positions might complicate management making managers less visible

(Clark 2007:2; Jooste 2012:26).

4.3.3 Management levels and power

Management in nursing education in Limpopo Province occurs at various levels; from heads of disciplines, upwards to heads of campuses and the executive management team. The management strata in nursing education influenced the empowerment of nurse educators. In many instances, this influence was negative as hierarchical strata tend to impact negatively on communication and delegation and consequently on access to support and empowerment. Although the hierarchical position strongly suggests power, this is not necessarily the case with empowerment. Figure 4.1 reiterates the organisation structure of the Department of Health and Social Development in the Limpopo Province.

4.3.3.1 Heads of disciplines

According to Rousell's (2006:12), lack of the following at the Head of Disciplines level relates directly to poor empowerment and limited power.

- Involvement in preparing and presenting a budget.

- Knowledge of external factors such as economy, politics, tasks, technology and organisational structure and the way these influence education and training of nurses.
- The ability to provide staff development
- Commitment to self-development
- Knowledge of methods of empowering others, such as nurse educators in their subject field of specialisation.

4.3.3.2 Campus heads

These managers are involved in activities such as work design and the building of knowledge, to meet the demands of their job description. In nursing education in Limpopo, these vice-principals of the main campuses and satellite campuses are called campus heads. Some of the activities performed include management of human resources, management of the college finances and coordination of activities of main campuses. They supervise heads of disciplines and manage and coordinate campus activities.

At the time of the current research, The Executive Management of Nursing Education in the Limpopo Province consisted of senior managers in nursing education, the College Principal, the Registrar of Student Affairs, The Finance manager and the Vice principals of the college campuses. The executive management performs strategic activities of nursing education and shapes the future of nursing education and training in Limpopo Province. Also, the Nursing Education Directorate (executive level) included the Principal of the college and college Vice-Principals (middle management level) and Head of Disciplines (first-line management).

An organisation with this management structure is rigid, leading to top-down communication and chain of command. Consequently, such a structure resulted in the disempowerment of the first-line management and nurse educators (Chapter 1 section 1.3.3.2).

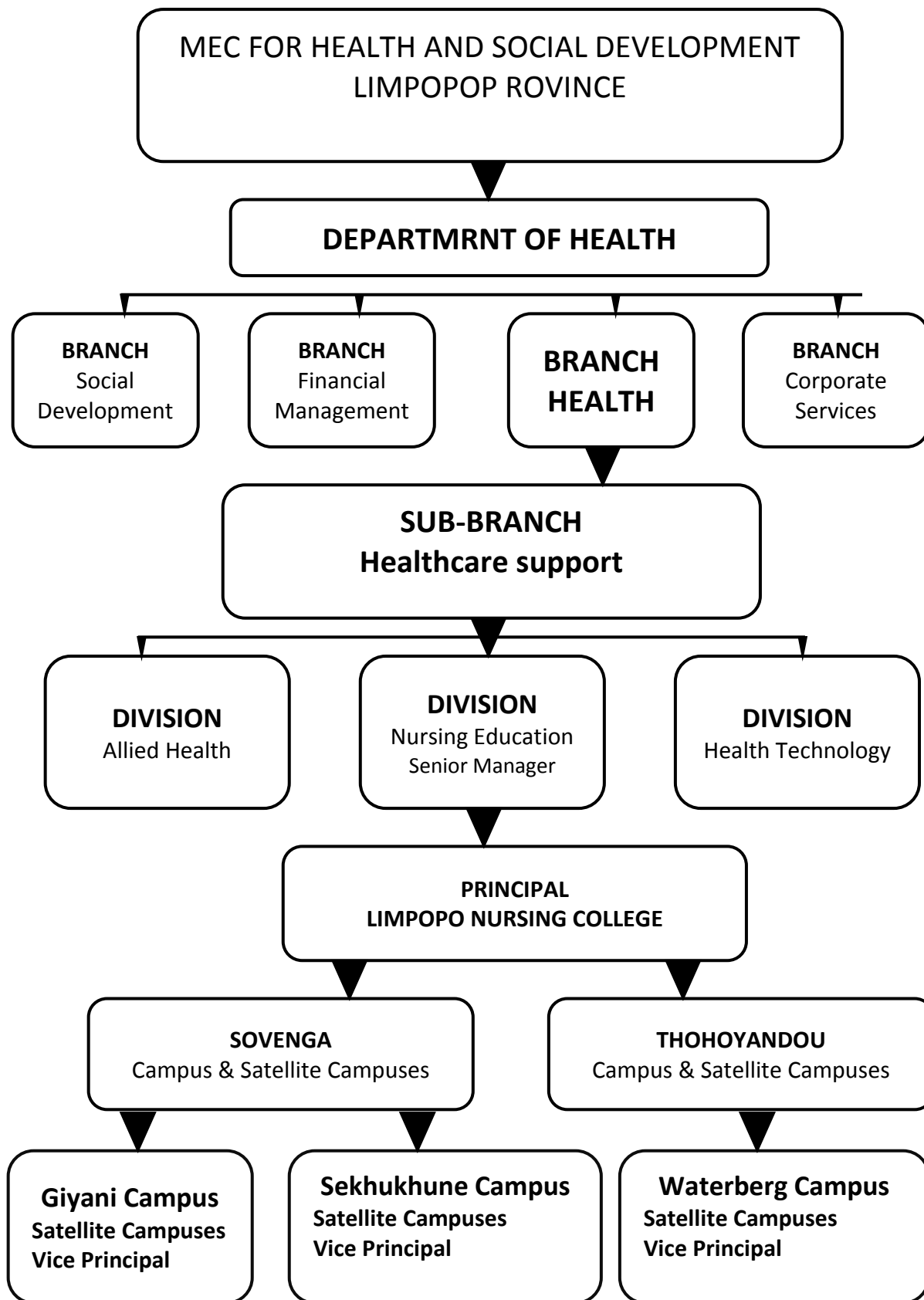


Figure 4.1: Modified organisational structure of the Department of Health and Social Development, Limpopo Province

4.3.4 Coaching and mentoring as part of the manager's role

One of the empowering roles of the manager is coaching and mentoring. According to Bankfield and Kay (2012:251), coaching is the process in which a coach supports an individual to develop skills through a series of structured conversations. The coach explores the nature of challenges faced at work and helps the individual to identify the best approaches to these challenges to achieve desired outcomes. Coaching entails senior managers or external consultants working on a one-to-one basis with another worker focusing on the results of a job. It also involves what it takes to achieve the aimed for results. Furthermore, coaching pertains to educating, instructing and training subordinates (Finkelman & Kenner 2014:454).

Mentoring is defined as off-line help by one person to another in making significant transitions in knowledge, work or thinking. Mentoring is defined further as the formal or informal programme in which middle and senior-level managers help less-experienced employees (Dessler 2011:753; Parsloe & Leedham 2009:20).

4.3.4.1 The purpose of coaching and mentoring

The purposes of coaching and mentoring, in empowerment, are:

- to encourage subordinates to be independent workers
- to enable subordinates or workers to take responsibility
- to motivate subordinates to manage their own work-life
- to assist the new employee to adapt to a changing work environment
- to assist employees in realising their potential and personal ambitions for the future (Parsloe & Leedham 2009:10; Shatzer, Wolf & Heavnak 2010:393).

From these points, it appears that both coaching and mentoring have a role to play in establishing empowerment within an individual.

4.3.4.2 The difference between coaching and mentoring

Differences between coaching and mentoring also exist. Mentorship focuses on the individual, whereas the coach concentrates on the performance of the individual. Mentors facilitate without an agenda while the coach specifies the agenda of the activity. The mentor selects the relationship with the client, whereas the coach

comes with the job. The source of influence in mentoring is the values, whereas, in coaching, it is the position. The personal returns of the mentor are learning whereas for the coach is teamwork and performance (Differences between coaching and mentoring n.d.).

4.3.4.3 The generic coaching and mentoring process

To coach and mentor towards empowerment successfully, the manager should follow certain stages as depicted in Table 4.3.

TABLE 4.3: Stages in generic models of coaching and mentoring		
Stages of coaching and mentoring	Professional coaching	Corporate and qualification mentoring
Stage 1	The coach analyses awareness of need, desire and self	Confirming the personal learning plan
Stage 2	Planning for self-responsibility	Encouraging the self-management of learning
Stage 3	Implementation using style, techniques and skills	Providing support during the personal learning process
Stage 4	Evaluating success and learning	Assisting in the evaluation of success

(Adapted from Parsloe & Leedham 2009:32)

4.3.4.4 Manager and leader as a coach- mentor

A manager applying the principles of coaching and mentoring should assign line managers to act as coaches and mentors. It is preferable to use these line managers to serve as mentors than to hire people from outside the organisation because they know their organisational needs and those of people who need to be coached and mentored (Bratton & Gold 2007:334; Parsloe & Leedham 2009:32). Line managers in the organisation would know the conditions in the organisation better and would appropriately provide coaching and mentor to employees.

The coach-mentor should avoid imposing control and follow a non-directive approach. In the non-directive control approach, the learner should participate fully and take responsibility in the process (Parsloe & Leedham 2009:34). However, in some organisations, the culture and the structure compelled managers to adopt a directive style of coaching and mentoring. A shortage of personnel and a high

turnover rate might force the manager to follow a more directive approach to get things done (Parsloe & Leedham 2009:34).

The managers who are required to come up with an immediate result, often apply a directive control of coaching-mentoring style. Performance and improvement are critical indicators in this situation. Elevated levels of performance and productivity occur in situations where employees are in control and accept responsibility. However, there often tends to be a reluctance on the part of managers to release control, thus exercising an autocratic management style leading to an elevated level of stress for them (Parsloe & Leedham 2009:34).

In organisations that need to develop a positive coaching culture, managers should move towards the non-directive coaching-mentoring approach. There should be a change from coaching as a manager towards managing as a coach (Parsloe & Leedham 2009:35). Thus, leadership and management are the cornerstones for facilitating empowerment in nursing education. Besides, in an excellent leadership style and mentoring processes, there should be the provision of adequate resources to foster empowerment. This applies to nursing education institutions in the Limpopo Province also.

4.4 ACCESS TO RESOURCES

Access to resources entails more than mere proper management of planning, leading organising and controlling. In South Africa, certain legacies need to be removed. Nurse educators could collaborate with their colleagues and leaders to identify resources that would facilitate their empowerment. The leaders in nursing education should facilitate nurse educators' access to resources that would help them to improve teaching and learning (Laschinger et al 2010:10). The legacy of gender disempowerment, economic system, promotion of gender equality, feminism and knowledge development in nursing discussed in this section are aspects that could influence/promote empowerment in nursing education.

4.4.1 The legacy of gender disempowerment

Fulcher and Scott (2006:160) define gender as the social system that governs the relations between men and women determining the way men and women in society

are expected to feel, think and behave. A male-dominated society constructs gender and has consequently been rejected by feminist scholars as it disempowers women (Cuff, Sharock & Francis 2009: 377).

4.4.2. Economic system

The economic system of a developing country such as South Africa perpetuates the notion that men are breadwinners rather than women. Women perform unpaid labour activities such as rearing children and keeping families intact. When the domestic product of the country adds up, women are not acknowledged. Women often do not own property and cannot inherit some of the wealth of their family or their spouse (Ethiopia conflict profile October 2010)

4.4.3 Culture and social norms

The term "culture" refers to whatever is socially transmitted. Certain types of behaviour, such as kneeling, when greeting an older adult, are cultural reserve transmitted to incoming generations. Subordinate social roles are assigned to women by some cultures and societies, for instance, women's dependence upon men to decide on issues concerning the family (Gender Equality and Women's Empowerment 2001)

The outcome of a masculinity-oriented society can well be sheer power. This opposes caring of which is the essence of nursing. It probably plays a crucial role in contributing to nurses' lack of power, both as perceived by nurses and as assigned by the social system (Online Journal of Issues in Nursing 2007:1).

The above explanation implies culturally inculcated disempowerment of women where they are not independent in the decision-making system of the family economy and the society in general. Participation of women in the mainstream economy is not realised due to economic discrimination that keeps them at bay. Despite the legislative transformation, in certain cultures in South Africa, women are still regarded as subservient (Online Journal of Issues in Nursing 2007:1).

During community meetings, only men could speak. During cultural activities such as lobola and weddings celebrations, women are the ones who work very hard with

men taking minimal part. There is still a strong separation of men and women roles. Women in these cultures are the ones who perpetuate these subservient roles. This culturally inculcated disempowerment could find its way into formal professions such as nursing. Most nurses are women, and in medicine, medical doctors are mainly men. Therefore, in the clinical setting, doctors are still perceived to dominate employees over nurses. Thus, the empowerment of nurse educators is affected because most of them came from the clinical setting disempowered (Online Journal of Issues in Nursing 2007:1).

This culture and social norms influence nursing and nurses' power due to the view of nursing as women's work; a domestic activity such as woman would fulfil at home. This negates the importance of the nursing profession in society (Online Journal of Issues in Nursing 2007:1).

4.4.4 Political systems

People elect political leaders in the belief that they would improve their lives. The political system in each country should empower the citizens of that country. In many countries, the political system does not acknowledge women's rights, such as the right to vote. This implies that men govern the system - an archaic masculine thought. Women are discriminated against and treated as second-class citizens in countries where this approach is still followed (Fulcher & Scott 2009:168).

The laws that declared women minors inflicted the nursing profession where most of, many of members are women. This resulted in the nursing profession not being recognised as an independent profession, among other, allied health professions. Thus, managers should learn strategies associated with political knowledge and skills and filter them to nurse educators. Also, nurse educators should participate in the political system and forward their contributions to influence public policy development on issues affecting them (Roussel 2013:357; Hood 2010:523; Sullivan & Decker 2009:99).

4.4.5 Emancipation of women

The nursing profession has undergone considerable improvement as a profession. Changes in the management structure, reimbursement and the changes in the

healthcare facilities have created job opportunities for nurses that empower them (Cronin & Rawlings 2005:3; Sullivan & Decker 2009:25).

Oxford Advanced Learner's Dictionary of Current English (1974:285) defines emancipation as setting a person free, especially from legal, political or moral restraint. This idea is also foundational to Chinn and Kramer's (2008) explication of the emancipatory pattern of knowing in nursing. (See section 4.4.8). Emancipation is the desire for personal freedom, and it is part of the fight for human rights expressed during the eighteenth century. It is a step that changed nursing as a craft into a contemporary profession (Deloughery 1998:15; Finkelan & Kenner 2014:191).

At the end of the 20th century, the United Nations (UN) organised an international conference to look at the status of women in the world. It was an attempt to improve the status of women and eradicate discrimination against them. Elimination of discriminatory laws is the essence of empowerment of women and opportunities for knowledge development (Gender Equality and Women's Empowerment 2001).

4.4.6 Feminism

Feminism, according to this political philosophic system, is a social thought construct aiming at changing gender power relations in the society and social structures such as the family, education, health, culture and leisure. It aims at ending inequalities between men and women and overthrows the male domination of society (Fulcher & Scott 2009:182; Wallace & Wolf 2006:395; Weedon 1997:1).

Feminism is rooted in the Women's Liberation Movement of the 1960s. The primary concern for this movement was aspects such as 'what it is to be a woman'. Feminism emphasises femininity and sexuality and how women might refine these for themselves without perceiving women as sex objects, fighting pornography, and promoting pay and work conditions for women (Braidotti 2011:113; Fulcher & Scott 2009:182; Weedon 1997:1).

Feminism comprises a range of theories. Feminism, as a theory, provides a way of understanding patriarchy in society and changes the way society perceives. Feminist theory is implicit though it provides assumptions about sex, gender, femininity,

masculinity, lesbianism, identity and change. The feminist perspective resulted from contradictions between dominant institutionalised definitions of the nature of being a woman and social roles inherent in the contemporary sexual division of labour. These assumptions and how they are understood derive from a range of sources and forms of production which are far from being coherent (Jaggar 2008:8; Harber & Meighan 2007:86; Weedon 1997:4).

Feminism was an attempt to challenge patriarchal practices observed by men to the exclusion of women in society (Fulcher & Scott 2009:175). Patriarchy is the power relations in society that subordinates women's power to the interest of men. Power relations include sexual relations, labour relations, procreation and subjective norms of femininity in the society which undermines women's authority and power. The definition of "women" is based on a male and masculine point of view which serves as the general norm. The fight against these oppressive norms of masculinity should enhance the interest, rights and privileges of women (Harber & Meighan 2007:85; Weedon 1997:2).

In the past years, women would not perform hard labour activities such as digging furrows, slaughter a cow, drive a motor car, donkey cart and the like. Recently women have been liberated to perform these activities too although women are naturally equipped primarily to fulfil those social functions of motherhood and being a wife based on women's abilities regarding patience, emotions and self-sacrifice as these denote a respectable mother and wife (Jaggar 2008:203; Weedon 1997:2).

Different strains of feminism have specific implications in society, especially for women. These include:

- Liberal feminism aims at achieving full equality for women in all spheres of life without a radical transformation of the present social and political system. Its achievement would result in the transformation of the sexual division of labour, modern type of feminism and masculinity.
- Radical feminism envisages a new social order in which women are not subordinate to men. It believes that the only way women could gain their

liberation is to separate them from men and patriarchal structures of the society (Harber & Meighan 2007:85).

- The social feminist belief is that patriarchy is an integral part of class systems and racial oppression in society. A full transformation of the social system can abolish this. Women should perceive themselves differently, and a range of feminist theories should provide for different modalities for change (Jaggar 2008:203; Weedon 1997: 4).

Feminists dismiss all theory attempting to tell women what they experience and how they experience things. The important thing for women is to transform the politics of paternalism and make these theories accessible to women. There is a need for organisations to attract and train health professionals irrespective of gender (Harber 2007:86; Jooste 2012:196; Weedon 1997:6). It is envisioned that the attainment of these aims will assist women in becoming more empowered.

4.4.7 Legislation

See point 4.2.8 on legislation impacting on women's empowerment

4.4.8 Ways of knowing in nursing knowledge development as access to resources

Knowing refers to the ways of perceiving and understanding oneself and the world, while knowledge pertains to knowing that finds expression in a form that can be shared and communicated to others (Chinn & Kramer 2008:2; Finkelman & Kenner 2014:56). There were four patterns of knowing in nursing; but Chinn and Kramer (2008:8) identified a fifth pattern of knowing in nursing, namely emancipatory knowing as this section discusses. The other four patterns of knowing are empirical, ethical, aesthetic and personal patterns of knowing. However, emancipatory knowing involves all these patterns of knowing and is of prime interest in the current study.

4.4.8.1 The emancipatory pattern of knowing

Emancipatory Pattern of Knowing (EPK) is the central epistemological concept to empowerment in the current study. According to Van der Wal (2011:291), emancipatory knowing is a combination of the other four patterns of knowing. *Emancipatory knowing* refers to the human ability to recognise the social and

political problems of injustice or inequality to realise that things could be more different. It entails the attempt to piece together complex elements of experience and context to change a situation that improves peoples' lives. It involves awareness of injustice and inequality that permeates praxis (Chinn & Kramer 2011: 64).

The emancipatory pattern of knowing forms the epistemological basis for knowledge development and empowerment in nursing practice and nursing education. The emancipatory pattern of knowing significance to nursing's systems of knowledge resides in the epistemological freedom of nurse educators. The freedom of nurse educators to get involved in discussions and discourse about the subject matter of nursing education promotes the quality of nursing education and practice. Thus, the diffusion of this epistemology within the nursing profession, including nursing education fosters professional liberty and empowerment. Emancipatory knowing entails a critical examination of the causes of injustices that people find difficult to fathom. It attempts to bring changes in social structures in the society that are seen to be wrong and correct them (Chinn & Kramer 2011:65).

Emancipatory knowing questions the nature of epistemology in nursing and the contribution it makes to social problems. It shares light into the power dynamics that create knowledge in nursing, including the political and social context aligned to them. As Laschinger et al (2010:5) point out, formal and informal power (section 2.3.4.1 in this thesis) facilitate empowerment. Empowerment, in turn, further facilitates nurse educators' formal power in that they question the role of hegemony relating to power (Chinn & Kramer 2011:65) through critiquing and imagining the consequences of formal expressions such as action plans, manifestoes and the like. Advancing the emancipatory pattern of knowing in nursing can only support the quest for empowerment and the uptake of empowerment

4.5 ACCESS TO OPPORTUNITY TO LEARN AND GROW

Nursing education leaders should create opportunities for nurse educators to gain knowledge and skill (Laschinger et al 2010:10). Hebenstreit ([s.a.]:300) posits that structures to opportune creative learning environments increase structural empowerment for nurse educators. According to DuBrin (2012:444), an efficient organisation engages employees in continuous learning by proactively adapting to

the external environment. In the current study, professional development is the cornerstone of nurse educators' continuous learning and the quest to grow professionally.

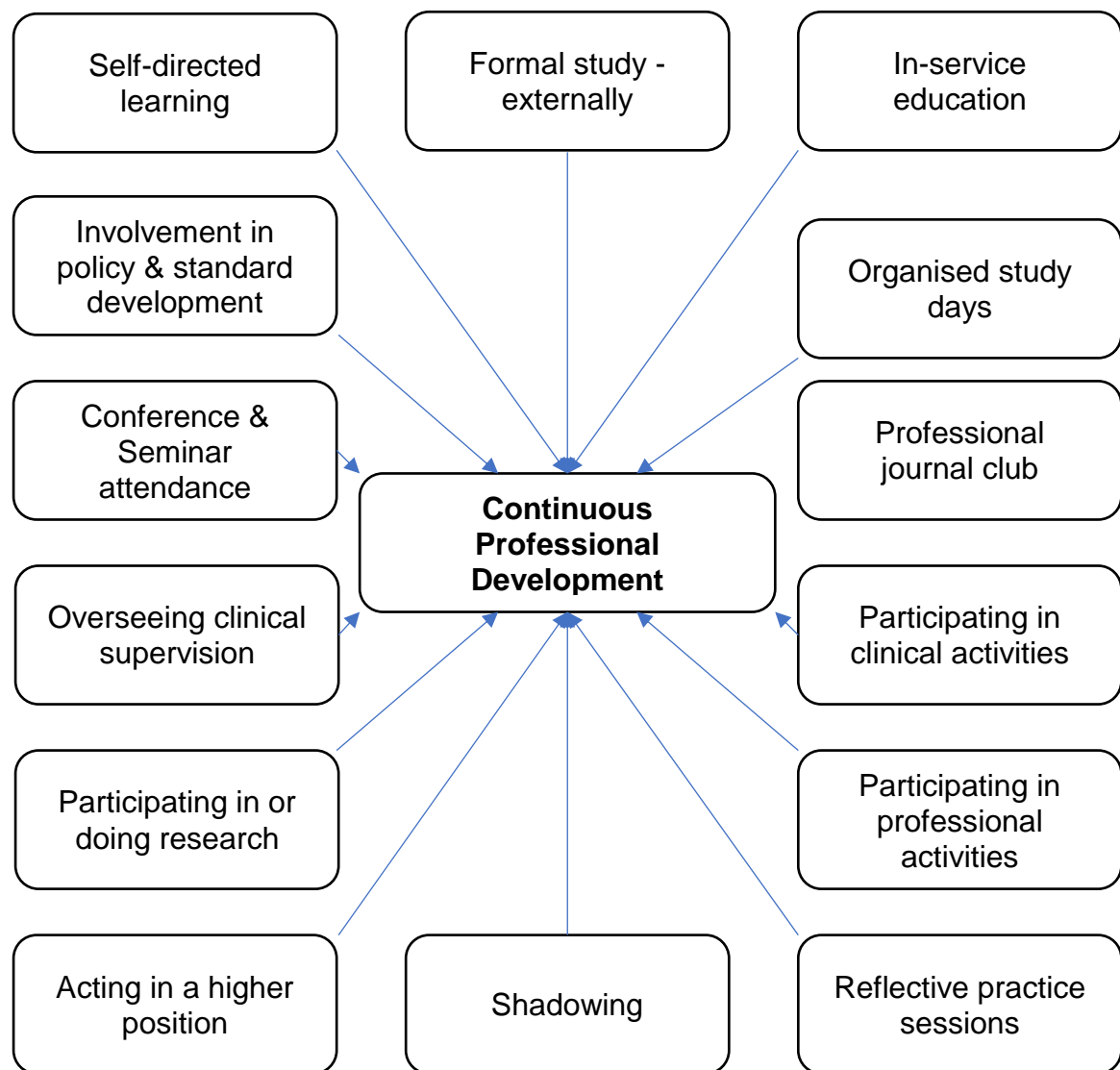
4.5.1 Professional development in nursing education

Leaders in nursing education demonstrate the way, coordinate, manage and facilitate programmes to achieve the goal of the nursing education institution. They influence others and demonstrate behaviour directed at the realisation of the vision of the institution (Quinn & Hughes 2007:480). Leaders encourage continuing professional development of nurse educators. Knowledge and skill need to be kept up-to-date throughout educators' work-life to develop more competencies and performances. According to Roussel (2013:481), learning in organisations focuses on every employee's problem-solving ability and adapts the organisation to a changing environment. For nurse educators, development occurs by learning about changes in the healthcare system, policies and global health guidelines and educational didactics. To learn, nurse educators should continuously acquire and share new knowledge with other colleagues. This knowledge (DeCenzo & Robbins 2010) should be applied when they make decisions and finding ways to improve the teaching of students.

4.5.2 Professional development methods

According to Kotze (2013:236), continuing professional education enhances a person's knowledge, facilitates progress to a higher level, improves competence and confidence, and assists a person in keeping up-to-date with additional information in science and technology. It eventually supports a person's career development. Varied methods, as indicated in fig 4.2, can assist in accomplishing continuous professional development (Quinn & Hughes 2007:482).

In conclusion, the opportunities to learn and grow discussed above facilitate empowerment in nurse education. To further empower nurse educators, these opportunities should provide networking of nurse educators with other health professionals to facilitate empowerment.



Adapted from Quinn and Hughes (2007)

Figure 4.2: Professional development strategies and opportunities

4.5.3 The empowerment of nurse educators globally

Nurse educator appointments transpire according to set requirements. In some nursing education institutions, a lecturer is placed in an orientation programme to assist her in understanding her job description and adapting to the environment. Harding and Salmon (2005 in Quinn & Hughes 2007:485) posit that most activities in the workplace are opportunities for self-directed learning. Also, it is the opportunities

to strengthen and enhance knowledge and skills the educator brings into the nursing education discipline.

With personal development plans, enough support and encouragement for nurse educators should come from managers of nursing education institutions. Knowledge and skill development should form part of the individual developmental program for nurse educators through active learning and development all through their careers. The necessary resources should be provided (Quinn & Hughes 2007:486).

Continuing professional development opportunities should be identified by nurse educators to learn about new developments in nursing education. Hood (2010:598) argues that nurses would need a broad-based education, assertiveness skills, technical competence and the ability to deal with rapid change. Research and technology are required to define professional nursing and the development of nursing education. Nursing Education in the Limpopo Province indicates a willingness to encourage nurse educators to engage in continuous professional development by attending workshops, nursing summits and special nurse educators' days. These attempt to create opportunities to empower nurse educators. However, these also need to be well-coordinated within a designed plan that focuses on personal and institutional needs. In the end, both nursing education and the healthcare system will improve to the benefit of the end-users (patients and student nurses).

According to Laschinger et al (2010:10), learning and growth resources and support should come from managers involving nurse educators in activities that promote empowerment in the workplace. They should participate in activities such as:

- project work
- reflective practice
- mentoring
- professional and clinical supervision
- work shadowing and
- acting up in a senior position (Quinn & Hughes 2007:486).

Empowerment in nursing education facilitates excellent teaching and learning of students. Modern influences require that nurse educators redefine their roles and equip themselves with the abilities which are necessary for adequate role performance. However, this would be of no avail if not based on proper empowering activities. Healthcare professionals, including nurse educators, function within a globalised world. A widening, deepening and speeding up of the global connectivity and integration of its inhabitants characterises this world (De Villiers 2005:56; Roberson 1992:8 in Xu, Sun and Zhang 2001:179). Therefore, nurse educators at the study site cannot work or exist in isolation from the rest of the world. They are required to adopt a global vision and participate as responsible global professionals in issues that shape healthcare systems.

Geographical borders appear to have been erased, due to developments in the fields of information-communication technologies. People utilise work and educational opportunities on the global stage (De Villiers 2005:62). This is evidenced by, for instance, the availability of distance education programmes which are offered internationally due to improved and accessible telecommunication systems (Brown, Crawford & Hicks 2003:1).

The modern world came about at a fast pace and continued to unfold as fast. As Blanchard, Carlos and Randolph (1999:3) espouse, a variety of external forces of change continuously bombard people and their organisations from all sides due to innovative methods of operation. The old and deficient goods, services and companies are replaced with new, more efficient ones. In educational institutions, educational delivery has drastically changed in recent times. Therefore, nurse educators should creatively adapt to constant changes and become innovators themselves. Furthermore, they should be able to think strategically and plan (De Villiers 2005:56) – that is being empowered and executing their empowerment.

Nurse educators have more access to world network and communication. Their connectedness to the World Wide Web (www) awards nurse educators and students alike with improved access to information. Currently, individuals can revolt against governments, demand participation in decision-making, and demand consideration for their needs and expectations as they have unprecedented access to knowledge

and information about world events. They expect a good life and access to the best, cheapest goods and services, including education, from anywhere in the world (De Villiers 2005: 56). This poses challenges to nurse educators as the students become more demanding and may seek educational opportunities elsewhere if they are dissatisfied with an educational institution (Brown, Crawford & Hicks 2003:1; Evans 1992:1).

Nurse educators are required to interact with students, employer and policy-making bodies such as the local, provincial and central government officials to acquire resources for teaching. The digital divide, which currently exists between developed and developing countries, resulted from poverty and lack of development in developing countries. Lack of resources and opportunities in poorly and less-developed countries might affect the empowerment of nurse educators in those countries (De Villiers 2005:62; Lee 2001:222; McGowan & Nel 2002:165). Inadequate, or lack of teaching and learning resources hamper empowerment of educators in some nursing campuses in the Limpopo Province. There is a rapid social and cultural exchange between nations, and the world tends to become culturally homogeneous. There is increasing evidence of Americanisation and the spread of Western consumer culture (Friedman 2000:9; Evans: 1992:1). On the other hand, there is also evidence of the emergence of an increasingly cosmopolitan global culture, in which various cultures and cultural trends coexist. Nurse educators are expected to manage culturally diverse classrooms, and students are required to learn in multicultural healthcare settings. This requires cultural competence on the part of nurse educators because nurse educators need to learn about other cultures to interact with other colleagues from within and outside their environment.

In Europe and the United States of America (USA), there is an increased emphasis on research and evidence-based healthcare in healthcare settings. Health professionals are urged to become research literate, to read and apply research knowledge to their practice and to do research themselves (Brown et al 2003:1). Nurse educators are therefore required to conduct research which would eventually empower them with scientific knowledge and skill. In this regard, computers and modern teaching technologies have become indispensable. The provision of

resources that facilitate teaching and learning in nursing education is further a critical component in informal power.

4.6 ACCESS TO INFORMAL POWER

According to Kanter (Laschinger et al 2010:6), access to empowering structures is facilitated through formal and informal power. The experience of informal power stems from allowing employees the opportunity to network with colleagues. The discussion in this section includes the individual, group empowerment and the environment that facilitate the empowerment of individuals. Social intelligence and half of the previous table apply at this point also.

4.6.1 Empowerment through networking

As the definition of empowerment in Chapter 3 indicate, empowerment links up to individual strengths and competencies. The disposition of a person is the basis for empowering others. It connects the individual to broader social and political environments in which they live (Amichai-Hamburger & Tal 2008:1). Laschinger's Integrated Model of Nurse/Patient Empowerment implies that the following aspects promote personal empowerment:

- Opportunities are given to nurse educators to network with colleagues through delegated tasks
- Networking of nurse educators with colleagues
- Interacting with other colleagues through attendance of seminars and conferences. In nursing education in the Limpopo Province, nurse educators interact actively during capacity building seminars, nurse educators' days, meetings, during clinical accompaniment and the like (Laschinger et al 2010:6).

Networking also relates to empowered nurses with authority, professional self-confidence, professional knowledge and skill (Mohsen & Salsai 2005:7). According to Grohar-Murray and Langan (2011:252), continuous learning, through networking, accelerate change and improve adaptation, resilience and the hardiness of employees, that which in turn result in desired responses to accelerated change. This links up with the next section.

4.6.1.1 Building networking skills with colleagues

For group empowerment, mutual understanding, dialogue and discussions are imperative to create shared meaning for the individual in a group (Kendall 1998:92). Mohsen and Salsen (2005:8) posit that the power of nursing profession emanates from the interaction between supportive management and unity of nurses. The cooperation amongst nurses is an efficient way of increasing nurses' power through the sharing of ideas and thoughts about the nursing profession. According to Quinn and Hughes (2007:363), teaching can be initiated by teachers on the perception that certain qualified members of staff have trouble with the performance of nursing procedures. This can also assist in clarifying some problematic concepts in nursing education. This supports the view by Laschinger's theory that relationships should be established to work on collaborative goals.

4.6.1.2 Factors that influence networking opportunities

Numerous factors influence the partnership and empowerment of individuals and groups. Cultural factors have been cited by Kendal (1998:95) to influence the empowerment of individuals and groups. Kendal (1998:95) states:

- People might experience a power differential and power struggle where professionals hold stereotypical views of others. Coercion might be high in such situations and might lead to disempowerment.
- Poor interaction amongst people affects empowerment negatively in that goals might not be achieved.
- In situations where differences in philosophy prevail, interaction may be affected negatively. A clear philosophy might foster mutual togetherness and understanding.
- Organisational culture and structure influence the empowerment of nurses. The healthcare organisational structure used to favour physicians more than nurses and nurses were considered tools to implement what physicians ordered. The strict hierarchical structure (section 1.3.3.2 in this thesis) in healthcare organisations could further erode networking and nurse educators' quest for empowerment.

4.6.2 Empowerment at work

Empowerment also entails unlimited zeal in an organisation. The individual should continue to develop themselves for the betterment of the organisation. Learning is considered an organisational asset in which organisations achieve substantive goals. Also, it can enhance the reputation of the organisation as the “preferred employer” (Bratton & Gold 2007:64; Simms et al 2000:393). Managers should trust employees with information, and employees should act responsibly out of respect for their professionalism (Blanchard et al in Hood 2010:462). Managers must delineate the purposes, values, goals, and role structures of the organisation. Thus, self-directed teams, where employees assume full responsibilities on how they perform their work, can replace the traditional organisational hierarchy (Richard, Swanson, Elwood & Holton 2009:226).

4.6.2.1 Interdisciplinary networking opportunities

Individuals need to and be willing to participate with fellow employees in organisational activities to develop further. Training alone might not yield the required developmental outcome. When the organisation is modified, it creates opportunities for individual participation. There should be no limitation of learning opportunities for employees in work settings that demand continuing high-level employee performance. In this way, individuals would grow personally and professionally, and this would boost their morale (Dessler 2011:293; Kirkpatrick & Kirkpatrick 2010: 12; Nel, Van Dyk, Haasbroek, Schultz, Sonon & Werner 2004:64; Richard et al 2009:230; Simms et al 2000:393).

In discussing the importance of empowering professionals, Kendal (1998:12) posits that it is essential to expose professionals to personal power to facilitate empowerment. Despite these proposals, it is important to note that nurses, in the past, did not experience empowerment as either individuals or groups. Nurses could not empower clients through knowledge, skill and positive attitude because they were not empowered themselves. According to Grohar-Murray (2011:107), mutual respect, collegiality, cooperative and productive interdependence are necessary for productive relationships. Employees helping each other to accomplish work-related activities facilitate the development of empowerment. This means that employees have informal power or authority to make decisions about activities (Ivancevich &

Konopaske 2013:45). When nurse educators have access to informal power, they feel that leaders/managers in nursing education involve them in activities that recognise them.

4.7 ACCESS TO FORMAL POWER IN ORGANISATIONS

According to Kanter (Laschinger et al 2010:11), formal power is acquired through the performance of activities that are visible and relevant to the solution of problems. The execution of activities allows flexibility though this depends on the situation within the organisation. The knowledge and skills possessed by nurse educators when serving in the organisation facilitate their empowerment.

4.7.1 Definition of the concept of organisation

An organisation is a group of people performing a task within formal or informal networks. It is a collectivity of people working together under a defined organisational structure to achieve predetermined outcomes (Simms, Price & Ervin 2000:125; Sullivan & Decker 2005:11). According to Grohar-Murray and Langan (2011:121) an organisation is a social system deliberately established to carry out some definite purpose according to some agreed-upon rules. The ability and liberty to perform activities within the organisation facilitate and reflect empowerment.

4.7.2 Organisational structure

According to Grohar-Murray (2011:133), an organisational structure is a useful tool that shows how a modern organisation is structured. Williams (2013:270) views organisational structure as the vertical and horizontal configuration of the departments, authority and jobs within a company. Furthermore, organisational structure entails the arrangement of workgroups designed to govern people (Sullivan & Decker 2005:12), but most organisations tend to eliminate employees from the powerful network which is the executive management (Bratton & Gold 2007:463). Excluding people from participation in organisational activities hampers their professional growth leading to feelings of disempowerment.

4.7.3 Healthcare organisations

Healthcare organisations play a significant role in the empowerment of nurse educators in the Limpopo Province. Healthcare organisations serve as resource centres for education and training, where nurse educators get updated about clinical practice. Healthcare organisations in the Limpopo Province where this study was conducted consisted of hospitals (tertiary, regional & district), healthcare centres, and clinics, including gateway and mobile clinics.

Tertiary hospitals provide specialised healthcare services, while regional hospitals perform limited specialised healthcare and refer complicated cases to tertiary hospitals. District hospitals provide primary healthcare services to the population and refer complicated cases to regional hospitals. Healthcare centres and clinics provide emergency and basic care and also refer patients to district hospitals.

The college's main campuses and satellite campuses allocate students to these clinical facilities for practical training. Nurse educators visit these clinical facilities to oversee the clinical training of students. Nurse educators also visit these clinical facilities to keep themselves up-to-date with changes occurring there so that they can facilitate learning in context. According to Laschinger's model, nurse educators contribute towards patient care and to nursing education by facilitating clinical teaching and learning where students learn the art and science of nursing.

4.7.4 The organisational principles

The following principles characterise organisations:

- The principle of chain of command, in which authority flows top-down to the lowest ranking members of the organisation. This approach is intended to attain the organisational goals (Ellis & Hartley 2009:58; Rousell 2006:114; Sullivan & Decker 2009:13). However, communicated messages might not reach those in the lower level of the organisation. As Smith (2008:1) explains, an organisational structure has a direct impact on the behaviour of project managers. Project managers are affected by the amount of authority, power and the level of empowerment they have. The organisation should allow shared power with all employees in that they have a valuable contribution to make towards the success of the organisation. According to Rousell (2013:239), an organisation should change the work environment to make it

conducive to worker satisfaction and productivity and to empower employees ultimately.

- The principle of unity of command refers to the fact that there is only one supervisor with one plan for activities to be accomplished.
- The principle of span of control means that one person becomes the supervisor of one group of people to efficiently manage functions and locations (Ellis & Hartley 2009:59; Rousell 2006:114; Sullivan & Decker 2009:13). Such a manager has more activities to coordinate and is empowered to supervise those activities. This principle might, however, lead to the disempowering of others. Wyer and Mason (1999) in Dimitriadis (2009:37) argued that disempowering structures, many of which emanated from over-management and size-related structures, entrench small businesses. Such structures manifest in an autocratic management style that minimises any form of delegation and empowerment. This can also happen at NEIs.
- The value of specialisation resides in each person performing one principal function. This is empowering to the individual, and group capacities are best utilised (Rousel 2006:115). In nursing education, nurse educators with specialised training are vital in that they might facilitate learning better due to their expertise, higher level of knowledge and the skill they possess. On the other hand, Sisson (1994:54) explains that specialisation becomes necessary when a product generated is complex and more than one person's efforts and skill are required to produce it.
- Bureaucracy refers to an organisational structure that is highly structured and in which there is no participation by the subordinates or followers which minimises the opportunity for the development of individual empowerment (Cherry & Jacob 2011:341; Ellis & Hartley 2009:50; Rousell 2006:115). This is also referred to as an autocratic type of leadership (Sullivan & Decker 2009:46), disallowing participation by employees and eroding empowerment.

4.7.5 Organisational development

In every organisation, the development of people to carry out activities effectively facilitates empowerment. The roles of nurse educators must align with the vision,

mission and goals of nursing education in the Limpopo Province, making their continuous development is imperative.

4.7.5.1 Definition of organisational development

Organisational development is a process of systematically unleashing expertise for improving the performance of employees. The work environment is changing so that it becomes conducive to worker satisfaction, improve performance and productivity. Such a change could influence the responsibilities and activities of employees (Bratton & Gold 2007:16; Richard, Swanson, Elwood & Holton 2009:289; Rousell 2006:115). Applebaum, Fowler, Fiedler, Osinubi and Robson (2010:326) studied the impact of environmental factors on nursing stress, job satisfaction and turnover intention. They found that a meaningful relationship existed between perceived stress and job satisfaction. They concluded that amongst others, stress is inherent in nursing. These authors also found an inverse relationship between job satisfaction and turnover. This led to nurses deciding to make a career change. Therefore, it is important to note that the organisational environment should be developed to yield a positive impact on the empowerment of nurses.

4.7.5.2 Organisational development process

Development forms part of the methods employed to empower employees in organisations. In nursing education development of nurse educators should be a well-planned process. It should follow a specific, agreed-upon and known process that nurse educators accepted. According to DeCenzo, Robbins and Verhulst (2010:195), organisational development should be facilitated by well-versed organisational dynamics. The organisational development process consists of different phases namely

- First, organisational development entails planned and systematic change
- Second, it aims at ascertaining the development of requisite human expertise needed to initiate, implement, maintain and sustain the targeted change
- Third, organisational development rests on systems theory meaning that planned change depends on integrated inputs, processes, outputs and feedback.

- Forth, organisation development is a process in that it follows a planned way to effect a change
- Fifth, organisational development occurs within a performance system aimed at improving the performance of employees
- Last, organisational development leads to outputs in different domains of employee performance (Richard et al 2009:296).

4.7.6 Performance management in nursing education

Nurse educators are appraised for their performance in nursing in the Limpopo Province. On taking on duty, nurse educators sign an agreement with supervisors. The agreement indicates the specific activities nurse educators should perform. Supervisors need to evaluate these performances every three months. According to Bankfield and Kay (2012:281), it is a framework within which individuals' performances can be directed, monitored, motivated and refined. Performance evaluation is an activity (Ivancevich & Konopaske 2013:257) to determine the extent to which an employee performs work effectively. The significance of performance management in the current study is that nurse educators' weaknesses and strengths emerge during performance evaluation. Where weaknesses surface, nurse educators attend workshops, short courses or seminars/conferences in the quest for empowerment.

Thus, access to formal power facilitates empowerment in nursing education. The positive outcome of empowerment was that the morale, self-esteem, self-efficacy and motivation of nurse educators are enhanced. When they are empowered, teaching and learning of students become efficient, and the quality professional nurse would graduate to promote healthcare to the population.

4.8 CONCLUSION

This chapter attended to individual and group empowerment and leadership. It further discussed the concepts of management and communication, as well as gender issues and legislation relating to the empowerment of nurse educators. When empowering others, it is imperative to consider that coaching and mentoring enhance the self-esteem of others. The issue of gender has affected the

empowerment of nurses and had hampered their growth and development. This factor was discussed in detail, together with the legislative framework used to guide the implementation of gender equality in nursing. The next chapter discusses the research design and method.

CHAPTER 5

RESEARCH DESIGN AND METHODOLOGY

5.1 INTRODUCTION

The previous chapters provided a detailed discussion of the result of the literature review. The structure of the literature is, according to Laschinger's (2010) Integrated Model of Nurse/Patient Empowerment. This model integrates Kanter's (1993) Theory of Structural Organisational Power and Speitzer's Emotional Empowerment Theory. The research design guided the researcher in identifying the variables derived from these theories via the literature review to answer the following research question:

How do the defining concepts relating to empowerment as proposed by Kanter's and Spreitzer's models integrated by Laschinger's and refined for application in the current research relate to one another in the context of nursing education (NE) in Nursing Education Institutions (NEIs) in the Limpopo Province?

5.2 RESEARCH PURPOSE, QUESTIONS, OBJECTIVES, AND HYPOTHESES

Research purposes, questions, objectives, and hypotheses directed the researcher in answering the overarching research questions (Moule & Goodman 2014:93; Vogt 2007:6).

5.2.1 Purpose of the study

A research purpose is a clear, concise statement of the specific goal of the study or aim of the study generated from the research problem (Burns & Grove 2009:69; Johnson & Christensen 2012:73; Polit & Beck 2008:81).

5.2.2 Research questions

Research questions were formulated to provide a basis for the research methods to be employed during the study. LoBiondo-Wood and Haber (2014:26) and Wagner, Kawulich and Garner (2012:18) state the following reasons for formulating research questions:

- to identify what the researcher would like to investigate

- to help the researcher to narrow the research topic down to specific details
- to formulate hypotheses
- to suggest possible research methods.

To attain the purpose of this study, the researcher stated an overarching research question with five specific questions relating to the problem area of nurse educator empowerment (Burns & Grove 2009:39; Rebar, Gersch, Macnee & McCabe 2011:176; Polit & Beck 2008:64).

The research questions of the current study relate to the components of the Laschinger's Model of Nurse/Patient Empowerment (Laschinger 2010) deduced from Kanter's theory of power in organisations and Spreitzer's psychological empowerment theory. The overarching research question thus was

How do the defining concepts relating to empowerment as proposed by Kanter's and Spreitzer's models integrated by Laschinger's and refined for application in the current research relate to one another in the context of nursing education (NE) in Nursing Education Institutions (NEIs) in the Limpopo Province?

The following sub, research questions stemmed from the overarching research question:

- What are nurse educators' perceptions of the concept of empowerment? (Concept)?
- What are nurse educators' perceptions of the management structure and strategies at the nursing college (external context: structural empowerment)?
- To what extent do nurse educators claim their empowerment (operationalisation: using empowerment strategies, being empowered, self-care, self-efficacy, seeking support, work satisfaction. informal power)?
- What are nurse educators' perception of their psychological empowerment level (informal and psychological empowerment context)
- What associations exist between concept, context, and operationalisation of empowerment?

5.2.3 Objectives of the study

The objectives of the current study relate to the sub-research questions, and the components of the model the researcher derived from Laschinger's model of nurse/patient empowerment (Laschinger 2010) (See Fig. 2.1). According to Polit and Beck (2008:81), objectives are specific accomplishments the researcher hopes to achieve through a study. According to Burns and Grove (2009:165), as well as Grove, Burns, and Gray (2013:138), research objectives usually focus on one or more variables. Furthermore, objectives can indicate expected relationships or association between groups or compare groups on selected variables. Objectives also predict how independent variables influence dependent variables (Grove et al 2013:138). Fouche and De Vos (2011:94) state that objectives denote a measurable and speedily attainable conception of a plan to do or achieve. The objectives of the current study were to:

- Gather and analyse demographic data on nurse educators in the Limpopo Province pertinent to empowerment
- Describe the perception of nurse educators in the Limpopo Province pertinent to empowerment
- Gather, analyse and apply data pertinent to structures necessary for empowerment namely structural and psychological empowerment structures
- Determine associations among the construct of Kanter's Theory of Structural Organisational Power, and Spreitzer's Emotional Empowerment Theory as integrated into Laschinger's (2010) "Integrated Model of Nurse/Patient Empowerment" and with demographic data.
- Set and test a series of null-hypotheses based on the various variables alluded to in the previous objectives.

5.2.4 Study Hypotheses

The hypotheses of the current study incorporated the constructs from Laschinger's model derived from Kanter's Theory of Structural Power in Organisations and Spreitzer's Psychological Empowerment Theory that guided the literature review of the study. According to Polit and Beck (2012:58) and Botma, Greef, Mulaudzi, and Wright (2010:94), a hypothesis refers to a statement or tentative prediction of the

relationships among the study variables. According to Neuman (2012:97) and Muijs (2011:7) a hypothesis is a proposition, or a tentative statement, that two or more variables are causally related. The causal hypothesis is characterised by:

- two variables
- it expresses a cause-effect relationship between the variables
- it suggests a prediction or an expected future outcome
- it links logically to the research questions and theory
- it is testable against empirical evidence.

5.2.4.1 Purpose of hypotheses

Hypotheses (Grove et al 2013:143) serve the same aim as research objectives and questions. However, Moule and Goodman (2014:95) explain that hypotheses go further than research questions because they predict the outcome of the study. According to McMillan (2012:47), the purposes of hypotheses are to:

- provide a focus that integrates information
- provide statements of the kind of relationships testable through research
- help the researcher to know what to investigate
- allow the researcher to confirm or disconfirm a theory by either refuting, modifying or supporting theories
- provide a framework for scientific explanations and investigation of phenomena
- predict the nature of the relationships between variables
- provide a useful framework for organising and summarising the study findings and conclusions.

5.2.4.2 Derivation of hypothesis

Researchers derive hypotheses from observations made in the real world (Grove et al 2013:143; Polit & Beck 2012:85). Nurse scientists observe real-life events in nursing practice and identify relationships between them (theorising), and these become the basis for hypothesis formulation. A hypothesis can be obtained by analysing theory and reviewing the literature (Grove et al 2013:142; Wagner et al 2012:21). Researchers intentionally and purposefully generate hypotheses following the relationships among variables depicted in a theory (Grove et al 2013:142; Polit &

Beck 2012:86). The hypotheses in the current study derive from Laschinger's model derived from Kanter's theory of structural power in organisations and Spreitzer's Psychological Empowerment Theory and supporting literature evidence.

5.2.4.3 Types of hypotheses

Hypotheses depend on the nature of the study and the researcher's perception of the structural relationships within a phenomenon. The different types of hypotheses identified in the literature include:

- Simple versus complex hypotheses. According to Polit and Beck (2012:86), a simple hypothesis states an expected relationship between one independent variable and one dependent variable. In contrast, a complex hypothesis states a relationship between two or more independent variables and two or more dependent variables (Grey et al 2013:146).
- Directional versus non-directional hypotheses. According to Polit and Beck (2012:88), a directional hypothesis specifies the existence and expected direction of the relationship between variables. On the other hand, a non-directional hypothesis states the existence of a relationship but does not state the direction taken by the relationship (Grove et al 2013:147; Polit & Beck 2012:88).
- Research versus null hypotheses. Polit and Beck (2012:88) describe hypotheses either as research or null hypotheses. Researchers use the null hypothesis, also referred to as a *statistical hypothesis*, for statistical testing and interpretation of the study findings (Gray 2014:570; Grey et al 2013:147). A null hypothesis states that relationships do not statistically exist between the independent and dependent variables (McMillan 2012:49; Parahoo 2014:153). A research hypothesis, in contrast to the null hypothesis, refers to a declarative statement of the results the researcher expects to find in the study. Research hypotheses also go by the terms scientific, substantive or working hypotheses (LoBiondo-Wood & Haber 2014:38; McMillan 2012:48; Polit & Beck 2012:88).

The following hypotheses relate to the overarching hypothesis.

- **Hypothesis 1:** There is no significant difference between nurse educator's perception of the concept of empowerment and demographical information such as the campuses where they are stationed, highest qualification and teaching experience.
- **Hypothesis 2:** There is no relationship between the nurse educator's perception of the concept of empowerment and existing structure in nursing education in Limpopo province
- **Hypothesis 3:** There is no relationship between nurse educator's perception of the concept of empowerment and structural empowerment such as access to information, access to support, access to resources, access to opportunities to learn and grow, informal and formal power.
- **Hypothesis 4:** There is no relationship between the nurse educator's perception of empowerment and their current level of empowerment.
- **Hypothesis 5:** There is no relationship between the nurse educator's perception of the psychological empowerment concepts and self-efficacy and the ability to have an impact.

5.3 PARAMETERS OF THE RESEARCH DESIGN

In the current study, the research design (May 2011:98) provided the opportunity for the development of a framework for the collection and analysis of data on the perceptions of nurse educators in nursing education. Punch (2009:112) emphasises that the research design places the researcher in the empirical world connecting the research question to the data.

The term research design refers to the plan that describes how, when, and where data collection will take place during the study (Punch 2009:112). The research design clarifies the following: the research approach, methods of data collection, time, place and sources of data, the method of data collection and the method of data analysis. The design provides a strategy on how to conduct the research (Burns & Grove 2009:41; LoBiondo & Haber 2010:158; Parahoo 2006:183; Parahoo 2014:164 & 412). According to LoBiondo-Wood and Haber (2014:164), a research

design is a plan or blueprint for conducting a research study. Polit and Beck (2008:66) explain the term research design as the plan for obtaining answers to the question under investigation and for managing some of the expected difficulties expected and encountered during the research. According to Brink, Van der Walt and Van Rensburg (2012:96), a research design is a set of logical steps taken by the researcher to answer a research question. During the current research, the constructs derived from theory and the research purpose, objectives, questions and hypothesis guided the choice of the research design.

A quantitative, deductive, non-experimental, descriptive correlation design defines the research design of the current study which the researcher implemented according to the phases of quantitative research as depicted in Table 5.1.

Phase 1: The conceptual phase	<ul style="list-style-type: none"> • Formulating and narrowing the research problem • Reviewing related literature in detail • Defining the conceptual framework • Developing conceptual definitions • Formulating a hypothesis
Phase 2: The design and planning phase	<ul style="list-style-type: none"> • Selecting a research design • Identifying the population and sample • Designing the sampling plan • Specifying methods to measure the study variables • Developing methods to safeguard the study participants • Implementing the research plan
Phase 3: The empirical phase	<ul style="list-style-type: none"> • Collecting the data • Preparing the data for analysis
Phase 4: The analytic phase	<ul style="list-style-type: none"> • Analysing the data • Interpreting the results
Phase 5: The dissemination phase	<ul style="list-style-type: none"> • Communicating the findings to the scientific community • Utilising the findings to improve nursing practice

(Adapted from Polit & Beck 2012:57)

5.3.1 Deductive approach

The current study was deductive in that the theoretical concepts (Kanter & Speitzer) integrated into a model (Laschinger 2010) and adapted for the present research (Fig.2.1) guided the literature review and data collection. The results of the literature assisted in the development of a questionnaire representing the variables depicted in the underlying theoretical frameworks. The deductive nature of the research further figures in the application of a model (the general view) to specific instances (responses to the questionnaire). The items in the questionnaire measured the variables contained in the underlying theory and model empirically (Brink & Wood 1998:8; De Vos et al 2005:47; Moule & Goodman 2009:17; Parahoo 2006:54; Parahoo 2014:48).

According to Check and Schutt (2012:34), deductive research specifies expectations (hypotheses). These are tested using the collected data. In the deductive approach, the researcher formulates possible explanations or theoretical arguments for the regularity of events relating to the phenomenon under investigation. This accomplishes the task of the researcher to test the theory or model via hypotheses and the collected data (Blaikie 2007:9).

5.3.2 Non-experimental approach

The current research did not attempt any manipulation of the independent variables or random assignment of respondents to different groups (Johnson & Christensen 2008:43). The human subjects in this study were nurse educators whose responses were described, correlated and analysed through statistical methods. The current study also did not focus on cause-effect as it was non-experimental. The researcher did not manipulate the research setting, and data collection took place at the nursing college and satellite campuses where the nurse educators worked (Brink, Van der Walt & Van Rensburg 2006:102; Polit & Beck 2008:271). In experimental designs through, the researcher applies maximum control, manipulation and randomisation to examine causality. In controlled research, the researcher expects a reliable outcome about cause and effect. They are confident in the validity of causal relationships because of the strictly controlled conditions that secure the criteria for causality (Grove et al 2013:244; Polit & Beck 2012:202).

5.3.3 Descriptive-correlational design

A descriptive-correlation design applies to the examination of possible relationships between the variables such as between nurse educators' perceptions of being empowered and empowerment in context. According to Gay et al (2011:9), correlational research involves the collection of data to determine the degree to which relations exist between two or more quantifiable variables. This is corroborated by Johnson and Christensen (2008:44), stating that in correlational research, the researcher studies the relationship between one or more quantitative independent variables and one or more dependent variables. However, May (2011:126) asserts that when variables correlate, it does not mean that one causes a change in the other. Correlations merely indicate whether the variables change or vary together (Cozby & Bates 2012:78; LoBiondo-Wood & Haber 2010:200 & 2014:204).

The purpose of a correlation design (Gay et al 2011:10; LoBiondo-Wood & Haber 2010:200 and Parahoo 2014:165) may be to establish relations that could lead to further predictions. In the current study, the researcher hypothesised based on the literature review and the underlying theories and models. These were statistically correlated during the data analysis (Burns & Grove 2009:246; Teddlie & Tashakkori 2009:24; Polit & Beck 2008:272)

The researcher further based the current research on the underlying assumptions underlying the classical correlational design, including:

- A large sample of the population (nurse educators from NEI in the Limpopo Province).
- A conceptual framework that supports the possibility of relationships among variables.
- Variables exist in the population and are amenable to investigation.
- The sample represents the population under investigation.
- Non-manipulation of variables (Brink and Wood 1998:164).
- Cross-sectional data collection on each variable from each respondent
- Using data measuring tools designed to measure quantitative or numerical data.

- Examination of possible relationships between variables (Brink & Wood 1998:164; Moule & Goodman 2009:178).

The reasons why the researcher decided on a correlational approach focused on the advantages of correlation studies. According to LoBiondo-Wood and Haber (2010:201 & 2014:204), correlation studies offer the researchers the following advantages:

- Increased flexibility when investigating complex relationships among variables
- Useful and efficient methods for collecting a large amount of data
- Provide evidence-based application in clinical settings
- Potentiate future use in experimental studies
- Provide a framework for exploring the relationships between variables that are not amenable to manipulation.

Despite the advantages cited above, LoBiondo-Wood and Haber (2010:201) state that correlation studies have certain drawbacks. The following pertain directly to the current study.

- Causal relationships between variables cannot be investigated due to the absence of experimental dictates of randomisation, control, and manipulation
- The associative nature of relationships limits the strength and quality of evidence
- Misuse of the design by concluding that a causal relationship exists between variables that show a correlation.

These disadvantages are mostly relative to experimental research. One reason why the researcher did not opt for an experimental design was that manipulating empowerment, if possible, call for expertise beyond the researcher's current capacity.

5.4 RESEARCH METHODS

The methods utilised in research entail the identification of the population and the selection of the target and accessible populations. This leads to the choice of a sampling technique and sampling. Methods further include the design, administration and pretesting of the questionnaire and the analysis of data. The measures to ensure the reliability and validity of the data collection instrument also form part of this section. Consistent with quantitative-positivist research principles, the research statistician used quantitative data analyses techniques and operations for data analyses.

5.4.1 The populations and research sites

As this was an empirical study, the researcher had to identify the data site and population. From the population, the researcher decided on the target population and accessible populations to obtain the desired data. According to Polit and Beck (2012:59), in quantitative studies, the researcher needs to identify the group, which, in the current study, refers to the population (nurse educators) to whom the findings of the study can be generalised.

5.4.1.1 Population

The population represents the full set of individuals or other entities of interest to the research serving as data sources to which the study findings might be generalised (Cozby & Bates 2012:143; Check & Schutt 2012:92; Gay et al 2011:113).

According to Grove et al (2013:351; and LoBiondo-Wood and Haber 2010:221), elements in a research population refers to specified properties which can include people, animals, objects or events. The elements for the current research consisted of nurse educators at the NEI's in the Limpopo Province.

5.4.1.2 Target population

A target population is the aggregate of cases to which the researcher would like to generalise the study findings. Target population refers to a set of individuals who meet the sampling criteria (Burns & Grove 2009:343; LoBiondo-Wood & Haber 2010:222 & 2014:233; Polit & Beck 2008:338; Singleton & Straits 2010:155). In the

current study, the target population consisted of nurse educators who worked at college campuses and satellite campuses of the Limpopo College of Nursing.

5.4.1.3 Accessible population

The accessible population is that portion of the target population to which the researcher has reasonable access to (Grove et al 2013:351). From this population, the researcher can realistically select subjects for the study (Burns & Grove 2009:344; Gay et al 2011:130; LoBiondo-Wood & Haber 2010:222 & 2014:233). In the current study, the accessible population consisted of nurse educators at college campuses and satellite campuses of Limpopo College of Nursing who were available to receive and complete the questionnaire at the time of data collection. The “availability” of respondents refines the population to an accessible, convenient and thus a non-probability sample.

5.4.2 Sampling technique

According to Polit and Beck (2008:339) as well as Polit and Beck (2012:275), sampling refers to the process of selecting participants that represent the entire population allowing for making inferences about the population. Saks and Allsop (2013:172) attest that sampling goes to the methodological heart of drawing inferences about human populations.

A sampling technique refers to the process the researcher uses to select a sample from the target population from which to collect data. In the case of the current research, data about the perceptions of nurse educators in Limpopo Province regarding their empowerment (Grove et al 2013:351; Brink, Van der Walt & Van Rensburg 2006:124; Polit & Beck 2008:337-9; Cozby & Bates 2012:143; Johnson & Christensen 2008:222).

5.4.2.1 Sampling Plan

According to Polit and Beck (2008:339), the most important consideration is that the researcher should access and select a sample that is representative of the population. The term sampling plan refers to the blueprint for the selection of a sample and includes:

- the sample designs
- the specification of the sample size

- inclusion and exclusion criteria and
- the procedure for recruiting respondents (Burns & Grove 2009:343; Brink, Van der Walt & Van Rensburg 2006:124; Polit & Beck 2008:337).

5.4.2.2 Sampling designs

Two sampling designs are available to researchers, namely probability and non-probability samplings. A probability sampling has as its chief characteristic the ability to randomly select elements from the population. Probability sampling also means that each person in the population has as near an equal chance to be chosen to participate in the study (Gomm 2008:135; LoBiondo-Wood & Haber 2010:230; Polit & Beck 2008:345). According to McMillan (2012:97), the more homogeneous the population, the smaller percentage of the population might represent to give an accurate description of the entire population. Muijs (2011:34) supports the latter view as the best way to ensure that the sample is not biased. According to Singleton and Straits (2010:158), probability sampling is the most scientifically acceptable sampling design. However, it is not always feasible or economical.

A non-probability sampling involves the selection of a sample using techniques that do not permit the researcher to specify the probability or chance of selecting each member of the population to participate in a study (Gay et al 2011:141). Non-probability sampling techniques include convenience, quota, purposive and snowball sampling (Gay et al 2011:140; Johnson & Christensen 2008:238; LoBiondo-Wood & Haber 2010:226). According to McMillan (2012:103), in many research designs, it is either not feasible, unnecessary or desirable to obtain a probability sample. The current research employed convenience sampling, requesting available and accessible participants to complete the research questionnaire (Johnson & Christensen 2010:230; LoBiondo-Wood & Haber 2014:236; Parahoo 2014:268). This choice was made due to the distances between campuses, travelling cost and time.

The advantage of using convenience sampling in the current study is that it provided for nurse educators who were not available during the time of the data collection due to their involvement in clinical teaching, and those on any form of leave. In addition, the long distances and the poor infrastructure in the Limpopo Province reported on in

Chapter 4 also made it difficult and costly to return to each campus for follow-up data collection sessions (LoBiondo-Wood & Haber 2014:236).

Table 5.2 reflects the number of eligible respondents at the different main college campuses and the planned acceptance rate (sample size) for the current research.

TABLE 5.2: Number of eligible respondents and planned acceptance rate (sample size) at the main college campuses			
CAMPUS	NUMBER OF RESPONDENTS	RESPONSE RATE	TOTAL
Giyani	29	80%	23
Sekhukhune	9	80%	7
Sovenga	38	80%	30
Thohoyandou	25	80%	20
Waterberg	5	80%	4
TOTAL	112	80%	89

Table 5.3 exhibits the satellite campuses of the Limpopo College of Nursing included in the researcher and the planned acceptance rate (sample size).

TABLE 5.3: Number of eligible respondents and planned acceptance rate (sample size) at satellite campuses				
Satellite Campus in a district	Number of Satellites Campuses	Number of respondents	Response rate	Total
Mopani	4	15	80%	12
Sekhukhune	5	22	80%	17
Capricorn	4	15	80%	11
Vhembe	5	14	80%	12
Waterberg	5	9	80%	7
TOTAL	24	70	80%	59

Fig. 5.1 indicates the sampling and research site located throughout the Limpopo Province.

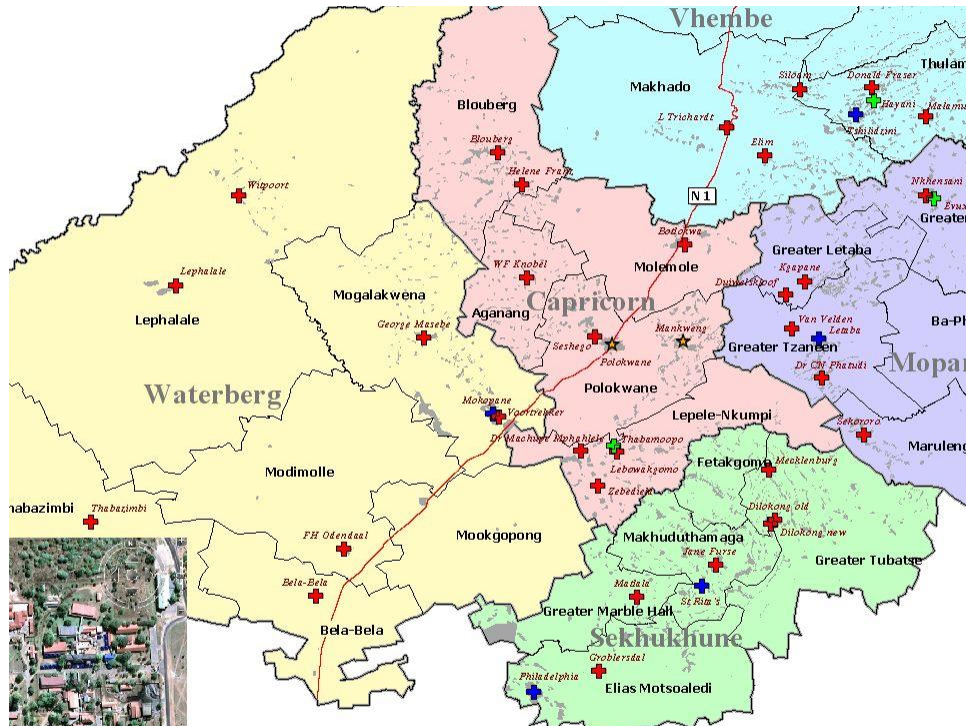


Figure 5.1: Map of health care districts in Limpopo Province

5.4.2.3 Eligibility criteria

According to Grove et al (2013:352) and Polit and Beck (2012:274), eligibility criteria specify the attributes the target population must display for inclusion in the study. The research problem, purpose, literature review, and conceptual and operational definitions of the study variables and the study design all contribute towards formulating eligibility criteria.

The current eligibility criteria entailed:

- a nurse educator facilitating education and learning at the main campus and satellite campuses at the Limpopo College of Nursing
- a nurse registered as a nurse educator with the South African Nursing Council, and

- those willing to sign an informed consent for participation in the study

According to Polit and Beck (2008:338), the eligibility criteria might also reflect:

- practical concerns such as prospective respondents who are not available during data collection. The current study provided for a convenience sample
- peoples' ability to participate in the study. The present study did not discriminate among participants by any disability, apart from the ability to comprehend the items in the questionnaire
- costs such as travelling long distances which, during the current research, led the researcher to travel long distances and hours to collect the data. The research assistants were employed to assist with data collection at the main campuses.

The exclusion criteria for the current study involved those nurse educators on vacation leave; recreational leave, study leave or sick leave.

5.4.2.4 The sample size

The researcher calculated the appropriate sample size in advance for the current study, including the required response rate. According to Polit and Beck (2004:300; 2008:348), the larger the sample, the more representative the sample is likely to be. Cozby and Bates (2012:144) corroborate that larger samples are more likely to yield data that accurately reflect population values. The sample size was calculated using the Raosoft Sample Size Calculator. Thus, with a population of 178 for both campuses and satellite campuses, the sample calculated at 80% should be 142 using Raosoft Sample Calculator (Raosoft 2004).

According to May (2011:101), there is no simple or straightforward answer as to sample size. However, there are some factors to consider when determining the sample size, for instance, the nature of the data collection instrument and the population under investigation (Van der Walt & Van Rensburg 2006:136).

According to Check and Schutt (2012:110), the researcher determines the sample size during the design phase of the study keeping in mind allowance for the

generalisation of the study results, the complexity of the data analysis planned, and the strength of the relationships they intended to measure.

5.4.3 Data Collection

According to Polit and Beck (2008:60; 2012:52) and Gay et al (2011:150), data (singular 'datum') refer to pieces of information obtained during a study. Polit and Beck (2012:52) explicate the view that in quantitative studies such as the current one, researchers identify variables, develop conceptual and operational definitions and then collect relevant data. Further, in quantitative research, the researchers primarily quantify data to present it in numerical form (Grove et al 2013:45). McMillan (2012:146) supports this notion. Data collection entails the precise, systematic gathering of information that is relevant to the research purpose, specific objectives, questions or hypothesis of a study (Burns & Grove 2009:695). According to Johnson and Christensen (2008:201), data collection techniques for physically obtaining data for analysis during a research study include tests, questionnaires, interviews, focus groups, observations, secondary or existing data and the like.

According to LoBiondo-Wood and Haber (2010:271) and Polit and Beck (2008:367), quantitative data collection involves three significant approaches namely,

- Self-reports, in which the researcher asks people what they think, feel and believe about a phenomenon under investigation via questionnaire. In the current research, nurse educators collected data on nurse educators' feelings, thoughts and beliefs about their empowerment using a questionnaire.
- Observation, in which the researcher observes the participants' behaviour under certain conditions.
- Bio-physiologic measures, such as blood pressure, which require technical measuring instruments for their measurement (LoBiondo-Wood & Haber 2010:271; Polit & Beck 2008: 367).

5.4.3.1 Data collection approaches

The literature discusses various instruments for data collection. As indicated previously, during the current study, the researcher designed a questionnaire specific to the research topic that would yield the expected data

5.4.3.1.1 Questionnaire definition

A structured questionnaire was designed and used to collect data during the current study. A questionnaire refers to a self-report data collection instrument that each research respondent fills out as part of data collection (Gay et al 2011:388; Johnson & Christensen 2012:162; Polit 2008:414; McMillan 2012:154). Burns and Grove (2009:406), define the questionnaire as a printed self-report form designed to elicit information from a subject through written or tick-off responses to items. Furthermore, the information obtained (Burns & Grove 2009:406) is similar to that obtained by interview, but the questions tend to have less depth. Yang and Miller (2008:244) assert that the questions or items in a survey are directly related to the research question, the research problem, and topic.

5.4.3.1.2 Questionnaire development and description

According to Burns and Grove (2009:406), the first step in developing a questionnaire is to identify the information desired. The questionnaire developed for the current study consisted of the following sections:

- Section A: Biographical data
- Section B: The concept of empowerment
- Section C: Structural empowerment
- Section D: Psychological empowerment concepts
- Section E: Self-concept and self-efficacy (see Annexure G).

All four levels of measurements (nominal, ordinal, interval and ratio) appear in the questionnaire (Check & Schutt 2012:77; Cozby & Bates 2012:240; Gay et al 2011:151) as these levels significantly influence the measurement and statistical analysis of data. According to LoBiondo-Wood and Haber (2010:310) measurement refers to the process of assigning numbers or weights (values) to variables or events according to specific rules. Check, and Schutt (2012:72) define measurement as the process of linking abstract concepts to empirical indicators to achieve measurement validity. Johnson and Christensen (2008:137) view measurement as assigning symbols or numbers to something according to a specific set of rules. The type of

measurement determines the type of statistics to be used to answer a research question (LoBiondo-Wood & Haber 2010:311).

5.4.3.1.3 Characteristics of a questionnaire

According to Burns and Grove (2009:406), quantitative questionnaires mostly contain closed-ended items that require respondents to respond to items or questions, with weights or values ascribed to each response option. Respondents choose the option most applicable to them (Polit & Beck 2012:308), thus limiting response options (LoBiondo-Wood & Haber 2010:275; Polit & Beck 2008:423).

De Vos (2005:171) and Johnson and Christensen (2012:165) propose the following principles when designing a questionnaire. The researcher kept to these principles as closely as possible. During the pre-test of the questionnaire, respondents completed a semantic differential scale based on these principles to evaluate the questionnaire. These principles are:

- Sentences should be brief, clear, precise and relatively short.
- The respondents should understand the vocabulary and style of questions. The questionnaire in the current study was written in English the universal language of communication at the NEI's in the Limpopo Province.
- The researcher should not be biased when formulating questions and response alternatives. The questionnaire contained items derived from the literature review.
- Each question should contain one thought. The researcher ascertained that the items in the questionnaire contained only one thought about empowerment with the correct verb and grammar.
- Avoid double negatives items as they confuse respondents. Following the revision of the questionnaire, the researcher removed double negative items and replaced them with positively stated items.
- The questions should be relevant to the purpose and objectives of the research. All the items in some way related to the research topic and the attainment of the set objectives. The researcher avoided asking inquisitive questions.

- The researcher should determine whether open-ended or closed-ended questions are needed. In the current study, only close-ended items appeared in the questionnaire.
- The researcher should avoid abstract questions that do not apply to the respondents. Although the concept of empowerment is abstract, the items in the questionnaire are sufficiently colloquial and non-jargon like to avoid confusion.
- The researcher should consider that some questions might be unfamiliar to the respondents' environment as respondents might lack knowledge of the subject under investigation. In this regard, the researcher must point out that the items relate to empowerment, a familiar terminology in nursing education and management
- General questions should be formulated first followed by the more sensitive questions towards the end of the questionnaire. Thus, the questions on self-concept appear at the end of the questionnaire because they involve personal and sometimes sensitive aspects of the respondents' lives.
- Response categories should be such that respondents find it easy to remember the stem.
- Lastly, response categories should offer respondents a range of alternatives. The researcher also attended to these last two points.

In the current study, the researcher revised the items following the pretesting of the questionnaire so that they conformed to the above characteristics of questionnaires (Johnson & Christensen 2012:164).

5.4.3.1.4 The advantages of questionnaires

The researcher selected the questionnaire as a suitable data collection tool for the current study as the questionnaires hold some advantages regarding time and economy, including:

- They are quick to administer and allow immediate data analysis and interpretation. The researcher distributed the questionnaire to nurse educators to complete at each campus and satellite campus and collected them later.

- They are relatively cheap to develop and therefore economical due to the relative ease of distribution to a large number of people at the same time.
- The confidentiality of participants is easier to maintain because they can complete them in privacy, and their names do not need to appear on the questionnaires. During data collection, the nurse educators completed the questionnaire on their own in a private place.
- Questionnaires allow for the collection of substantial amounts of data needed in quantitative studies, as was the case during the current study.
- They provide factual information, attitudes, knowledge, and opinions. The items for the current questionnaire consisted of information obtained from the literature review and the theoretical frameworks underlying the present study.
- The numerical format in which questionnaires collect data allows for the quantification and measurement of concepts and constructs that relate to the phenomenon under investigation - empowerment.
- They allow for the measurement of an abstract concept such as empowerment via the identification and quantification of empirical referents derived from theory and literature (Polit and Beck 2012:305; Burns & Grove 2009:406; LoBiondo-Wood & Haber 2010:277; Parahoo 2006:284; Parahoo 2014:292-3).
- Questionnaires allow for “contextualisation.” The respondents provided contextual information about their perceptions of empowerment at NEIs in the Limpopo Province.

Despite these advantages, there are certain disadvantages attributed to using questionnaires that researchers need to be aware of and need to overcome

5.4.3.1.5 The disadvantages of questionnaires

Many of the disadvantages of using a questionnaire are relative to the use of other data collection instruments. Breakwell et al (2006:214) and Burns and Grove (2009:406-407) consider the following as disadvantages of the use of questionnaires.

- The response rate might be low if the questionnaires are distributed to respondents by impersonal means such as postal mail and e-mail. Non-interest of field workers or research assistants might also contribute to a low

response rate. The researcher distributed the questionnaires personally and requested the respondents to return the questionnaire the same day or the following day. He made follow-up visits where possible or used an assistant familiar to the respondents.

- Respondents might experience problems completing the questionnaires, thus not returning them to the researcher, or, they might leave some responses unattended. The researcher asked all the respondents to contact him should they experience any problems in completing the questionnaire. Clarity of the items in the questionnaire was ensured having designed them from literature and having submitted them to a pre-testing phase. The pre-test took the form of a semantic differential scale, and the researcher effected the results of the pre-test.
- Questionnaires can contain inadequate information which tends to be superficial as only a limited number of alternatives accompany each closed-ended item. Also, questionnaires do not allow for probing and clarification of responses as would face-to-face data collection allow. The researcher endeavoured to be as clear and as concise as possible in covering the dimensions of the abstract phenomenon of empowerment.
- "Don't know responses" in a questionnaire can negatively influence analysis of data leading to wrong conclusions being drawn based on the findings. The questionnaire that the researcher designed in a way forced the respondent to air an opinion as there were no "do not know" response alternatives to items.
- The sequence of items might make respondents skip some items and move on to other sections of the questionnaire. Items on personal aspects such as self-concept and self-efficacy appeared towards the end of the questionnaire used during the current research.
- The absence of the researcher or fieldworkers hinders supervision during the completion of questionnaires. In privacy, respondents might pass the questionnaire to others to complete, leading to false information and ultimately, biased conclusions. The researcher asked respondents pertinently to complete the questionnaires themselves.
- Questionnaires taking too long to complete can also lead to mistakes, false information, and unattended items. Following the pre-testing and refinement

of the questionnaire, and the advice of a statistician, the researcher added no additional items to the questionnaire. Completing the questionnaire took about half an hour.

5.4.3.1.6 Pretesting the instrument

According to Yang and Miller (2008:246), pretesting of the instrument is the initial test of one or more components of an instrument. Polit and Beck (2008:67) are of the view that researchers often perform some tests to ensure the reliability and validity of instruments, including pre-tests. According to Polit and Beck (2008:67), pretesting involves the evaluation of the readability and understandability of instruments to determine whether participants with low reading skills can comprehend them. According to LoBiondo-Wood and Haber (2010:280), the purpose is to determine the ability of each item to discriminate among individual responses.

Also, Yang and Miller (2008:246) indicate that the aims of pretesting the instrument are:

- to detect ambiguous questions in the questionnaire
- to decide on the mode of delivery of the questionnaire, whether it should be self-administered, mailed electronically or should be contact interviews
- to determine the feasibility to continue with the design
- to identify flaws that may occur during the data analysis process.

The reason for pretesting the instrument during the current study was to determine whether the questions/items were clear, unambiguous and legible to the respondents. It was necessary to determine the time taken by respondents to complete the questionnaire. Pretesting helped the researcher to determine the depth of the items and whether they were related to empowerment (Yang & Miller 2008:246).

According to LoBiondo-Wood and Haber (2010:280), a researcher should administer a new instrument to a group of people who are similar to the population and the final sample of respondents. In the current study, the researcher asked a small group of

respondents at one college campus and one satellite campus to evaluate the questionnaire using a semantic differential scale.

The researcher distributed the questionnaires in person. On completion of the pre-test, the researcher collected the questionnaires and thanked the respondents for their participation. Then the researcher met with the statistician to analyse the responses and comments. Table 5.4 depicts the result of the pre-test. The first numerical in the frequency column indicates the frequency (f) and the second one in brackets, the score on the seven-point semantic differential scale.

TABLE 5.4: The findings of the pre-test			
ITEM	NO OF PRETEST RESPONDENTS	THE FREQUENCY OF SCORES ON ITEMS f (score)	PERCENTAGES
1 Clarity of questions	4	3 (7) 1 (4)	75% 25%
2 Overall appearance	4	2 (7) 1 (6) 1 (4)	50% 25% 25%
3 Page Layout	4	3 (7) 1 (4)	75% 25%0
4 Clarity of instructions	4	3 (7) 1 (6)	75% 25%
5 Legibility	4	4 (7)	100%
6 Item conciseness	4	4 (7)	100%
7 Relevance of items	4	4 (7)	100%

5.4.3.1.7 Discussions of the pre-test findings

Of the four respondents, three of respondents indicated that the items were clear to read while one noted that the items were not clear. Two of the respondents indicated that the overall appearance of the questionnaire was good. Three out of the four respondents indicated that the questionnaire page layout was good. The items were clear as indicated by three of respondents. The questionnaire was perceived to be legible to all four the respondents, and all four respondents indicated that the items in the questionnaire were concise. All four respondents also indicated that items in

the questionnaire were relevant to the topic under investigation. The researcher corrected the numbering of the items before administering it to the respondents.

5.4.4 Data collection process

The researcher drew up a programme with dates for data collection, and he kept it as a guide to travel to different sites for data collection. The permission letter the researcher had received from the authorities and the ethical clearance certificates were delivered to the Head of the Nursing Education Directorate to inform the office about the data collection process.

Data collection extended for one month. As figure 5.1 indicates, the districts with satellite campuses are located far apart. However, it was possible to reach some NEI's in one day while it took more than a day to distribute and collect the questionnaires (De Vos 2005:172). The researcher distributed the questionnaires himself. The researcher introduced himself and explained in detail what the purpose of the study was to comply with ethical requirements in section 5.5 and to generate rapport and cooperation from respondents.

The respondents were requested to complete the questionnaires and return them to the head of the campus. The researcher and research assistants collected the questionnaires. The cut-off date for returning them was the day following their distribution. The researcher made follow-up visits to some sites where the respondents returned questionnaires after the researcher's initial visit. Table 5.5 indicates the number of questionnaires distributed, the number fully completed, those unreturned and partially completed. The final number of 109 questionnaires was entirely suitable for used

TABLE 5.5: Questionnaire at satellite campuses and distribution and responses		
Campus and their Satellite Campuses	Number of questionnaires distributed	Number of questionnaires returned
Sovenga Campus and its satellites campuses	Campus=30 Satellite =8	24 6
Giyani Campus and its Satellite campuses	Campus=25 Satellite=14	25 11
Sekhukhune campus and its satellite campuses	Campus=7 Satellite=19	3 7
Thohoyandou campus and its satellite campuses	Campus=19 Satellite=15	13 13
Waterberg campus and its satellite campuses	Campus=7 Satellite=9)	4 6
Total Questionnaires	150	112
Return Percentage		75%

5.4.5 Data analysis

According to Fouche and Bartley (2011), in De Vos (2011:251), quantitative methods of data analysis fall into four categories, namely descriptive, association, causation, and inference. In the current descriptive-correlational study, data analysis was carried out (Burns & Grove 2009:695) to reduce, organise and give meaning to the data, mainly via correlational and null-hypothesis testing.

Data analysis entails the procedures utilised to describe and summarise numerical data (Burns & Grove 2009:470; LoBiondo –Wood & Haber 2010:310; Polit & Beck 2008:642). According to Gay et al (2012:625), data analysis is an attempt to summarise data accurately. In the current study, the Statistical Package for the Social Sciences (SPSS) Version 23 was used to analyse the data.

The data analyses involved descriptive and inferential statistical procedures. Descriptive statistics entail procedures to describe and summarise numerical data allowing the researcher to make precise statements about the data (Burns & Grove 2009:470; Cozby & Bates 2012:245; LoBiondo-Wood & Haber 2010:310) as descriptive statistics reveal the characteristics of the sample. Descriptive statistics use frequency distributions and measures of central tendency (mean, median and mode). The Pearson product-moment coefficient determines the correlation between variables (Burns et al 2013:561). The Spearman correlation and measure of variability, such as the standard deviation, provide detail on the data variation around the mean (Bryman 2012:339; Cozby & Bates 2012:246; LoBiondo-Wood 2010:313). The Chi-Square test compares the differences in the proportion of the data at the nominal level (Burns et al 2013:587).

According to LoBiondo-Wood and Haber (2010:318), inferential statistics combine mathematical processes and logic that allow the researcher to test hypotheses using data from probability samples categorised according to the variables involved as univariate, bivariate or multivariate data (Grove et al 2013:538; Neuman 2012:265). Probability laws provide a means for drawing conclusions about the populations from the sample (Polit and Beck 2008:583). In the current study, a non-probability sampling approach was applied (Johnson & Christensen 2008:494; Polit & Beck 2008:583). The formulated hypotheses allowed for inferential statistics to estimate population parameters and to test the hypotheses (Brink et al 2012:190). However, generalisation to similar populations outside of the target population is questionable.

The following **conventions** apply to the data presented in Chapter 6:

- N = refers to the total sample
- n = refers to sub-sections of the sample (N), for instance, males, “ n ” also becomes the divisor/denominator in the calculation of percentages.
- f = refers to frequencies within the sample set under discussion and can refer to either N or n which serve as a divisor to arrive at a percentage of the sample set or subgroup (Polit & Beck 2012: Loc24267)

5.4.5.1 The data quality

Reliability and validity are the two most important criteria to ensure the quality of a study. These are central to measurement in quantitative research (Neuman 2012:121), and the evaluation of the quality of the operational definitions of a study (Singleton & Straits 2010:130).

5.4.5.1.1 Reliability

According to Van Rensburg et al (2012:126), Polit and Beck (2008:452) and Check and Schutt (2012:83), reliability means the consistency with which the data collection instrument measures the targeted attributes. Further, reliability requires that the measuring procedure yields consistent scores and that changes in these scores reflect changes in the phenomenon. LoBiondo-Wood and Haber (2010:286) concur with the view that reliability is the instrument's ability to measure the attributes of a concept or construct consistently.

According to Johnson and Christensen (2008:145), if the assessment procedure provides reliable scores, the scores will be similar on every occasion. Johnson and Christensen (2008:147) mention that methods such as internal consistency and inter-scorer reliability and the calculation of the Cronbach's alpha (Colman 2015:179) infer the reliability of an instrument. According to Polit and Beck (2008:453; 2012:331), the reliability of an instrument can be determined by the following key aspects:

- *Stability* that refers to the degree to which comparable results emerge on two separate administrations of the instrument. It entails the instrument's susceptibility to extraneous variables over time (Burns & Grove 2009:377; LoBiondo-Wood & Haber 2010:295; Polit & Beck 2008:453). Time and context are essential factors in this instance.
- *Internal consistency* (Check & Schutt 2012:84), (Polit & Beck 2008:454), and (Johnson & Christensen 2008:147) that means the degree to which the subparts of the instrument measure the same attribute or dimension. It means the items in an instrument measure the same construct (Johnson & Christensen 2008:147). The procedure called *coefficient alpha* (Cronbach's

alpha coefficient) was carried out to determine the internal consistency of the instrument for interval and ratio level data. The reliability coefficient is the most important procedure for inter-item correlations. According to Grove et al (2013:391), the alpha coefficient ranges from 0.00, where it demonstrates no internal reliability to 1.00, where it indicates absolute internal consistency or reliability. In the current study, the Cronbach's alpha procedure indicated whether the subparts of the instrument reliably measured the critical attribute of the concept of empowerment and whether the respondents answered the items in the questionnaire consistently (Burns et al 2013:391; Gay et al 2011:167; LoBiondo-Wood & Haber 2010:299; Polit & Beck 2008:454).

5.4.5.1.2 Validity

Validity is the second criterion of importance to the quality of the data collection instrument. According to Burns and Grove (2009:380), Polit and Beck (2008:457) and Gay et al 2011:160), validity means *the degree to which an instrument measures what it supposed to measure*. According to Gay et al (2011:160), four types of validity are usually discussed by researchers, namely: content validity, criterion-related validity, construct validity and consequential validity. In the current study, the questionnaire had to measure accurately the variables identified from the literature, and the components of the Laschinger's model deduced from Kanter's Theory of Power in Organisations and Spreitzer's Psychological Empowerment Theory.

The types of validity that ensured the quality of the current study include:

Content validity, according to LoBiondo-Wood and Haber (2010:288), is concerned with whether the measuring instrument and the items it contains are representative of the content domain that the researcher intends to measure. During the current study, the literature review was structured according to Laschinger's model deduced from Kanter's Theory of Power in Organizations and Spreitzer's Psychological Empowerment Theory and the questionnaire was refined and designed according to and adaptation of Laschinger's model (See chapter 1 and 3) in line with Burns and Grove (2009:381); LoBiondo-Wood and Haber (2010:288); and Polit and Beck (2008:458). Thus, the items in the instrument were assessed using the semantic differential scale design to determine the quality of the questionnaire through

pretesting of the instrument. Further, the questionnaire included a sufficient number of items about the topic under investigation - the perceptions of nurse educators in the Limpopo Province about their empowerment status.

Construct validity, according to Cozby and Bates (2012:101) is concerned with whether the methods of studying the variables are accurate, and the operational definition of variables are adequate. According to LoBiondo-Wood and Haber (2010:290), construct validity is based on the extent to which a test measures a theoretical construct, attribute or trait. In the current study, the components of the adapted Laschinger model as defined by the items included in the questionnaire (Burns & Grove 2009:380; Gomm 2008:34; LoBiondo –Wood & Haber 2010:290; Polit & Beck 2008:461). The statistician's evaluation of the research instrument also enhanced the construct validity as did the researcher's growing understanding of the construct of empowerment.

Efficiency refers to the extent to which the number of items contained in the questionnaire suffices to describe and measure the concept under investigation (Polit & Beck 2008:467). More than one item allows for the systematic statistical exclusion of items that appear not to relate to the research topic from further inclusion in statistical procedures. The statistician also applied this procedure.

Factor analysis, according to Gay et al (2011:215), is a way to take many variables and group them into a small number of clusters called factors – the statistical counterpart of qualitative open coding. Factor analysis determines the correlations among variables, and group these clusters of correlations and then correlate these with one another. According to Johnson and Christensen (2008:154), factor analysis determines whether the items in the questionnaire measure a single construct (unidimensional) or many constructs (multidimensional).

5.5 ETHICAL CONSIDERATIONS

The researcher upheld the ethical principles advocated for by *Ethics in Health Research: Principles, Structures, and Processes* (2004), *Ethics in Health research* and the *Guidelines for Good Practice in the Conduct of Clinical Trials in Human*

Participants in South Africa (2004:15). According to Ashcroft (2002:278 in Van der Wal 2011:326), there is no doubt that research is intended to be an ethically significant activity. However, this does not guarantee ethical conduct on the part of the researchers.

5.5.1 Protecting the authorities

The Health Act, No.61 of 2003, section 73(1), as amended, requires that every institution, health agency or health establishment overseeing health research should have access to a research ethics committee that must review research proposals to promote amongst other things, ethical conduct in these settings. Health research ethics committees should only approve research proposals that meet their ethical standards. In the Limpopo Province, the ethics committee has been established in the Department of Health to evaluate such research proposals.

The autonomy of the Ethics Committee in the Department of Health in Limpopo Province was acknowledged as proposed by Van der Wal (2011:336). The researcher sent a copy of the research proposal to the ethics committee of the Department of Health in the Limpopo Province, accompanied by a letter requesting permission to access the different nursing colleges' campuses (sites) to collect data (see Annexure B) for the respondents (Van der Wal 2011:336). Also, an Ethical Clearance Certificate from the University of South Africa (see Annexure A) accompanied that letter. As it is an ethical and legal requirement in the Limpopo Province that the Ethics Committee approves all prospective research, not complying with this means that research so conducted borders on malpractice.

Concealing the identity (anonymity) of the institution (Van der Wal 2011:336) forms part of the researcher's ethical undertaking during the research. This implies that data cannot be traced back to a person in an institution or the institution itself. As Van der Wal (2011:336), indicates, the research should reflect the information that the respondents provide as their opinions and not as official declarations by the institutions at which the research has been conducted.

After the Provincial Ethics Committee evaluated the current research proposal against its ethical requirements, they issued a Permission Letter (see Annexure C).

The researcher dispatches a separate letter attached to this Permission Letter to apply for permission to conduct the research at the different NEIs in the Limpopo Province's to the Nursing Education Directorate of the Department of Health of the Limpopo Province. (see Annexure D). On the acknowledgement of this letter, the researcher accessed the research field.

5.5.2 Protecting the respondents

During the current study, the researcher applied measures to protect and safeguard the respect and dignity of the respondents (LoBiondo Wood & Haber 2010:253; Van der Wal 2011:331). He reassured the respondents of the importance of their participation in the study. Moreover, he valued and respected their perceptions of empowerment. The researcher explained to the respondents the importance of the information they provided and that the study depended on that information. They were free to complete the questionnaire without fearing retaliation or sanctioning (LoBiondo Wood & Haber 2010:253).

According to Van der Wal (2011:331), all measures towards practising sound ethical science and research point towards maintaining the self-respect and dignity of the participants. The respondents' participation in the research provided them with an opportunity for growth and development, which is of itself an ethical dictum, especially within the area of interest – empowerment.

Further, the researcher religiously adhered to the following ethical principles:

5.5.2.1 Autonomy

Autonomy refers to the ability of the participants to make knowledgeable, voluntary decisions free from coercion. Autonomy is the right to self-determination in which the respondents have the freedom to conduct their lives as autonomous agents (Macnee & McCabe 2004:148; Van der Wal 2011:332).

The researcher explained to participants that they had the right to refuse to agree to participate in the study and that they could withdraw from the study at any time (Burns & Grove 2009:202).

Confidentiality was of primary concern to the researcher and was maintained by

having neither divulged information nor having shared it with others in any way except for research purposes. Further, one cannot link the names of respondents to any specific responses, or the research results (Burns & Grove 2009:196; Van der Wal 2011:332).

5.5.2.2 Obtaining informed consent

The Health Act, no 61 of 2003, as amended, section 71(1)(b), requires informed consent from research participants. Research or experimentation involving human subjects requires written consent from the participant (respondent, patient, and the like). Only after information about the objectives of the research or any possible positive or negative consequences of the research or experiment had been provided to respondents have they consented to participate in the research. The researcher explained the contents of the questionnaire and the aims and objective of the research to the prospective respondents. He handed a copy of the questionnaire to each one with a copy of the informed consent agreement attached to it. He requested that they read the agreement and if they agreed, to sign it before they started completing the questionnaire. According to the National Department of Health (2007:4), respondents who are well informed and involved in decision making during research are more likely to comply with suggestions the researcher makes.

The researcher assured the respondents that they were free to ask for clarity about the informed consent form before signing it. (Burns & Grove 2009:201; LoBiondo-Wood & Haber 2010:254; Polit & Beck 2008:176; Van der Wal 2011:333).

5.5.2.3 Beneficence

Beneficence refers to the prevention of harm and exploitation of the study participants. Risk-benefit ratio and maximum benefit compared to a minimum risk, become essential (Burns & Grove 2009:200; Polit & Beck 2008:710; Van der Wal in Tjale & De Villiers 2004: 223).

In keeping with the principle of beneficence, the researcher did not expose the respondents to any harm or exposed them to any risks. However, nurse educators could have feared reprisals if they criticised nursing education management about empowerment. However, maintaining confidentiality counteracted this possibility. On the other hand, their participation could have been empowering as it provided for

disclosure of their perceptions about empowerment. This increased the chance that future empowerment initiatives would be consistent with their views and expectations.

The researcher assured the participants of the academic and management benefits of the research findings and the later availability of these from the University of South Africa's (UNISA) main library. The findings of the study would be published in accredited journals for members of the academic community to read them and would then be available to all the respondents.

5.5.2.4 Justice

Justice refers to the fair treatment of human subjects in research (Burns & Grove 2009:198; Parahoo 2006:112 & Parahoo 2014:103; Polit & Beck 2008:173). The researcher treated the respondents as his equals. He gave no preferential treatment to any participant over others and took up as little of their time as possible.

- *Maintenance of privacy*

According to Van der Wal (2011:335), assuring the privacy of participants necessitates the maintenance of confidentiality, anonymity, and the nature and degree of invasion. Privacy entails the right of the individual to determine the time, extent and circumstances under which private information is being shared or withheld from others (Burns & Grove 2009:194; LoBiondo Wood & Haber 2010:252; Polit & Beck 2008:174). To ensure privacy, the respondents would complete the questionnaire in their private place without indicating their names or that of the NEI on the questionnaire.

- *The right to confidentiality*

Confidentiality refers to the management of the private information and the safe and secret-keeping of what participants said (Burns & Grove 2009:196). According to Van der Wal (2011:335), information that respondents provide is for no other purposes than those of the research. In this regard, no names appeared on the questionnaires. After data capturing, the file and computer required a secret code for accessing them. The researcher still keeps the hard copies under lock and key for

three years as required.

- *The right to anonymity*

Anonymity means one cannot link participants' names to their responses or identify a respondent in any way with the research data or results (Babbie 2007:64; Denscombe 2007:141; Polit & Beck 2008: 180; Van der Wal 2011:335). This protects the identity of individual respondents, as previously described.

5.5.3 Scientific integrity of the researcher

According to (Van der Wal 2011):340), the scientific integrity of the researcher must be indisputable and incontrovertible. Scientific integrity refers to honesty in implementing the research design and conducting the research. The purpose of scientific integrity is to avoid insufficient ethical comportment that often leads to questionable scientific practice and consequently also the results of such research (Van der Wal 2011:340).

Scientific integrity further entails the accuracy and precision of the methods applied in research as well as the unbiased reporting of the research findings (Burns & Grove 2005:332; Macnee & McCabe 2004:149; Polit & Beck 2004:437). Also, Babbie and Mouton (2001:526) emphasise that the researcher should report any technical shortcomings and failures of the study, such as any doubt about the suitability of the respondents to have provided unbiased information.

Scientific integrity maintains a balanced and bias-free discussion as advocated in the literature (Rice & Ezzy 1999:36). The researcher applied the research methods as planned and discussed these in detail with supervisors and statisticians. He endeavoured to interpret and report the respondents' perceptions accurately. Both the positive and negative aspects arising from the analysis found its way into the report. All the sources consulted are acknowledged in the text, and the bibliography, with no fabrication of data and strict transfer of empirical evidence formed the foundation of all conclusions the research drew (Van der Wal 2011:342). The researcher endeavoured to conduct the research while observing a high ethical standard throughout (Van der Wal 2005:158).

5.5.4 Domain-specific ethical issues: Empowerment as an ethical issue

According to Oosthuizen (2011:287), the leaders and researchers (Van der Wal 2011:331), are responsible for behaving ethically. Such leaders should be role models and be responsible for their actions. Leaders should create opportunities for people to become empowered. Resources, facilities, and developmental opportunities should be open to them. Denying people the opportunity to become empowered is the denial of those peoples' right to personal and professional growth. Empowerment, as an ethical dictum denotes that leaders, managers, and followers are committed to a view of "people importance."

The domain-specific ethical issue further relates to the idea of human freedom extending into the workplace and ridding society of unjust, oppressive conduct. Within top-down ideology in leadership-management, the researcher and the respondents might have created quite a stir. The erroneous idea of what empowerment and exercising empowerment might mean to subordinates might have left managers with an idea akin to the current social experience of people demanding personal freedom without responsibility and accountability (Thoreau 2004:1). According to Oosthuizen (2011:288) leaders should not expose employees to negative consequences for doing something they felt is right, such as questioning the decisions and actions of others, particularly management, thus exercising their empowerment. Therefore, empowerment is ethically a human right.

5.6 CONCLUSION

This chapter presented the research design and methods the researcher applied during the study reported on in this thesis. Reflection on the ethical principles relating to the research covered the institution, respondents and the researcher's scientific integrity. The domain-specific ethical issues relate directly to the issues of empowerment or lack thereof. The next chapter presents the analysis and interpretation of the study findings.

CHAPTER 6

ANALYSIS AND, PRESENTATION OF THE DATA

6.1 INTRODUCTION

This chapter presents the results of the statistically analysed data, which in turn provides meaning to the raw data. According to Newman (2012:383) and Check and Schutt (2012:276), statistics are defined as the numerically quantified characteristics of a sample. Statistics refer to methods utilised to collect, analyse and interpret quantitative data to assist in decision making (Moule & Goodman 2014:385). In the current quantitative study, the data analyses reduced, organised and provided meaning derived from the outcomes of the analyses (Burns & Grove 2009:46; Polit & Beck 2008:68).

Brink et al (2012:178) state that in quantitative research, the tools available to analyse the data are statistical procedures. According to Frankfort-Nachmias and LeonGuerrero (2015:207), statistics refer to the measures utilised to describe the distribution of a sample. Quantitative information (Polit & Beck 2008:68) lends itself to the application of statistical procedures. The Statistical Package for Social Sciences (SPSS Version 23) facilitated this process. The data analyses procedures allowed for the following in the researcher's quest to attain the set research objectives:

- to summarise the data
- to describe, contrast and compare the data
- to reduce the data to a level that allowed for interpretation
- to establish relations between variables and to draw conclusions based on these relationships
- to provide answers to the research question by interpreting the results
- to make predictions about future aspects relating to the research topic and context
- to derive meaning from the data through the interpretation of the findings
- to test the proposed relationships between variables in the model applied to guide the study

- to make some inference from the sample to the theoretical framework used in the study
- to make some inference from the sample to the population
- to explore any deviations in the data. (Fouche & Bartley 2011 in De Vos 2011:249; Burns and Grove 2009:461)

6.2 THE STATISTICAL PROCEDURES APPLIED TO PRESENT, ANALYSE AND INTERPRET THE DATA

There are two main categories of statistics in quantitative research, namely descriptive and inferential statistics (Fouche & Bartley in De Vos 2011:2480; Moule & Goodman 2014:385; Polit & Beck 2008:556). In the current quantitative study, both these types of statistics were used to analyse the data (Frankfort-Nachmias & Leon-Guerrero 2015:17). According to Brink et al (2012:177), the strategy for data analysis depends on the study design, types of variables, sampling method, data collection method and levels of measurement involved.

Descriptive statistics describe and synthesise data, while inferential statistics allow for making inference about the research population (Moule & Goodman 2014:385; Polit & Beck 2008:556). Descriptive statistics (Maltby et al 2009:176) are the techniques applied to collect, organise, interpret and make a graphical presentation of the information. Descriptive statistics allowed for reporting the distribution of the sample or population across a range of variables using the four levels of measurement, (see section 5.4.2.1.2 in this thesis). The descriptive statistics in the current study uncovered basic patterns in the data (Burns & Grove 2009:470; Fouche & Bartley in De Vos 2011:251; Johnson & Christensen 2004:434; Newman 2011:386). According to Frankfort-Nachmias and Leon-Guerrero (2015:18), descriptive statistics may be applied to organise and describe the data obtained from either the sample or a population. In the current study, the complete set of respondents at the NEIs in the Limpopo Province served as population accessed through a convenience sampling approach (see section 5.4.1.2.2 in this thesis).

The current study is descriptive-correlative; thus, the technique of searching for possible associations applied. The correlational design allowed for demonstrating the relationship between variables (Fouche & De Vos 2011:96). According to Gray

(2014:584), correlational analyses are concerned with the association between variables as they indicate the strength and direction of such relationships. The following procedures (see 5.4.4 chapter 5) assisted in determining relationships between the study variables:

- The Chi-Square tests whether two variables are independent or related and whether there are variations in the frequencies of observed data as compared to expected frequencies. The Chi-Square test assists in making sense of measurements at the nominal level (Burns & Grove 2009:499; Gray 2014:572; Maltby et al 2009:215).
- The Factor analysis tests interrelationships among a considerable number of variables to identify clusters of variables that are linked. Factor analysis identifies theoretical constructs and determines whether concepts in use were accurately developed (Burns & Grove 2009:484).

Inferential statistics were applied to test the null hypotheses and make some predictions of the sample characteristics (Frankfort-Nachmias & Leon-Guerrero 2015:18; Johnson & Christensen 2004:463; Newman 2011:412).

6.3 PRESENTATION AND DESCRIPTION OF THE STUDY RESULTS

As indicated in Chapter 5, a questionnaire yielded the data presented in this chapter (see section 5.2.3.1.1 in this thesis). The questionnaire reflected the theoretical foundations of the current study, namely; Laschinger's Integrated Model for Nurse/Patient Empowerment derived from Kanter's Theory of Power in Organisations and Spreitzer's Psychological Empowerment. The components structuring the questionnaire were:

- Section A: Demographic detail
- Section B: The concept of empowerment
- Section C: Structural empowerment
- Section D: Psychological empowerment
- Section E: Self-concept

6.4 ANALYSIS OF THE BIOGRAPHICAL DATA

This section presents an analysis of the respondents' biographical data. This section represents the outcome of the first objective of the study (see section 1.6).

6.4.1 Frequency distribution of respondents' gender

The purpose of asking the respondents to indicate their gender was to distinguish between male and female respondents' perceptions of their empowerment. This could be important in light of the gender gradient between males and females in South African society. A total of 109 respondents answered this question. Table 6.1 depicts the frequency distribution of the respondents' gender.

GENDER	FREQUENCY (<i>f</i>)	PERCENT (%)
Male	8	7.3
Female	101	92.7
TOTAL	109	100.0

There were more female respondents 92% ($f=101$) than male respondents 7.3% ($f=8$). Nursing and nursing education are predominantly female-dominated occupations. Females continue to dominate the nursing profession, and only a few males apply to colleges to enrol as student nurses or advance to lecturer positions.

6.4.2 Frequency distribution of respondents' age

The highest age was 63 years ($f=1$; 9%) as indicated in Table 6.2.

This Table depicts the age of respondents collected as ratio data to allow for finer analyses should it be necessary. Ratio data allows for conversion to grouped frequencies; however, if collected as grouped data, accurate conversion to ratio data is not possible.

TABLE 6.2 Frequency distribution of respondents age (N=109)

AGE	FREQUENCY (f)	PERCENT (%)
28	2	1.8
29	1	.9
30	2	1.8
31	1	.9
32	2	1.8
33	1	.9
35	1	.9
37	1	.9
39	3	2.8
40	1	.9
41	3	2.8
42	2	1.8
43	3	2.8
44	3	2.8
45	1	.9
46	4	3.7
47	3	2.8
48	7	6.4
49	9	8.3
50	8	7.3
51	8	7.3
52	2	1.8
53	6	5.5
54	7	6.4
55	5	4.6
56	3	2.8
57	2	1.8
58	3	2.8
59	3	2.8
60	5	4.6
61	4	3.7
62	1	.9
63	1	.9
No indicated	1	.9
TOTAL	109	100.0

Figure 6.1 and exhibits the ages of respondents grouped into 5-year intervals. It indicates that most respondents fell into the 50-54 age group (28.3%) followed by age group 45-49 with 22.1%. The age at which a nurse educator can retire from the service starts from 60 years, and the maximum age for the service is 65. Figure 6.1 indicates that 10.1% of respondents thus reached retirement age. Moreover, another 14.8% would reach this age group within five years.

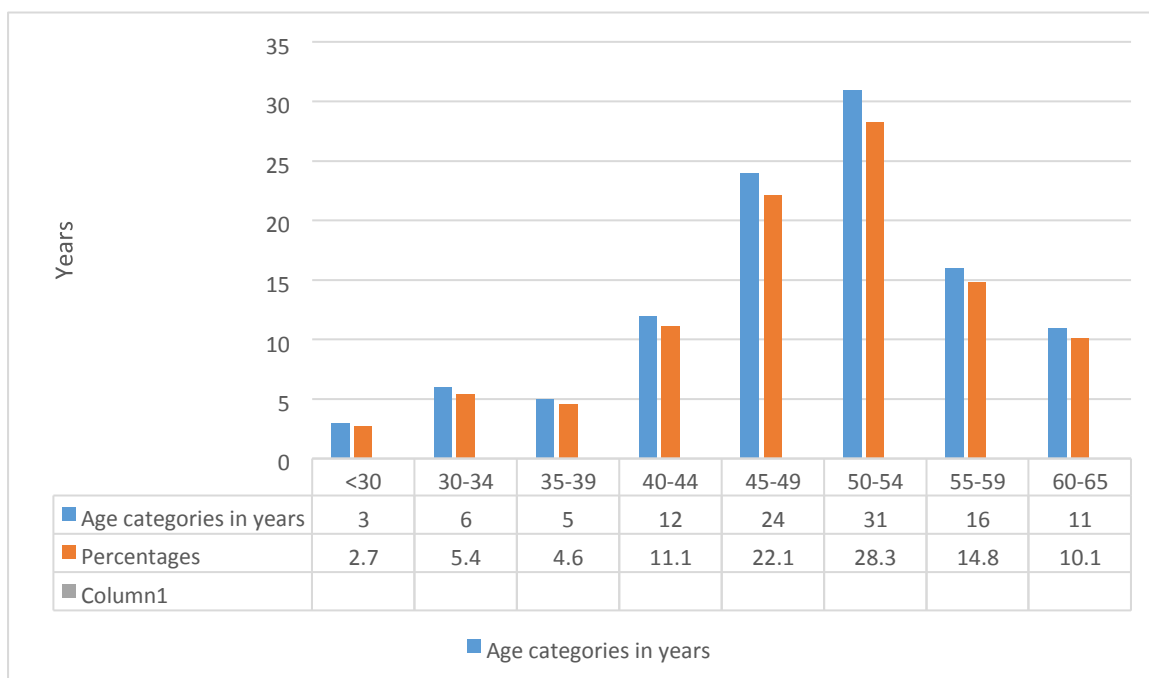


Figure 6.1: Ages of respondents in 5years intervals (n=108)

6.4.3 Frequency distribution of respondents' highest qualification

For a person to teach at the NEI's specific qualifications are set as the minimum requirement. Knowledge and qualifications may also contribute towards a person's experience of empowerment. All 109 respondents indicated their qualifications. Figure

6.2 depicts the highest qualifications respondents attained.

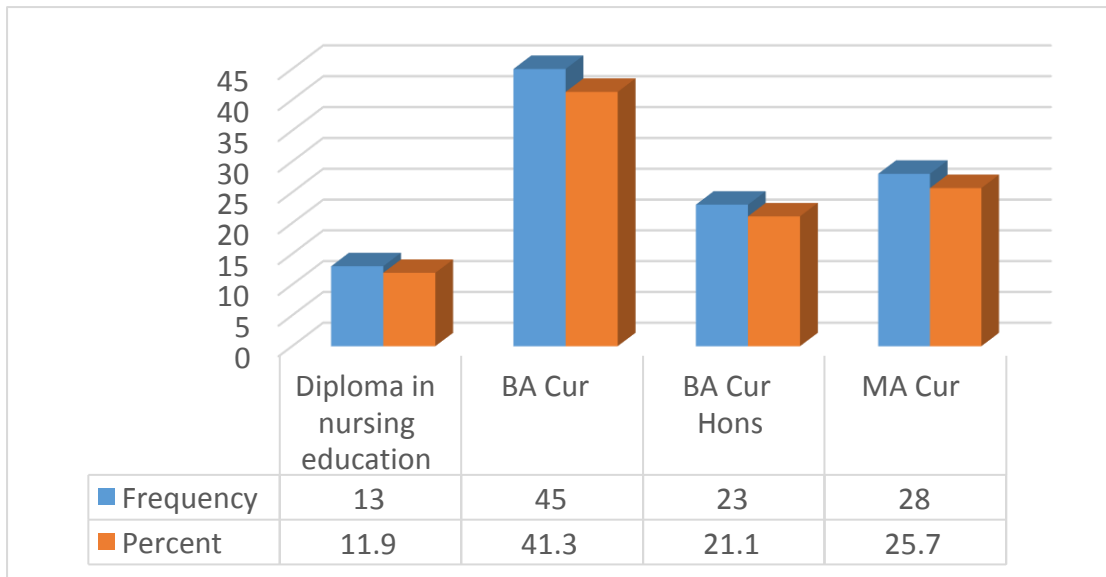


Figure 6.2: Highest qualifications of respondents (N=109)

Of the 109 respondents, 11.9% ($f=13$) owned a diploma in nursing education only. This group also represents the lowest frequency indicating that most nurse educators were better qualified than the minimum requirement as a diploma in nursing education is the minimum requirement to teach at an NEI. Most respondents, 41.3% ($f=45$) had a degree in nursing, while 21.1% ($f=23$), were qualified further with an honours degree in nursing. Of the 109 respondents, 25.7% ($f=28$) achieved their highest qualification at a master's degree level. No educator has yet obtained a doctorate.

Figure 6.2 does not indicate whether the master's degrees were obtained in the clinical field or an academic or a research field. To facilitate the empowerment of nurse educators and leaders, the Limpopo College of Nursing encourages continued professional development among nurse educators.

6.4.4 Frequency distribution of years of experience of respondents

The respondents were asked to indicate their years of experience in teaching at the NEIs. All 109 respondents answered the question. Experience is an essential determinant of empowerment (see chapter 3 & 4); however, it does not necessarily lead to the taking up of empowerment. Table 6.3 depicts the years of experience of teaching of the respondents at the NEI's in the Limpopo Province.

TABLE 6.3: Distribution of respondents' years of experience (N=109)

Experience	FREQUENCY (f)	PERCENT (%)
0 to 5 years	36	33.0
6 to 10 years	29	26.6
11 to 15 years	13	11.9
16 years and more	31	28.4
TOTAL	109	100.0

Of the 109 respondents, 33% ($f=36$) had less than five years of teaching experience while 26.6% ($f=29$) had teaching experience that fell within six to ten years, and a further 11.9% ($f=13$) fell in the group eleven to fifteen years of teaching experience. The respondents with the most teaching experience, namely 28.4% ($f=31$), had 16 years or more experience.

6.4.5 The campus' location of respondents

The respondents were requested to indicate the location of the NEI at which they worked as distance and remoteness of campuses could alter these educators' access to sources and resources, including the number of students, physical resources, staff, educational programmes offered and the like. Of the respondents, 108 answered this question. Figure 6.3 displays the data.

Most respondents (31.2%; $f=34$) were from the Giyani campus and its satellite campuses. A further 24.8% ($f=27$) respondents were from the Sovenga Campus and its satellite campuses, while 23.9% ($f=26$) were from the Thohoyandou campus and satellite campuses. Only 12.8% ($f=14$) of respondents were from the Sekhukhune campus, and its satellite campuses, while 6.4% ($f=7$) were from the Waterberg campus and its satellite campuses. Of the 109 respondents, only one respondent (0.9%) did not indicate a campus location.

The Sekhukhune and Waterberg campuses opened in 2009, and the SANC accredited them in 2012 to enrol first-year students only. The other three main campuses have students at all four levels of the four-year programme.

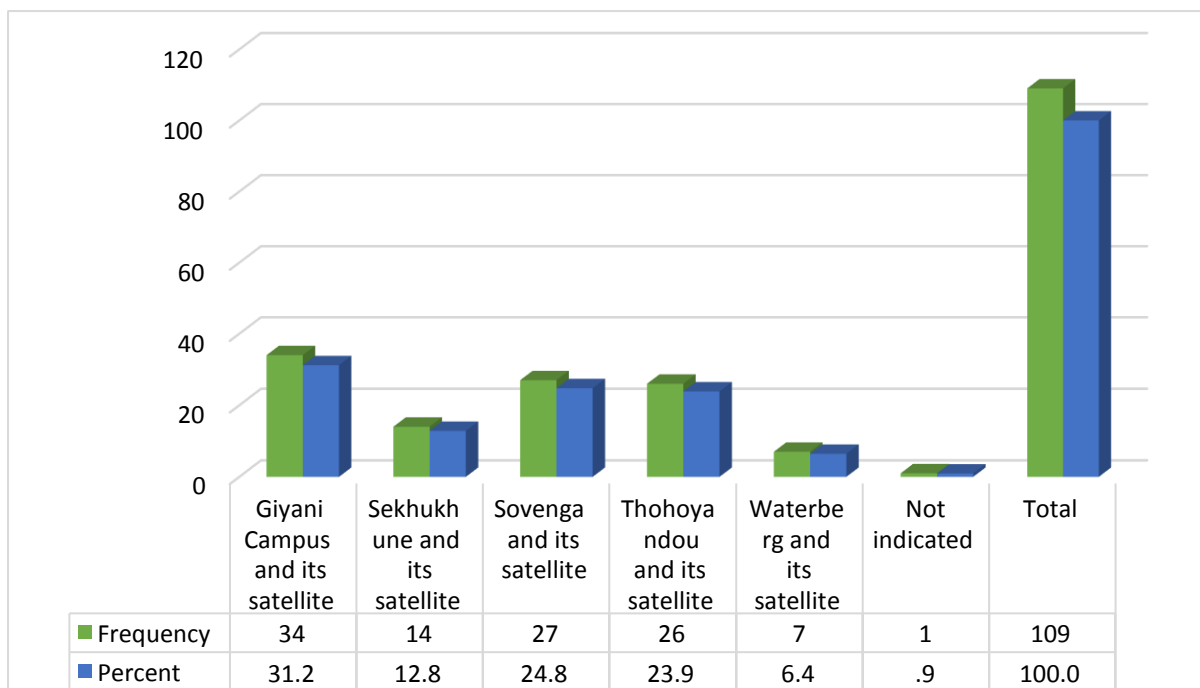


Figure 6.3: Frequency distribution of respondents' stations (n=108)

6.4.6 Frequency distribution of disciplines in which respondents were teaching.

The disciplines that educators lectured in vary in respect of subjects, the year levels at which the NEI offered them and whether they entailed theoretical and practical instruction. The disciplines with theoretical and clinical instruction have more teaching and learning activities than those without clinical instruction. The detail of the 102 respondents that answered this item appears in Figure 6.4.

As figure 6.4 exhibits, 33% ($f=36$) of the respondents were from the general nursing science discipline. The number of respondents in midwifery nursing science discipline constituted 17.4% ($f=19$), while community nursing science discipline comprised 16.5% ($f=18$) of the respondents. These two disciplines run over two levels in the four-year programme. Midwifery is also a post-basic qualification offered as a one-year programme at the satellite campuses the SANC accredited to this effect.

Furthermore, figure 6.4 indicates that 12.8% ($f=14$) of the respondents lectured in the biological and natural sciences disciplines offered over two levels in the four-year programme. Only 7.3% ($f=8$) of the respondents lectured in psychiatric nursing science offered over two years in the four-year programme. The Limpopo Province

still offers a one-year diploma programme in psychiatric nursing. Of the respondents, 6.4% ($f=7$) lectured in the disciplines of the social sciences extending over two years in the four-year programme. Seven respondents (6.4%) did not indicate the discipline in which they lectured.

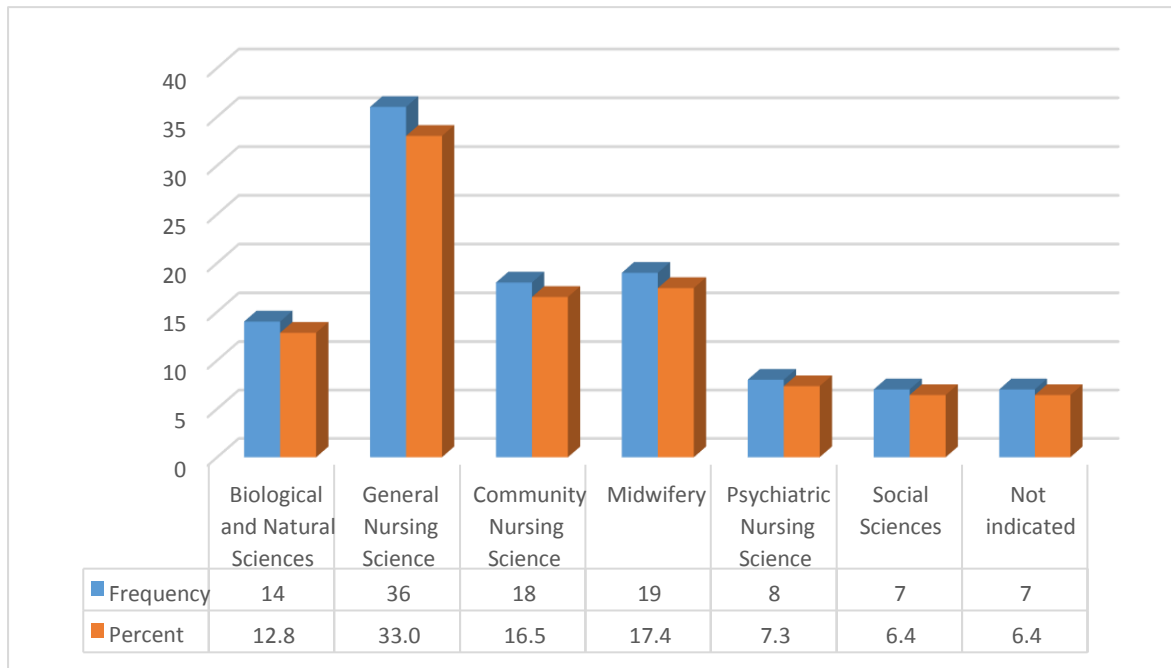


Figure 6.4: Disciplines placement of the respondents (n=102)

6.4.7 The level at which respondents were teaching.

The respondents were asked to indicate the level at which they were teaching at the time of data collection. All 109 respondents answered this item. Table 6.4 depicts the levels at which the respondents were teaching.

TEACHING LEVELS	FREQUENCY (f)	PERCENT (%)
Level one	49	45.0
Level two	20	18.3
Level three	19	17.4
Level four	9	8.3
Not indicated	12	11.0
TOTAL	109	100.0

Table 6.4 indicates that most respondents, 45% ($f=49$) were teaching at level one, while 18.3% ($f=20$), was teaching at level two. Level one and two, in the four-year programme, consists of a variety of subjects. Of the remaining respondents, 17.4% ($f=19$) was teaching at level three of the four-year programme. Only 8.3% ($f=9$) of respondents were teaching at level four. From level three in the four-year programme, subjects tend to be fewer than at lower levels. Some levels might provide more opportunities for growth and development of respondents, especially those levels that involve theoretical and clinical instruction. Developments and changes in health care systems might offer more learning opportunities for nurse educators teaching clinical practica (see section 4.5 in this thesis).

6.4.8 All the subjects in which the respondents ever lectured

The respondents were asked to indicate the subjects they had ever taught. They were free to indicate more than one subject as the ongoing shortage of educators requires that educators teach more than one subject. The importance of this question was that some subjects might have fewer opportunities for empowerment than others.

All the respondents answered this question as Table 6.5 depicts.

SUBJECTS	NO	YES
Fundamental nursing science	(78)71.6%	(31)28.4%
General nursing science	(59)54.1%	(50)45.9%
Anatomy and physiology	(59)54.1%	(50)45.9%
Social science	(83)76.1%	(26)23.9%
Midwifery	(78)71.6%	(31)28.4%
Community nursing science	(84)77.1%	(25)22.9%
Psychiatric nursing science	(98)89.9%	(11)10.1%
Biophysics and biochemistry	(97)89%	(12)11%
Other	(90)82.6%	(19)17.4%

Most educators appear to be involved in General Nursing Science and Anatomy and Physiology. Only 10.1% and 11% of the educators were engaged in teaching Psychiatric Nursing sciences and Biophysics and Biochemistry respectively. Table 6.5 lists all the respondents, tutoring involvement.

Some of the nurse educators might have an interest in teaching specific subjects. Others might have obtained a post-basic qualification for the subjects they taught, and others might have gained experience as part of their in-service training. Nonetheless, due to a shortage of lecturers in some disciplines, lecturers were obliged to teach subjects other than those in which they were interested or in which they had specialised.

6.4.9 The subject the respondents were teaching at the time of data collection

The respondents were asked to indicate the subjects they were teaching at the time of data collection. All the respondents answered this question by indicating “yes” or “no”. Table 6.6 depicts the distribution of subjects the respondents were teaching at the time of data collection.

SUBJECTS	NO	YES
Fundamental nursing science	(93)85.3%	(16)14.7%
General nursing science	(75)68.8%	(24)31.2%
Anatomy and physiology	(70)64.2%	(39)35.8%
Social science	(87)79.8%	(22)20.2%
Midwifery	(86)78.9%	(26)23.1%
Community nursing science	(87)79.8%	(22)20.2%
Psychiatric nursing science	(99)90.8%	(10)9.2%
Biophysics and biochemistry	(101)92.9%	(8)7.3%
Other	(93)85.3%	(16)14.7%

Table 6.6 depicts. From the contents of Table 6.6, it is evident that at the time of data collection most of the respondents (f=39; 35%) were involved in Anatomy and Physiology, followed by 31.2% (f=24) in General Nursing Science. Those who were

teaching these subjects were allocated for teaching in the biological and natural science discipline.

The two subject fields with the lowest number of educators were Psychiatric Nursing Science (f=10; 9.2%) and Biophysics and Biochemistry (f=8; 7.3%). These results mirror those subjects ever taught.

Table 6.6 depicts the data in more detail

6.4.10 The period respondents have been teaching a subject.

The respondents were asked to indicate the number of years they were teaching the subject mentioned in section 6.4.9 and depicted in Table 6.6. Of the respondents, 102 answered this question. Figure 6.5 exhibits the detail of the responses of the respondents.

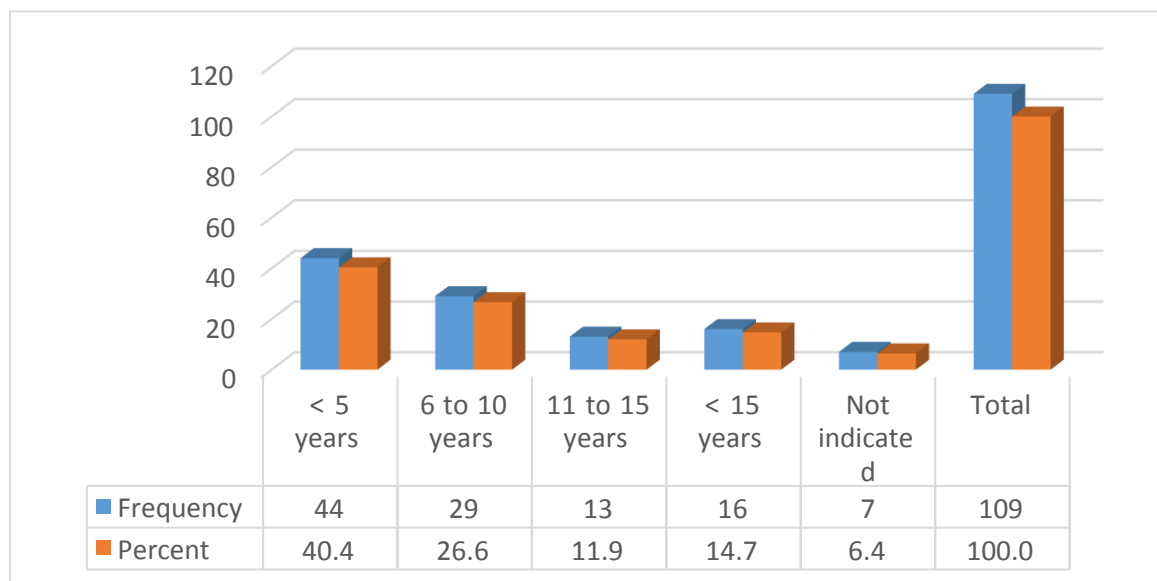


Figure 6.5: The frequency distribution of years respondents have been teaching the current subject (n=102)

Figure 6.5 suggests that the most seasoned educators (f=16; 14.7%) had more than fifteen (15) years' experience in teaching a specific subject. The least experienced educator had five years and less experience (f=44; 40.4%).

Considering the level of experience of educators at NEIs in the Limpopo Province and the "close to retirement age" of some educators, the researcher cannot but

feeling “uneasy”. The researcher hypothesised that the more the years of teaching the same subject, the more experienced the lecturer becomes and the more empowered she may feel.

6.4.11 Frequency distribution of respondents’ post grading

This item asked the respondents to indicate the posts they were occupying at the time of data collection. This information might indicate the access to formal and informal power the respondent had at the time of data collection. Figure 6.6 exhibits the posts occupied by the respondents.

Post gradings indicate the level or rank of a post within the organisational hierarchy. It shows the responsibilities the holders of the post (respondents) had. As figure 6.6 indicates, most respondents 45.9% ($f=50$) were at the Lecturer Grade 1 level. This is the entry post grade at NEIs in the Limpopo Province and made up the most significant portion of posts at the NEIs, followed by Lecturer Grade 2 (38.5%; $f=42$). The post level least represented as depicted in Figure 6.6 is Lecturer Grade 3 (0.9%; $f=1$).

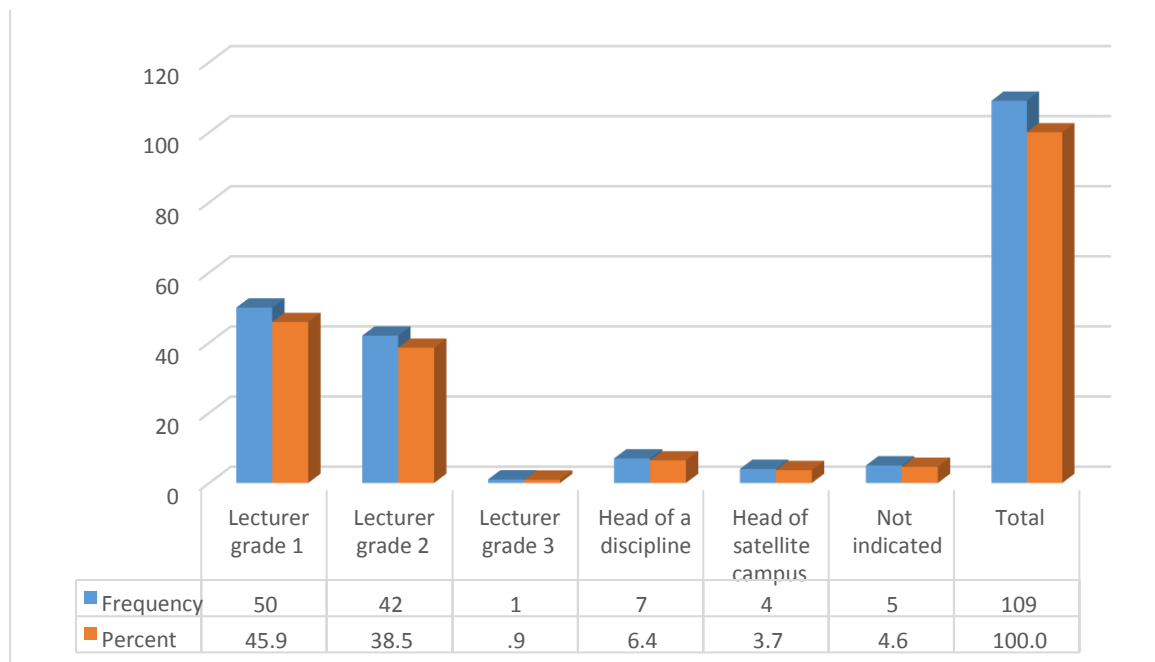


Figure 6.6: Post grading of the respondents (n=104)

Of the 109 respondents, 6.4% ($f=7$) was functioning as a Heads of Disciplines. These heads of disciplines supervise lecturer at post-grade 1 and 2. Four respondents (3.7%) occupied the position of Head of Satellite Campus at a similar grade to the heads of disciplines. Those respondents at higher post gradings might enjoy more formal power that might contribute to a more positive perception of their empowerment status.

6.5. RESPONDENTS PERCEPTIONS TOWARDS EMPOWERMENT

The researcher requested the respondents to indicate their perception of “empowerment” using a semantic differential scale. The data in this section contributed towards the attainment of objective 2 of this study (see section 1.6). The respondents had to indicate their perception of empowerment by responding to adjectives separated by a seven-point scale. The responses to this scale were somewhat disappointing, as only 69 to 78 of the respondents answered items in this section. The responses were added up to give a numerical value or score expressed as an average or a percentage of the semantic differential overall. According to Polit and Beck (2008:421), the addition of the adjectives can indicate the extent to which respondents understand the concept under investigation. The adjectives derive from the concept analysis of the concept of empowerment in chapter 3. Table 6.7(a) exhibits the number of responses per item value (1-7). Table 6.7(b) summarises the scores ($f=$) and expresses it as a percentage (%) of the total responses ($n=$) for the individual scales. The questionnaire did not indicate the value placed on the adjectives. However, the accurate description counted seven (7) and the incorrect description one (1). The reason for not indicating the weights is that it could have misguided respondents as all the scales did not run in the same direction.

Table 6.7(a) indicates that the scale “autonomous/sharing” received the most responses and “ascribed/taken up” the least from respondents who have answered this item.

To clarify the meaning of the responses to items in the semantic differential scale, the researcher divided the scale into three groups. The “low” group represents

scores from 1-3 on the 7-point scales, “medium” in the middle at four (4) and “high” covering positions 5-7 on the scales. “Low” indicates an incorrect perception of the concept of empowerment and “high” a correct perception. Table 6.7(b) exhibits the descriptive statistical details of this analysis.

TABLE 6.7(a): Respondents' perceptions towards' empowerment'										
									TOTAL	OMITTED
Ascribed	15	3	8	17	12	2	12	Taken up	69	40
Relates to hierarchical position	17	6	9	12	11	8	10	Depends on personal influence	73	36
Paternalistic	19	12	12	8	7	5	10	Democratic	73	36
Oppressive	24	8	12	11	4	4	13	Liberating	76	33
Alienating	19	7	17	10	6	8	6	Inclusive	73	36
Autonomous	16	3	13	15	8	6	17	Sharing	78	31
Autonomy	10	4	9	16	9	6	21	Dependence	75	34
Must have subordinates	16	7	6	17	9	5	11	Issues from oneself	71	38

TABLE 6.7(b): Average scores on the semantic differential scale on the concept of empowerment					
SEMANTIC RANGE	NUMBER OF RESPONDENTS (n=)	LOW	MEDIUM	HIGH	TOTAL OF SCORES/ PERCENTAGE)
Ascribed (1) / Taken up (7)	69	f=26 %=37.7	f=17 %=24.6	f=26 %=37.7	100%
Hierarchical (1) / Personal influence (7)	73	f=32 %=43.8	f=12 %=16.5	f=29 %=39.7	100%
Paternalistic (1) / Democratic (7)	73	f=43 %=58.9	f=8 %=11.0	f=22 %=30.0	100%
Oppressive (1) / Liberating (7)	76	f=44 %=57.9	f=11 %=14.5	f=21 %=27.6	100%
Alienating (1) / Inclusive (7)	73	f=43 %=58.9	f=10 %=13.7	f=20 %=27.4	100%
Autonomous (1) / Sharing (7)	78	f=32 %=41.0	f=15 %=19.3	f=31 %=39.7	100%
Autonomy (7) / Dependence (1)	75	f=36 %=48.0	f=16 %=21.3	f=23 %=30.7	100%
Have subordinates (1) / Issues from self (7)	71	f=29 %=40.8	f=17 %=23.9	f=25 %=35.3	100%
TOTAL %		387.0	144.8	268.2	800

AVERAGE %	48.2%	18.4%	33.4%	100%
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The highest average correct score for an individual scale is 39.7% for both the Hierarchical/Personal influence scale and the Autonomous/Sharing scale. The most incorrect perception of the concept of empowerment seems to be that it entails paternalism rather than being democratic (n=73; f=43; 58.9%) and that it involves alienation rather than being inclusive, also at 58.9% (n=73; f=43). It is, however, the sum totals and averages that are of concern to the researcher. On none of the scales did more respondent indicate the correct alternative than the incorrect alternative. The responses for the item “ascribed/taken up” are the same.

Of the responses to the items, an average of 48.2% was incorrect, 18.4% questionable, and 33.4% was correct. This has two significant implication for the current research:

Firstly, even though the researcher asked the respondents to indicate their perception of the concept of empowerment, respondents might have indicated their experience of what they perceive empowerment to be as exercised by others. The instruction could have read “What is your understanding of the concept of empowerment?” which could have given alternative responses. This formulation pinpoints the theoretical nature of the topic of the research better and would have allowed for a clearer distinction between concept and experience as the rest of the items in the questionnaire focus on experience and perception. However, taken as a representative opinion of what the concept of empowerment entails, the research had to keep this in mind when interpreting the data. Admittedly, the completion of a semantic differential scale could be difficult, and the concept abstractly defined. This might be the reason why so few respondents answered the items in the semantic differential. However, one would expect a better understanding of both the concept of empowerment and the measurement tool used, from respondents who are as well-educated as nurse educators and whose business is in the realm of empowering students.

The second issue that the researcher could not ignore is, whether experienced or a theoretical understanding (conceptualisation), the outcome of respondents’ views as

exhibited via the semantic differential scale is alarming and holds implications for the research findings and probably also for respondents' job satisfaction. The rest of the detail appears in Table 6.7(b).

6.6 TESTING THE RELIABILITY OF THE COMPONENTS OF THE INSTRUMENT

As discussed previously, the Cronbach alpha or coefficient alpha indicates the reliability of a data collection instrument or parts of it. According to Polit and Beck (2008:455), coefficient alpha value ranges between 0.00 and +1.00. The higher the coefficient alpha, the higher the internal consistency of the questionnaire or sections of it. According to Lo-Biondo Wood and Haber (2010:299), the values above .70 indicates evidence of internal consistency. The Laschinger-model used to construct the questionnaire yielded reliability scores that ranged from 0.108 to 0.913. Table 6.8 exhibits the results of the reliability tests for the currently used questionnaire.

TABLE 6.8: Reliability of individual components of the instrument					
COMPONENTS	SUB-COMPONENTS		CRONBACH ALPHA	CRONBACH ALPHA	
Structural Empowerment	Access to information		0.911	0.946	
	Access to Support		0.793		
	Access to Resources		0.913		
	Access to opportunities to learn and grow		0.737		
	Informal Power		0.712		
	Formal power		0.760		
Psychological empowerment concepts	Autonomy		0.522	0.838	
	SelfEfficacy	Ability to Influence Decision Making	0.681		
		Instructional Self-Efficacy	0.599		
		Disciplinary Self-Efficacy	0.668		
		Efficacy to Create a Positive College Climate	0.747		
		Self-Assertive Efficacy	0.575		Asymptotic Significance (2-sided)
		Self-Regulatory Efficacy	0.108		
	Sense of job meaningfulness		0.568		
		Ability to have an impact	0.761		
Self-Concept Overall			0.900	0.950	

Table 6.8 indicates the Cronbach alpha results for each component of the questionnaire. The overall values per component are higher than 0.7, which shows excellent reliability of the questionnaire (Grove et al 2013:391). However, some of the subsections of the questionnaire's reliability values are not that strong. The items in the section on structural empowerment yielded a reliability score of 0.946; the psychological empowerment concept yielded reliability a score of 0.838 while Cronbach alpha on self-concept yielded a score of 0.900. Cronbach Alpha yielded the overall test result of 0.950, indicating the extent to which various subparts of the questionnaire consistently measured the concept it measured - empowerment.

To further investigate the low reliability of the subsection of the autonomy of nurse educators, the researcher determined the internal consistency via Chronbach's alpha for each item in this subsection. Table 6.9 depicts the results.

	SCALE MEAN IF ITEM DELETED	SCALE VARIANCE IF ITEM DELETED	CORRECTED ITEM-TOTAL CORRELATION	CRONBACH'S ALPHA IF ITEM DELETED
I have significant autonomy in determining how I do my job	19.22	8.881	.162	.527
I feel threatened to turn down work delegated to me outside of my job description	19.57	10.463	-.150	.709
I have control over what happens in my sphere of teaching	18.84	6.740	.598	.299
I can decide on my own how I go about doing my work	18.73	7.063	.602	.314
I have considerable opportunity for independence and freedom in how I do my work	18.78	7.744	.540	.367
I have mastered the skills necessary for my job	18.79	8.581	.204	.509

The low reliability might be attributable to individual variables in this section of the instrument. According to Polit and Beck (2008:452), low reliability might be due to variations in the instrument. As indicated in table 6.9, if the item on refusing to do work falling outside of the individuals' job descriptions, the overall Cronbach alpha meets the required 0.70 mark.

6.7 DISCUSSION OF THE RESULTS ON STRUCTURAL EMPOWERMENT.

This section reflects the results of the different components of the questionnaire expressed as an aggregate of the responses to different items compiling these components (concepts/constructs). The details of the responses to individual items do not appear in this section, and the tables further reflect the grouping of responses on the four-point Likert scales as two categories only; strongly agree and strongly disagree. In all the statistical procedures, $p < 0.05$ applied.

6.7.1 Respondents' experience of structural empowerment

Figure 6.7 exhibits the perceptions of respondents regarding existing empowerment structures in NEI's in Limpopo Province.

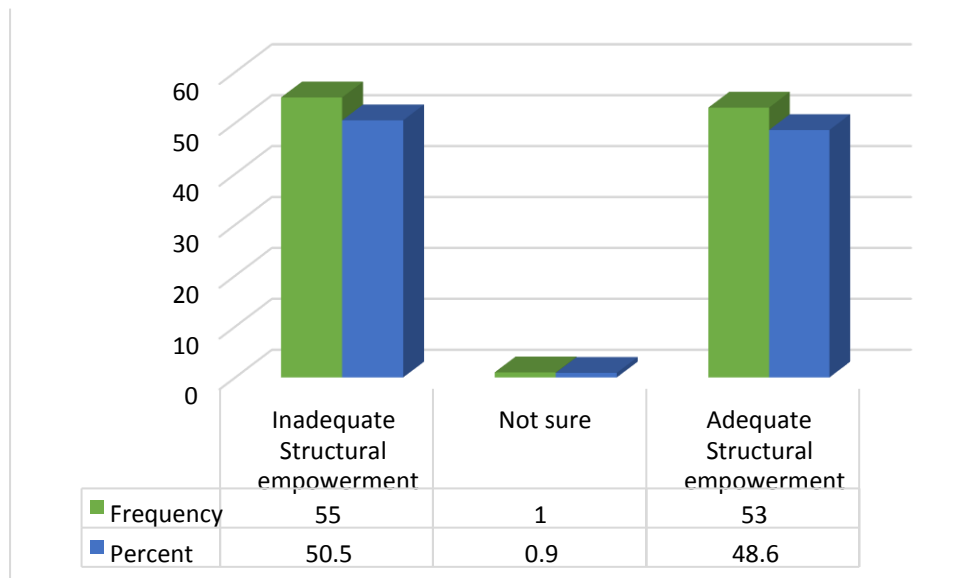


Figure 6.7: Perceptions regarding structural empowerment

Of the 109 respondents, 50.5% ($f=55$) strongly disagreed that structural empowerment existed while 48.6% ($f=53$) strongly agreed that structural empowerment existed. As Table 6.6 indicates, there was a slight variation between the perceptions of respondents regarding existing structural empowerment. Of the 109 respondents, only 0.9% ($f=1$) could not indicate whether they strongly disagreed or strongly agreed that structural empowerment existed at NEIs. In this regard (see section 2.3.2.2)., The constructs of Kanter's theory.

6.7.2 Respondents' experience of psychological empowerment and use of empowerment strategies

This section contributed to the attainment of objective 3 (see section 1.6). This item asked whether respondents strongly agreed or disagreed that they experienced psychological empowerment (autonomy, self-efficacy, sense of job meaningfulness and ability to have an impact) and use of empowerment strategies. The use of the latter implies psychological empowerment. Table 6.10 exhibits the results of respondents' item aggregate experience and perception in this regard.

PSYCHOLOGICAL EMPOWERMENT	FREQUENCY (<i>f</i>)	PERCENT (%)
Experiencing psychological empowerment	44	40.4
Not sure	2	1.8
Not experiencing psychological empowerment	63	57.8
TOTAL	109	100.0

Of the 109 respondents, 40.4% ($f=44$) strongly agreed to have experienced psychological empowerment while most 57.8% ($f=63$) disagreed with having experienced psychological empowerment and use of empowerment strategies. Of the 109 respondents, only 1.8% ($f=2$) were not sure whether they experienced psychological empowerment and the use of empowerment strategies.

6.7.3 Frequency distribution of respondents' self-concepts

Figure 6.8 exhibits the perceptions of respondents regarding self-concept. Self-concept is a psychological construct. Respondents had to indicate their perception and experience of their self-concept in terms of strongly agree or strongly disagree with possessing an adequate self-concept. Self-concept can be an antecedent as well as an outcome of empowerment.

Most respondents, 56.9% ($f=62$), strongly agreed that they perceived themselves to have a good self-concept while 42.2% ($f=46$) disagreed, indicating a poor self-concept. Self-concept is the extent to which respondents felt they were empowered

and how they felt about themselves. See section 3.5.1.7 on Self-efficacy (and self-concept).

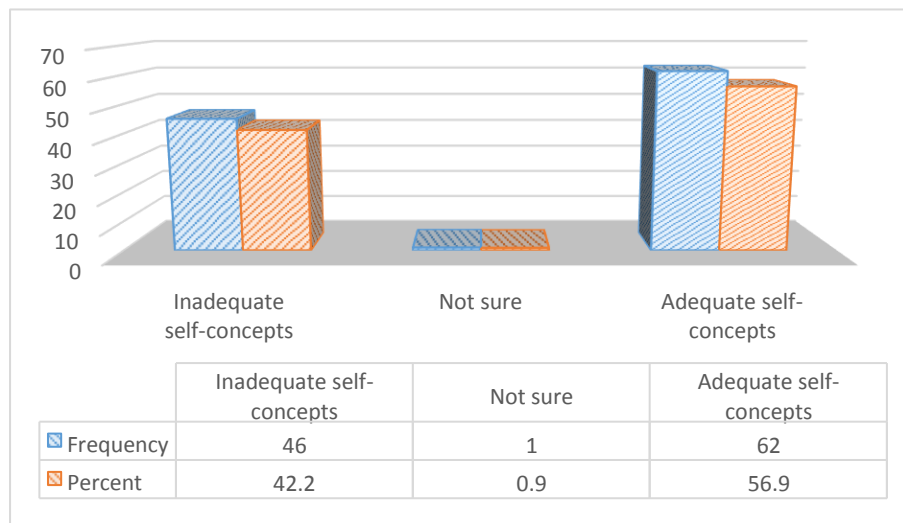


Figure 6.8: Perceptions regarding self-concept

6.8 LOOKING FOR POSSIBLE RELATIONSHIPS (ASSOCIATIONS) AMONG CONSTRUCTS.

This section of the data analysis discusses the association between the variables of Laschinger's model of Nurse/patient empowerment and demographic variables. The Chi-Square test procedure indicates the degree of relationship between variables, e.g., gender and structural empowerment (Burns & Grove 2009:499). The contents of this section contributed to the attainment of objective 4 (see section 1.6).

6.8.1 Association between gender and structural empowerment

Table 6.11 exhibits the association between the gender of the respondents and structural empowerment. Overall, 99.08% ($f=108$) of respondents answered both items on gender and structural empowerment.

Of the 109 respondents, 3.7% ($f=4$) of males strongly disagreed on the items about structural empowerment and the same scores were observed for those males strongly agreeing with these statements (items).

GENDER	STRUCTURAL EMPOWERMENT			TOTAL
	Strongly disagree on Structural empowerment	Not sure	Strongly agree on Structural empowerment	
Male	4 3.7%	0 0.0%	4 3.7%	8 7.3%
Female	51 46.8%	1 0.9%	49 45.0%	101 92.7%
TOTAL	55 50.5%	1 0.9%	53 48.6%	109 100.0%

Of the 109 respondents, 46.8% ($f=51$) females indicated that they strongly disagreed with the statements on structural empowerment compared to 45.0% ($f=49$) who strongly agreed with these statements. Of the 109 respondents, only 0.9% ($f=1$) was indecisive. The results indicate that a combined number of males and females 50.5% ($f=55$) strongly disagreed with the statements on structural empowerment and 48.6% ($f=53$) strongly agreed with the statements on structural empowerment.

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2-sided) p-value
Pearson Chi-Square	.083 ^a	2	.959
Likelihood Ratio	.156	2	.925
Linear-by-Linear Association	.003	1	.957
N of Valid Cases	109		

(X² : $p>0.05$)

The chi-square test yielded no statistically significant difference at $p<0.05$ level. Thus it appears that gender does not influence structural empowerment.

6.8.2 Association between gender and experience of psychological empowerment

Table 6.12 displays the cross-tabulates of gender and the responses to items (statements) on psychological empowerment.

Of the 109 respondents, 108 answered this item as follows: 1.8% ($f=2$) males strongly disagreed with the items on psychological empowerment and 5.5% ($f=6$) strongly agreed to show some psychological empowerment. Of the female respondents, 38.5% ($f=42$) strongly disagreed with the statements on psychological empowerment, while 52.3% ($f=57$) agreed with the statements. Only 1.8% ($f=2$) of females did not indicate whether they strongly disagreed or strongly agreed with the statements on psychological empowerment.

In summary, the overall results indicate that 40.4% ($f=44$) of the respondents strongly disagreed and 57.8% ($f=63$) strongly agreed with the statements on psychological empowerment.

GENDER	PSYCHOLOGICAL EMPOWERMENT CONCEPTS			TOTAL
	Strongly disagree on psychological empowerment	Not sure	Strongly agree on psychological empowerment	
Male	2 1.8%	0 0.0%	6 5.5%	8 7.3%
Female	42 38.5%	2 1.8%	57 52.3%	99 92.7%
TOTAL	44 40.4%	2 1.8%	63 57.8%	108 100.0%

The Pearson Chi-square did, however, not yield any statistically significant difference between gender and psychological empowerment among the respondents at $p>0.05$. Thus, gender does not seem to influence psychological empowerment.

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2-sided) p-value
Pearson Chi-Square	1.105 ^a	2	.575
Likelihood Ratio	1.291	2	.525
Linear-by-Linear Association	.954	1	.329
N of Valid Cases	109		

(X² : p>0.05)

6.8.3 Association between gender and self-concept

Table 6.13 exhibits the cross-tabulation of the association between gender and self-concept.

GENDER What is your gender?	SELF-CONCEPT			TOTAL
	Strongly disagree on self-concept	Not sure	Strongly agree with self-concept	
Male	4 3.7%	0 0.0%	4 3.7%	8 7.3%
Female	42 38.5%	1 0.9%	58 53.2%	101 92.7%
Total	46 42.2%	1 0.9%	62 56.9%	109 100.0%

As indicated in Table 6.13, 3.7% ($f=4$) of male respondents strongly disagreed with the items measuring self-concept while the same number 3.7% (4) strongly indicated that they did not agree with the items about themselves. Of the 109 respondents, 38.5% ($f=42$) of female strongly disagreed while 53.2% (58) strongly agreed with the items indicating a good self-concept. In summary, of both male and female respondents, 42.2% ($f=46$) strongly disagreed with the items, and 56.9% ($f=62$) strongly agreed with the items indicating more respondents had a good self-concept.

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	.275 ^a	2	.871
Likelihood Ratio	.345	2	.842
Linear-by-Linear Association	.190	1	.663
N of Valid Cases	109		

(X² : p>0.05)

The result of the Chi-square test ($p > 0.05$ at $p = 0.871$) indicates that there is no statistically significant difference between gender and experienced psychological empowerment.

Gender thus does not seem to influence self-concept.

6.8.4 Association between highest qualification and structural empowerment

Table 6.14 indicates the cross-tabulation of respondents' highest academic qualification and their perception of structural empowerment.

As Table 6.14 indicates, of the respondents holding a Diploma in Nursing Education, 7.3% ($f=8$) of the total number of respondents ($N=109$) strongly disagreed with the items on structural empowerment while 5 of them (4.6%, $f=5$, $N=109$) strongly agreed that they experienced structural empowerment.

Of the respondents holding a B Cur degree, 19.3% ($f=21$) strongly disagreed while 22% ($f=24$) respondents strongly agreed that they experienced structural empowerment. For respondents holding a Hons. B. Cur qualification, the scores as depicted in table 6.13 are respectively 9.2% ($f=10$) strongly disagreeing and 11.9% ($f=13$) strongly agreeing with the statements on structural empowerment. For respondents holding a MA Cur qualification the responses were 14.7% ($f=16$) and 10.1% ($f=11$) respectively. In summary, 50.5% ($f=55$) respondents strongly disagreed with experiencing structural empowerment, while 48.6% ($f=53$) strongly agreed to experiencing structural empowerment at the time of data collection.

TABLE 6.14 Cross-tabulation of highest qualification and structural empowerment (N=109)

HIGHEST QUALIFICATION		STRUCTURAL EMPOWERMENT			TOTAL
		Strongly disagree on Structural empowerment	Not sure	Strongly agree on Structural empowerment	
What is your highest qualification?	Diploma in nursing education	8 7.3%	0 0.0%	5 4.6%	13 11.9%
	BA Cur	21 19.3%	0 0.0%	24 22.0%	45 41.3%
	BA Cur Hons	10 9.2%	0 0.0%	13 11.9%	23 21.1%
	MA Cur	16 14.7%	1 0.9%	12 10.1%	28 25.7%
	TOTAL	55 50.5%	1 0.9%	53 48.6%	109 100.0%

The Pearson Chi-square, however, does not indicate any statistically significant difference between highest qualification and structural empowerment at $p=5.33$ is larger than the set $p<0.05$. It thus appears that educational level (qualification) does not relate to structural empowerment and the use of empowerment strategies

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	5.086 ^a	6	.533
Likelihood Ratio	4.931	6	.553
Linear-by-Linear Association	.072	1	.788
N of Valid Cases	109		

(X² : $p>0.05$)

6.8.5 Association between highest qualification and psychological empowerment concepts and use of empowerment strategies

Table 6.15 exhibits the aggregate of responses relating to respondents' highest qualification and their experience of psychological empowerment and the use of empowerment strategies.

TABLE 6.15: Cross-tabulation between highest qualification and psychological empowerment concepts and use of empowerment strategies (N=109)

HIGHEST QUALIFICATION		PSYCHOLOGICAL EMPOWERMENT			TOTAL
		Strongly disagree on psychological empowerment	Not sure	Strongly agree on psychological empowerment	
What is your highest qualification?	Diploma in nursing education	6 5.5%	0 0.0%	7 6.4%	13 11.9%
	BA Cur	20 18.3%	1 0.9%	24 22.0%	45 41.3%
	BA Cur Hons	6 5.5%	1 0.9%	16 14.7%	23 21.1%
	MA Cur	12 11.0%	0 0.0%	16 14.7%	28 25.7%
	TOTAL	44 40.4%	2 1.8%	63 57.8%	109 100.0%

Of the respondents with a Diploma in Nursing Education, 5.5% ($f=6$) strongly disagreed with the experience of psychological empowerment while 6.4% ($f=7$) strongly agreed with the statement indicating an experience of psychological empowerment. For respondents holding a B. Cur. qualification, the responses are respectively 18.3% ($f=20$) and 22.0% ($f=24$); for those holding a Hons. B. Cur. qualification 5.5% ($f=6$) and 14.7% ($f=16$); and for those holding a master's degree, 11.0% ($f=12$) and 14.7% ($f=16$).

In summary, 40.4% ($f=44$) strongly disagreed with the items pertaining to psychological empowerment, while 57% ($f=63$) strongly agreed.

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	3.822^a	6	.701
Likelihood Ratio	4.477	6	.612
Linear-by-Linear Association	.291	1	.589
N of Valid Cases	109		

(X² : $p>0.05$)

The results of the Chi-square test yielded no statistically significant difference between possession of highest the qualification ($p=7.01$ at set $p<0.05$) by nurse educators and psychological empowerment. Qualification status thus appears not to be related to psychological empowerment

6.8.6 Association between the highest qualification and self-concept

Table 6.16 exhibits the cross-tabulation of responses relating to highest qualification and the construct of self-concept.

Table 6.16 depicts that of the respondents holding a Diploma in Nursing Education 4.6% ($f=5$; $N=109$) strongly disagreed that with the items on self-concept and 7.3% ($f=8$) strongly agreed with the items (statements) on self-concept. For the rest of the respondents, according to the qualification, the responses were, holding a B. Cur. qualification, 17.4% ($f=19$) strongly disagreed and 23.9% ($f=26$) respondents strongly agreed. For respondents holding a Hons B Cur qualification, the outcome was that 11.9% ($f=13$) strongly disagreed while 8.3% ($f=9$) strongly agreed and for those in possession of the master's degree 8.3% ($f=9$) strongly disagreed and 17.4% ($f=19$) strongly disagreed with the items measuring self-concept. In all, 42.2% ($f=46$) of the 109 respondents strongly disagreed on the items relating to self-concept indicating having a poor self-concept and 56.9% ($f=62$) strongly agreed with the items indicating an adequate perception of self-concept. The Pearson Chi-Square does not

indicate a statistically significant difference between highest qualification and self-concept ($p=.278 >$ than set at $p=<0.05$).

TABLE 6.16: Cross-tabulation of the relationship between the highest qualification and self-concept (N=109)

HIGHEST QUALIFICATION		SELF-CONCEPT			TOTAL
		Poor self-concept	Not sure	Adequate self-concept	
What is your highest qualification?	Diploma in nurs education	5 4.6%	0 0.0%	8 7.3%	13 11.9%
	BA Cur	19 17.4%	0 0.0%	26 23.9%	45 41.3%
	BA Cur Hons	13 11.9%	1 0.9%	9 8.3%	23 21.1%
	MA Cur	9 8.3%	0 0.0%	19 17.4%	28 25.7%
	TOTAL	46 42.2%	1 0.9%	62 56.9%	109 100.0%

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2-sided) p-value
Pearson Chi-Square	7.494^a	6	.278
Likelihood Ratio	6.942	6	.326
Linear-by-Linear Association	.104	1	.747
N of Valid Cases	109		

(X² : $p>0.05$)

6.8.7 Association between the number of years teaching experience and structural empowerment

Table 6.17 reflects the result of the cross-tabulation of years of teaching experience and the construct of structural empowerment.

YEARS OF EXPERIENCE	STRUCTURAL EMPOWERMENT			TOTAL
	Inadequate Structural empowerment	Not sure	Adequate Structural empowerment	
0 to 5 years	15 13.8%	0 0.0%	21 19.3%	36 33.0%
6 to 10 years	16 14.7%	0 0.0%	13 11.9%	29 26.6%
How many years of teaching experience do you have?	7	0	6	13
11 to 15 years	6.4%	0.0%	5.5%	11.9%
16 years and more	17 15.6%	1 0.9%	13 11.9%	31 28.4%
TOTAL	55 50.5%	1 0.9%	53 48.6%	109 100.0%

As reflected in Table 6.17, of the 109 respondents, those with 0-5 years of teaching experience, 13.8% ($f=15$) strongly disagreed on experiencing structural empowerment while 19.3% ($f=19$) respondents strongly agreed with the items defining structural empowerment. In the group 6-10 years' experience, 14.7% ($f=16$) strongly disagreed with the items on structural empowerment and 11.9% ($f=13$) strongly agreed with these items (statements). In the year group 11-15 years, 6.4% ($f=7$) strongly disagreed while 5.5% ($f=6$) strongly agreed and in the group <15 years teaching experience, 15.6% ($f=17$) strongly disagreed while 11.9% ($f=13$) strongly agreed. Overall, 50.5% ($f=55$) strongly disagreed, while 48.6% ($f=53$) strongly

agreed to the items measuring self-concept in relation to years of experience in teaching. However, the Pearson Chi-square test yielded no statistically significant difference at the $p < 0.05$ level with $p = .619$. Thus, the number of years of teaching does not seem to influence respondents' perception of structural empowerment.

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	4.428^a	6	.619
Likelihood Ratio	4.429	6	.619
Linear-by-Linear Association	1.283	1	.257
N of Valid Cases	109		

(X² : $p > 0.05$)

6.8.8 Association between teaching experience and psychological empowerment

Table 6.18 reflects a cross-tabulation of years of teaching experience and the construct of psychological empowerment.

TABLE 6.18: Cross-tabulation of years teaching experience with Psychological empowerment (N=109)

YEARS OF EXPERIENCE	PSYCHOLOGICAL EMPOWERMENT			TOTAL
	Inadequate psychological empowerment	Not sure	Adequate psychological empowerment	
How many years of teaching experience do you have?				
	14	0	22	36
	12.8%	0.0%	20.2%	33.0%
0 to 5 years	14	1	14	29
	12.8%	0.9%	12.8%	26.6%
6 to 10 years	3	1	9	13
11 to 15 years	2.8%	0.9%	8.3%	11.9%
16 years and more	13	0	18	31

	11.9%	0.0%	16.5%	28.4%
TOTAL	44	2	63	109
	40.4%	1.8%	57.8%	100.0%

As reflected in Table 6.18, in the year groups with 0-5 years of teaching experience, 12.8% ($f=14$) of the respondents strongly disagreed, while 20.2% ($f=22$) strongly agreed with the statements defining and measuring the construct of psychological empowerment. Of the group 6-10 years, an equal number of 14 respondents (12.8%) strongly disagreed and strongly agreed with the statements on psychological empowerment. For the year group 11-15 years, 2.8% ($f=3$) strongly disagreed, while 8.3% ($f=9$) strongly agreed on the items relating to psychological empowerment. For the >15 years' experience group, 11.9% ($f=13$) strongly disagreed, while 16.5% ($f=63$) strongly agreed with the statements relating to psychological empowerment. In conclusion, 40.4% ($f=44$) strongly disagreed and 57.8% ($f=63$) strongly agree with the statements on psychological empowerment.

Chi-Square Tests

	X^2 Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	6.340^a	6	.386
Likelihood Ratio	6.556	6	.364
Linear-by-Linear Association	.009	1	.923
N of Valid Cases	109		

(X^2 : $p>0.05$)

The Pearson Chi-square test yielded no statistically significant difference between years of teaching and psychological empowerment concept ($p=.386$ at set $p<0.05$). It thus appears that years teaching does not influence the self-concepts of respondents.

6.8.9 Association between teaching experience and self-concept

Table 6.19 exhibits the cross-tabulation between teaching experience and self-concept.

As exhibited in Table 6.18, of the respondents 14.7% (f=16) of those with 0-5 years teaching experience strongly disagreed with the statements on self-concept, and 17.4% (f=19) strongly agreed with these statements.

In the experience group of 6-10 years, 13.8% (f=15) strongly disagreed while 12.8% (f=14) strongly agreed with the statements (items) on self-concept. In the group 11-15 years, only 2.8% (f=3) respondents strongly disagreed while 9.2% (f=10) strongly agreed with items relating to self-concept, and in the groups >15 years' experience, 11.0% (f=12) of respondents strongly disagreed while 17.4% (f=19) strongly agreed with the statements on self-concept.

TABLE: 6.19: Cross-tabulation of teaching experience and self-concept (N=109)

YEARS OF EXPERIENCE		SELF-CONCEPT			TOTAL
		Inadequate self-concept	Not sure	Adequate selfconcept	
How many years of teaching experience do you have?	0 to 5 years	16 14.7%	1 0.9%	19 17.4%	36 33.0%
	6 to 10 years	15 13.8%	0 0.0%	14 12.8%	29 26.6%
	11 to 15 years	3 2.8%	0 0.0%	10 9.2%	13 11.9%
	16 years and more	12 11.0%	0 0.0%	19 17.4%	31 28.4%
	TOTAL	46 42.2%	1 0.9%	62 56.9%	109 100.0%

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	5.418^a	6	.491
Likelihood Ratio	5.718	6	.455
Linear-by-Linear Association	.968	1	.325
N of Valid Cases	109		

(X² : p>0.05)

The Pearson Chi-square test yielded no significant statistically significant difference between teaching experience and self-concept (p> than 0.05 at p=.491). Years of experience, thus do not seem to influence the self-concept of nurse educators necessarily.

6.8.10 Association between campus placement and structural empowerment

Table 6.20 reflects respondents' campus placement versus the construct of structural empowerment.

CAMPUS P LACEMENT		STRUCTURAL EMPOWERMENT			TOTAL
		Strongly disagree on Structural empowerment	Not sure	Strongly agree on Structural empowerment	
At which campus are you stationed?	Giyani Campus and satellite campuses	14 13.0%	0 0.0%	20 18.5%	34 31.5%
	Sekhukhune and satellite campuses	12 11.1%	0 0.0%	2 1.9%	14 13.0%
	Sovenga and satellite campuses	14 13.0%	0 0.0%	13 12.0%	27 25.0%
		12	0	14	26

Thohoyandou and satellite campuses	11.1%	0.0%	13.0%	24.1%
	3	1	3	7
Waterberg and satellite campuses	2.8%	0.9%	2.8%	6.5%
TOTAL	55	1	52	108
	50.9%	0.9%	48.1%	100.0%

Table 6.20 reflects that of the total of N=109, 13.0% ($f=14$) of respondents from Giyani campus and its satellite campuses strongly disagreed while 18.5% ($f=20$) strongly agreed with the items about structural empowerment. The scores for the other campuses and satellite campuses, as indicated in Table 6.19 are:

- Sekhukhune: 11.1% ($f=12$) strongly disagreeing and 1.9% ($f=2$) strongly agreeing
- Sovenga: 13.0% ($f=14$) strongly disagreed and 13 (12%) strongly agreed
- Thohoyandou: 11.1% ($f=12$) respondents strongly disagreed while 13.0% ($f=14$) strongly agreed
- Waterberg: 2.8% ($f=3$) strongly disagreed, and 2.8% ($f=3$) of respondents strongly agreed with the statements on structural empowerment.

Of the 109 respondents, 50.9% ($f=55$) strongly disagreed and 41.1% ($f=52$) strongly agreed with the statements (items) on structural empowerment.

Chi-Square Tests

	X² Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	22.955^a	8	.003
Likelihood Ratio	14.710	8	.065
Linear-by-Linear Association	.007	1	.932
N of Valid Cases	108		

(X² : $p < 0.05$)

The Pearson Chi-square test yielded a statistically significant difference between campus and structural power empowerment ($p=0.003$ is $<p=0.05$). Thus, the campus at which respondents (nurse educators) were working, did influence their perception (experience) of structural empowerment.

6.8.11 Association between campus placement and psychological empowerment

Table 6.21 exhibits respondents aggregate scores per campus placement and their perception of psychological empowerment.

As Table 6.21 reflects, of the respondents at the Giyani campus, 14.8% ($f=16$) strongly disagreed with the statements on psychological empowerment while the same number 16 (14.8%) strongly agreed with the statements on psychological empowerment. From Sekhukhune 5.6% ($f=6$) respondents strongly disagreed while 7.4% ($f=8$) strongly agreed on the items relating to psychological empowerment, and from Sovenga, 9.3% ($f=10$) strongly disagreed while 15.7% ($f=17$) strongly agreed with these statements.

In Thohoyandou 7.4% ($f=8$) of the respondents strongly disagreed, and 16.7% ($f=18$) of respondents strongly agreed with the statements on psychological empowerment while at Waterberg, 3.7% ($f=4$) strongly disagreed and 2.8% ($f=3$) strongly agreed with the items (statements) about psychological empowerment.

CAMPUS PLACEMENT		PSYCHOLOGICAL EMPOWERMENT			TOTAL
		Strongly disagree on psychological empowerment	Not sure	Strongly agree on psychological empowerment	
At which campus are you stationed?	Giyani Campus and its satellite	16 14.8%	2 1.9%	16 14.8%	34 31.5%
	Sekhukhune and its	6	0	8	14

satellite	5.6%	0.0%	7.4%	13.0%
Sovenga and its satellite	10	0	17	27
Thohoyandou and its satellite	9.3%	0.0%	15.7%	25.0%
Waterberg and its satellite	8	0	18	26
	7.4%	0.0%	16.7%	24.1%
	4	0	3	7
	3.7%	0.0%	2.8%	6.5%
TOTAL	44	2	62	108
	40.7%	1.9%	57.4%	100.0%

In all, 40.7% ($f=44$) of the respondents strongly disagreed, while 57.8% ($f=62$) strongly agreed with the statements about psychological empowerment.

Chi-Square Tests

	X^2 Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	7.560^a	8	.478
Likelihood Ratio	7.847	8	.449
Linear-by-Linear Association	.936	1	.333
N of Valid Cases	108		

(X^2 : $p > 0.05$)

The Pearson Chi-square test yielded no statistically significant difference between college location and the psychological empowerment construct. College location thus does not seem to influence respondents' perception of psychological empowerment ($p = .478 >$ than set $p = < 0.05$).

6.8.12 Association between campus placement and self-concept

Table 6.22 exhibits the cross-tabulation of campus location versus the self-concept construct.

CAMPUS		SELF-CONCEPT			TOTAL
		Poor self-concepts	Not sure	Adequate self-concepts	
At which campus are you stationed?	Giyani Campus and its satellite	15 13.9%	0 0.0%	19 17.6%	34 31.5%
	Sekhukhune and its satellite	7 6.5%	0 0.0%	7 6.5%	14 13.0%
	Sovenga and its satellite	7 6.5%	0 0.0%	20 18.5%	27 25.0%
	Thohoyandou and its satellite	12 11.1%	1 0.9%	13 12.0%	26 24.1%
	Waterberg and its satellite	5 4.6%	0 0.0%	2 1.9%	7 6.5%
	TOTAL	46 42.6%	1 0.9%	61 56.5%	108 100.0%

Table 6.22 indicates that 13.9% ($f=15$) of respondents at Giyani and satellite campuses strongly disagreed, while 17.6 ($f=19$) strongly agreed with the statements on self-concept. At Sekhukhune, 6.5% ($f=7$) strongly disagreed, and the same number ($f=7$; 6.5%) strongly agreed with the items defining the construct of self-concept.

Further, at:

- Sovenga, 6.5% ($f=7$) respondents strongly disagreed, and 18.5% ($f=20$) strongly agreed
- Thohoyandou 1.1% ($f=12$) strongly disagreed, and 12.0% ($f=13$) strongly agreed with the items about self-concept
- Waterberg 4.6% ($f=5$) of the respondents strongly disagreed, while 1.9% ($f=2$) strongly agreed with the items on self-concept.

Overall, 42.6% ($f=46$) respondents strongly disagreed and 56.5% ($f=61$) strongly agreed on the items relating to self-concept.

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	9.302 ^a	8	.317
Likelihood Ratio	9.135	8	.331
Linear-by-Linear Association	.279	1	.597
N of Valid Cases	108		

(X² : $p>0.05$)

The Pearson Chi-square test did not yield any significant difference between college location and self-concept of respondents ($p=.317 >$ than set $p<0.05$). Thus, college location does not seem to relate to respondents' perception of psychological empowerment.

6.8.13 Association between discipline currently taught and structural empowerment

Table 6.23 displays the cross-tabulation results of the discipline taught versus the construct of structural empowerment.

Out of 102 respondents, 6.9% ($f=7$) teaching Biological Science strongly disagreed and another 6.7% ($f=7$) strongly agreed with the statements on structural empowerment. The responses from the respondents that taught General Nursing Sciences are; 20.6% ($f=21$) that strongly disagreed and 13.7% ($f=14$) that strongly agreed while from the Community Sciences respondents, 7.8% ($f=8$) strongly disagreed and 9.8% ($f=10$) strongly agreed with the statements on structural empowerment. Of the Midwifery lecturers, 6.9% ($f=7$) strongly disagreed, and 10.8%

($f=11$) strongly agreed while of the Psychiatric field, 3.9% ($f=4$) strongly disagreed, and 4.9% ($f=5$) strongly agreed with the statements on structural empowerment. Of the Social sciences lecturers, 2% ($f=2$) strongly disagreed, and 4.9% ($f=5$) strongly agreed with the items on structural empowerment. In summary, 48.0% ($f=49$) respondents strongly disagreed and 51.0% ($f=52$) strongly agreed with the statements (items) on structural empowerment. Only 1.0% ($f=1$) respondent from General Nursing Science was not decisive about the structural empowerment construct.

TABLE 6.23: Cross-tabulation of discipline taught and structural empowerment (n=102)

DISCIPLINE TAUGHT	STRUCTURAL EMPOWERMENT			TOTAL	
	Strongly disagreed on Structural empowerment	Not sure	Strongly agreed Structural empowerment		
In which discipline are you currently teaching?	Biological and Natural Sciences	7 6.9%	0 0.0%	7 6.9%	14 13.7%
	General Nursing Science	21 20.6%	1 1.0%	14 13.7%	36 35.3%
	Community Nursing Science	8 7.8%	0 0.0%	10 9.8%	18 17.6%
	Midwifery	7 6.9%	0 0.0%	11 10.8%	18 17.6%
	Psychiatric Nursing Science	4 3.9%	0 0.0%	5 4.9%	9 8.8%
	Social Sciences	2 2.0%	0 0.0%	5 4.9%	7 6.9%
	TOTAL	49 48.0%	1 1.0%	52 51.0%	102 100.0%

Chi-Square Tests

	χ^2 Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	5.660^a	10	.843
Likelihood Ratio	5.980	10	.817
Linear-by-Linear Association	2.367	1	.124
N of Valid Cases	102		

(χ^2 : $p > 0.05$)

As the Pearson Chi-Square indicates, there is no statistically significant difference between the discipline ($p = .843 >$ that the set $p < 0.05$) in which the respondents were lecturing at the time of data collection and the construct of structural empowerment. This suggests that the discipline in which a nurse educator taught did not relate to structural empowerment.

6.8.14 Association between discipline currently taught and psychological empowerment

Table 6.24 depicts the cross-tabulation of discipline taught versus respondents' agreement on statements relating to the extent to which they experienced psychological empowerment.

Seven ($f=7$) respondents did not answer all the items. Of the 102 respondents, 4.9% ($f=5$) from the Biological and Natural Sciences strongly disagreed, and 7.8% ($f=8$) strongly agreed with the items on psychological empowerment. Only 1.0% ($f=1$) respondent was not sure whether being placed in Biological and Natural Science influenced psychological empowerment. From General Nursing Science, 14.7% ($f=15$) strongly disagreed, while 19.5% ($f=20$) strongly agreed with the statements on psychological empowerment.

A further 6.9% ($f=7$) of the respondents from Community Nursing Science strongly disagreed, and 10.8% ($f=11$) strongly agreed with the statements on psychological empowerment. From Midwifery, 7.8% ($f=8$) respondents strongly disagreed, and

9.8% ($f=10$) strongly agreed with these statements. Of the lecturers in Psychiatric Nursing Science, 3.9% ($f=4$) strongly disagreed with the statements (items) on psychological empowerment, and 4.9% ($f=5$) strongly agreed. Lastly, 2.0% ($f=2$) of respondents from the Social Sciences strongly disagreed with the statements on psychological empowerment while 4.9% ($f=5$) strongly with these statements.

TABLE 6.24 Cross-tabulation of discipline taught and psychological empowerment (n=102)					
DISCIPLINE TAUGHT	PSYCHOLOGICAL EMPOWERMENT			TOTAL	
	Strongly disagreed	Not sure	Strongly agreed		
In which discipline are you currently teaching?	Biological and Natural Sciences	5 4.9%	1 1.0%	8 7.8%	14 13.7%
	General Nursing Science	15 14.7%	1 1.0%	20 19.6%	36 35.3%
	Community Nursing Science	7 6.9%	0 0.0%	11 10.8%	18 17.6%
	Midwifery	8 7.8%	0 0.0%	10 9.8%	18 17.6%
	Psychiatric Nursing Science	4 3.9%	0 0.0%	5 4.9%	9 8.8%
	Social Sciences	2 2.0%	0 0.0%	5 4.9%	7 6.9%
	TOTAL	41 40.2%	2 2.0%	59 57.8%	102 100.0%

Chi-Square Tests

	χ^2 Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	3.828 ^a	10	.955
Likelihood Ratio	4.060	10	.945
Linear-by-Linear Association	.052	1	.819
N of Valid Cases	102		

(χ^2 : $p > 0.05$)

As reflected in the Chi-Square Table, the Pearson Chi-square test yielded a p-value of 0.955, which is more than required p-value of 0.05 (5%) for statistically significant differences.

6.8.15 Association between discipline currently taught and self-concept

Table 6.25 exhibits the cross-tabulation between discipline taught and self-concept.

As reflected in Table 6.25, 7.8% ($f=8$) of respondents teaching in the Biological and Natural Sciences strongly disagreed while 5.9% ($f=6$) strongly agreed with the items on self-concept. The cross-tabulation further indicates that 13.7% ($f=14$) of those respondents teaching General Nursing Science discipline strongly disagreed while 21.6% ($f=22$) strongly agreed with the items defining self-concept.

Another 8.8% ($f=9$) respondents from Community Nursing Science discipline strongly disagreed with the items on the self-concept while 8.8% ($f=9$) strongly agreed with these items. Of the respondents teaching Midwifery, 4.9% ($f=5$) strongly disagreed with the statements on to self-concept while 11.8% ($f=12$) strongly and only 1.0% ($f=1$) of the midwifery respondents were unsure.

Of the respondents teaching Psychiatric Nursing Science, 4.9% ($f=5$) strongly disagreed, while 3.9% ($f=4$) strongly agreed with the statements on self-concept. Only 2.9% ($f=3$) respondents from the Social Sciences strongly disagreed, and 3.9% ($f=4$) strongly agreed with the statement so self-concept.

In summary, 43.1% ($f=44$) of all respondents strongly disagreed, while 55.9% ($f=57$) respondents strongly agreed with the statements on self-concept.

TABLE 6.25: Cross-tabulation of the relationship between discipline currently taught and self-concept (n=102)

DISCIPLINE	SELF-CONCEPT			TOTAL
	Inadequate selfconcept	Not sure	Adequate selfconcept	
Biological and Natural Sciences	8	0	6	14
	7.8%	0.0%	5.9%	13.7%
General Nursing Science	14	0	22	36
	13.7%	0.0%	21.6%	35.3%
Community Nursing Science	9	0	9	18
In which discipline are you currently teaching?	8.8%	0.0%	8.8%	17.6%
Midwifery	5	1	12	18
	4.9%	1.0%	11.8%	17.6%
Psychiatric Nursing Science	5	0	4	9
	4.9%	0.0%	3.9%	8.8%
Social Sciences	3	0	4	7
	2.9%	0.0%	3.9%	6.9%
TOTAL	44	1	57	102
	43.1%	1.0%	55.9%	100.0%

Chi-Square Tests

	X^2 Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	8.257 ^a	10	.604
Likelihood Ratio	7.142	10	.712
Linear-by-Linear Association	.117	1	.733
N of Valid Cases	102		

(X^2 : $p>0.05$)

As Table 6.25 reflects, the Pearson Chi-square test yielded a p-value 0.604, which is more than required $p < 0.05$ (5%) for statistically significant differences. This indicates that the discipline the respondents (educators) taught at the time of data collection was not expected to influence the development of self-concept.

6.8.16 Association between the level at which the nurse educator was teaching and structural empowerment

As Table 6.26 reflects, 25.8% ($f=25$) respondents teaching at level one (first year) strongly disagreed while 24.7% ($f=24$) strongly agreed with the items relating to structural empowerment. At level two (second year), a further 9.3% ($f=9$) respondents strongly disagreed, while 10.3% ($f=10$) strongly agreed with the items relating to structural empowerment. Only 1.0% ($f=1$) of the respondents was undecided. Of the respondents from the third-year level of teaching, 9.3% ($f=9$) strongly disagreed with the items on structural empowerment while 10.3% ($f=10$) respondents strongly agreed. A further 4.1% ($f=4$) respondents teaching at level four strongly disagreed while 5.2% ($f=5$) strongly agreed with the items relating to structural empowerment.

TABLE 6.26: Cross-tabulation of the level are you currently teaching at and structural empowerment (n=97)

YEAR LEVEL	STRUCTURAL EMPOWERMENT			TOTAL	
	Inadequate Structural empowerment	Not sure	Adequate Structural empowerment		
At which level are you currently teaching?	Level one	25 25.8%	0 0.0%	24 24.7%	49 50.5%
	Level two	9 9.3%	1 1.0%	10 10.3%	20 20.6%
	Level three	9 9.3%	0 0.0%	10 10.3%	19 19.6%
	Level four	4 4.1%	0 0.0%	5 5.2%	9 9.3%
	TOTAL	47 48.5%	1 1.0%	49 50.5%	97 100.0%

In Table 6.26, the level at which the nurse educator was teaching is cross-tabulated with the structural empowerment construct. In summary, 48.5% ($f=47$) respondents strongly disagreed while 50.5% ($f=49$) respondents strongly agreed with items relating to structural empowerment.

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	4.086 ^a	6	.665
Likelihood Ratio	3.394	6	.758
Linear-by-Linear Association	.176	1	.675
N of Valid Cases	97		

(X² : $p>0.05$)

As Table 6.26 reflects, the Pearson Chi-square test yielded a p-value of 0.665, which is more than required $p<0.05$ (5%) of statistical significance. This indicates that there is no statistically significant difference between the level at which the nurse educator was teaching and structural empowerment.

6.8.17 Association between the level at which nurse educator was teaching and psychological empowerment

Table 6.27 depicts the results of a cross-tabulation between the level taught at during the time of data collection and the construct of psychological empowerment.

As exhibited in Table 6.27, 18.6% ($f=18$) of the respondents teaching at level one at the time of data collection strongly disagreed while 30.9% ($f=30$) strongly agreed with the items on psychological empowerment. The rest of the results are

- Teaching at the second-year level: 9.3% ($f=9$) strongly disagreed, and 11.3% ($f=11$) strongly agreed with the items about psychological empowerment
- teaching at the third-year level: 8.2% ($f=8$) strongly disagreed and 11.3% ($f=11$) strongly agreed.

- Teaching at the fourth-year level, 4.1% ($f=4$) respondents strongly disagreed, and 4.1% ($f=4$) strongly agreed on the items defining psychological empowerment.

TABLE 6.27 Cross-tabulation of the level are you currently teaching at and psychological empowerment (n=97)

YEAR LEVEL	PSYCHOLOGICAL EMPOWERMENT CONCEPT			TOTAL	
	Strongly disagreed	Not sure	Strongly agreed		
At which level are you currently teaching?	Level one	18 18.6%	1 1.0%	30 30.9%	49 50.5%
	Level two	9 9.3%	0 0.0%	11 11.3%	20 20.6%
	Level three	8 8.2%	0 0.0%	11 11.3%	19 19.6%
	Level four	4 4.1%	1 1.0%	4 4.1%	9 9.3%
TOTAL	39 40.2%	2 2.1%	56 57.7%	97 100.0%	

In summary, 40.2% ($f=39$) of respondents strongly disagreed with the items defining psychological empowerment, and 57.7% ($f=56$) of respondents strongly agreed with these items (statements) at the time of data collection.

Chi-Square Tests

	X ² Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	5.102 ^a	6	.531
Likelihood Ratio	4.092	6	.664
Linear-by-Linear Association	.484	1	.487
N of Valid Cases	97		

(X² : p>0.05)

As Table 6.27 reflects, the Pearson Chi-square test yielded p=0.531 which is more than the required p<0.05 (5%) to indicate a statistically significant difference between the two sets of variables. This indicates that the level nurse educator was teaching at the time of data collection was not significantly related to psychological empowerment.

6.8.18 Association between the level at which the nurse educator was teaching and self-concept

Table 6.28 depicts a cross-tabulation of the respondents' responses to items on self-concept and the year level at which they were lecturing at the time of data collection.

Of the respondents teaching at the first-year level, 21.6% (*f*=21) strongly disagreed and 27.8% (*f*=27) strongly agreed to the items relating to the construct self-concept. Only 1.0% (*f*=1) responses was not decisive. A further 9.3% (*f*=9) respondents teaching at the second-year level strongly disagreed and 11.3% (*f*=11) strongly agreed with the items defining the construct of self-concept of the nurse educator.

Of those respondents teaching at the third-year level at the time of data collection, 5.2% (*f*=5) strongly disagreed and 14.4% (*f*=14) strongly agreed on the items relating to the self-concept of respondents. A further 5.2% (*f*=5) of the respondents teaching at level four strongly disagreed while 4.1% (*f*=4) strongly agreed on the items (statements) relating to self-concept.

TABLE 6.28 Cross-tabulation of the level are you currently teaching at and self-concept (n=79)

YEAR LEVEL		SELF-CONCEPT			TOTAL
		Inadequate self-concepts	Not sure	Adequate self-concepts	
At which level are you currently teaching?	Level one	21 21.6%	1 1.0%	27 27.8%	49 50.5%
	Level two	9 9.3%	0 0.0%	11 11.3%	20 20.6%
	Level three	5 5.2%	0 0.0%	14 14.4%	19 19.6%
	Level four	5 5.2%	0 0.0%	4 4.1%	9 9.3%
	TOTAL	40 41.2%	1 1.0%	56 57.7%	97 100.0%

In summary, at the time of data collection, 41.2% ($f=40$) strongly disagreed, and 57.7% ($f=56$) of the respondents strongly agreed with the statements on the self-concept of the nurse educator.

Chi-Square Tests

	X^2 Value	df	Asymptotic Significance (2sided) p-value
Pearson Chi-Square	3.750 ^a	6	.710
Likelihood Ratio	4.199	6	.650
Linear-by-Linear Association	.089	1	.765
N of Valid Cases	97		

(X^2 : $p>0.05$)

As Table 6.28 reflects, the Chi-square test yielded $p=.710$, which is more than the required $p<0.05$ (5%) to determine statistical significance. Thus there is no statistically significant difference between the two sets of variables.

6.9 TESTING THE SET HYPOTHESES

In this section, the relationships between the theoretical constructs are discussed. The results of hypothesis testing are described to indicate the conclusion at which the researcher arrived. The data presented in this section were instrumental in attaining objective 5 (see section 1.6).

6.9.1 The hypotheses

The hypotheses that were formulated and tested are presented and followed by the results thereof.

Hypothesis 1: There is no significant difference between nurse educators' perceptions of the concept of empowerment and demographical information such as the campuses where they are stationed, highest qualification and teaching experience.

Hypothesis 2: There is no relationship between nurse educators' perceptions of the concept of empowerment and existing structure in nursing education in Limpopo province

Hypothesis 3: There is no relationship between nurse educators' perceptions of the concept of empowerment and structural empowerment such as access to information, access to support, access to resources, access to opportunities to learn and grow, and informal and formal power.

Hypothesis 4: There is no relationship between nurse educators' perceptions of empowerment and their current level of empowerment.

Hypothesis 5: There is no relationship between nurse educators' perceptions of the psychological empowerment concepts and self-efficacy and the ability to have an impact.

6.9.2 The results of hypothesis testing

This section presents the results of hypothesis testing and the conclusions the researcher drew.

6.9.2.1 The results of Hypothesis 1:

There is no significant difference between nurse educators' perceptions of the concept of empowerment and demographical information such as the campuses where they are stationed, highest qualification and teaching experience.

• Hypothesis 1.1

There is no significant difference between nurse educators' perceptions of the concept of empowerment and demographical information such as the campuses where they are stationed

The Table 29 series exhibit the statistical calculations that were performed for this part of hypothesis 1

TABLE 6.29(a): Descriptive statistics for hypothesis 1.1

Campuses where nurse educators were stationed

	N	Mean	Std. Deviation	Std. Error
Giyane Campus and its satellite	34	5.94	5.039	0.864
Sekhukhune and its satellite	14	6.50	3.798	1.015
Sovenga and its satellite	27	4.74	4.537	0.873
Thohoyandou and its satellite	26	5.35	4.176	0.819
Waterberg and its satellite	7	6.43	3.735	1.412
Total	108	5.60	4.453	0.429

Table 6.29(b): ANOVA test for Hypothesis 1.1:

Campuses where nurse educators were stationed vs perception of the concept of empowerment

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	41.713	4	10.428	0.516	0.724
Within Groups	2080.166	103	20.196		
Total	2121.88	107			

Table 29(b) exhibits the ANOVA Test that was conducted to show the main campuses where nurse educators were stationed. As the ANOVA Test demonstrate, the campuses where the nurse educators were stationed were not significant in determining empowerment, with $F(4, 107) = 0.516, p = 0.724$. In Giyane, Sekhukhune, Sovenga, Thohoyandou and Waterberg and its satellite campuses, respondents did not differ on the reported concept of empowerment. It also demonstrates that the p-value 0.724 is greater than 0.05. This implies that we do not reject the null hypothesis when the means score is two-tailed. The two-tailed mean score is an indication that the null hypothesis is not significant.

Therefore, there is no significant difference between the nurse educator’s perception of the concept of empowerment and the campuses where they are stationed.

Table 6.29(a) shows that the nurse educators perceived the campuses where they are stationed as empowering. This is supported by the data such as $F(4, 104) = 0.516, p > 0.05$. Giyane (M = 5.94, SD = 5.039), Sovenga (M = 4.74, SD = 4.537), Thohoyandou (M = 5.35, SD = 4.176) and Waterberg (M = 6.43, SD = 3.735) reported significantly less empowerment.

• **Hypothesis 1.2**

There is no significant difference between the nurse educator’s perception of the concept of empowerment and highest qualification

The Table 30 series exhibit the statistical calculations that were performed for this part of hypothesis 1

	N	Mean	Std. Deviation	Std. Error
Diploma in nursing education	13	4.46	4.054	1.124
BA Cur	45	5.47	4.989	0.744
BA Cur Hons	23	5.74	4.158	0.867
MA Cur	28	6.25	3.941	0.745
Total	109	5.61	4.433	0.425

TABLE 6.30(b): ANOVA test for Hypothesis 1.2 Nurse educator's perception of the concept of empowerment vs highest qualification					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	29.921	3	9.974	0.501	0.683
Within Groups	2092.1	105	19.925		
Total	2122	108			

Table 6.30(a) shows the nurse educators differed in terms of highest qualifications they possessed. Table 6.30(a) shows that the nurse educators were in possession of qualifications such as Diploma in Nursing Education $n=(13)$ $M =4.46$, $SD =4.054$); BA Cur $n=(45)$ $M=5.47$, $SD=4.989$; MA Cur $n=(23)$ $M=5.74$; $SD=4.158$). There appears to be a similarity between the number of nurse educators in possession of B Cur and B Cur Hons qualifications.

The ANOVA Test (Table 30(b)) was conducted to determine the significant difference between nurse educators' perceptions of empowerment and their highest qualification. Table 6.29(b) exhibits the ANOVA Test that was conducted to show the main campuses where nurse educators were stationed. The main campuses were mostly effected as the ANOVA Test demonstrated, and not the possession of highest qualifications, with $F(3,108)$ and $p = 0.683$ (Table30(b)). The ANOVA test score of .0683 is more than p-value of 0.05. The results are not significant, and the null hypothesis is accepted. Thus, the possession of highest qualifications did not in any way influence the nurse educators' perception of the concept of empowerment.

• Hypothesis 1.3

There is no significant difference between the nurse educator's perception of the concept of empowerment and teaching experience

The Table 31 series exhibit the statistical calculations that were performed for this part of hypothesis 1

TABLE 6.31(a): Descriptive Statistics for Hypothesis 1.3 Nurse educators' teaching experience				
	N	Mean	Std. Deviation	Std. Error
0 to 5 years	36	5.81	4.821	0.804
5 to 10 years	29	5.28	4.043	0.751
11 to 15 years	13	4.46	4.926	1.366
15 years and more	31	6.16	4.196	0.754
Total	109	5.61	4.433	0.425

TABLE 6.31(b): ANOVA TEST for Hypothesis 1.3 Nurse educator's perception of the concept of empowerment vs teaching experience					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	31.18	3	10.393	0.522	0.668
Within Groups	2090.9	105	19.913		
Total	2122	108			

Table 6.31(b) exhibits the ANOVA Test that was conducted to show the perception of nurse educators on empowerment and experience. The years of teaching experience were the main effect, and as the ANOVA Test demonstrated, the teaching experience of nurse educators was not significant, $F(3, 108) = 0.522$, $p = 0.668$. In a two-tailed test of significance, the null hypothesis is not rejected.

Therefore, there is no significant difference between the nurse educator's perception of the concept of empowerment and the teaching experience. Table 6.31(a) shows that nurse educators perceived the teaching experience less empowering. This is supported by the scores such as $F(3, 108) = 0.522$, $p > 0.05$ and five years of experience ($M = 5.81$, $SD = 4.821$); ten years of experience ($M = 5.28$, $SD = 4.043$); eleven to fifteen years ($M = 4.46$, $SD = 4.946$), fifteen years and more ($M = 6.16$, $SD = 4.196$).

6.9.2.2 The results of hypothesis 2

The is no relationship between nurse educators' perceptions of the concept of empowerment and the existing structure in nursing education in Limpopo province

TABLE6.32(a): Descriptive statistics for hypothesis 2:

Campuses where nurse educators were stationed

	N	Mean	Std. Deviation	Std. Error
Giyane Campus and its satellite	34	5.94	5.039	0.864
Sekhukhune and its satellite	14	6.5	3.798	1.015
Sovenga and its satellite	27	4.74	4.537	0.873
Thohoyandou and its satellite	26	5.35	4.176	0.819
Waterberg and its satellite	7	6.43	3.735	1.412
Total	108	5.6	4.453	0.429

TABLE 6.32(b): ANOVA TEST for Hypothesis 2:

Nurse educators' perceptions of the concept of empowerment vs the existing structure in nursing education in Limpopo province

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	41.713	4	10.428	0.516	0.724
Within Groups	2080.166	103	20.196		
Total	2121.88	107			

Table 6.32(b) exhibits the ANOVA Test that was conducted to show the difference between nurse educator's perception of empowerment and existing structure in nursing education in the Limpopo Province. The existing structures are the main effect, and as the ANOVA Test demonstrated, the campuses where the nurse educators were stationed were not significant, $F(4, 107) = 0.516, p = 0.724$. Giyane, Sekhukhune, Sovenga, Thohoyandou and Waterberg and its satellites respondents did not differ much on the reported concept of empowerment. It also demonstrated that the p-value of 0.724 is higher than 0.05. Therefore, there is no significant difference between the nurse educator's perception of the concept of empowerment and the existing structures in nursing education.

Table 6.32(a) shows that the nurse educators perceived the existing structures in nursing education less satisfactory or empowering. This is supported by the scores in table 6.32(a) such as $F(4, 104) = 0.516, p > 0.05$. Giyane (M = 5.94, SD = 5.039), Sekhukhune (M = 6.5, SD = 3.798), Sovenga (M = 4.74, SD = 4.537), Thohoyandou (M = 5.35, SD = 4.176) and Waterberg (M = 6.43, SD = 3.735).

6.9.2.3 The results of hypothesis 3

There is no relationship between nurse educators' perceptions of the concept of empowerment and structural empowerment such as access to information, access to support, access to resources, access to opportunities to learn and grow, informal and formal power.

These variables were measured using Paired-T Sample statistics, Paired Sample Correlation and Paired Sample Test in tables 6.33(a-c) respectively.

TABLE 6.33(a): Descriptive statistics for Hypothesis 3: Nurse educators' perceptions of the concept of empowerment vs structural empowerment					
Pair	Construct	Mean	N	Std. Deviation	Std. Error Mean
Pair 1	The concept of empowerment	5.61	109	4.433	0.425
	Access to information	54.09	109	15.094	1.446
Pair 2	The concept of empowerment	5.61	109	4.433	0.425
	Access to support	20.85	109	6.49	0.622
Pair 3	The concept of empowerment	5.61	109	4.433	0.425
	Access to resources	23.68	109	8.685	0.832
Pair 4	The concept of empowerment	5.61	109	4.433	0.425
	Access to opportunities to learn and grow	52.85	109	9.371	0.898
Pair 5	The concept of empowerment	5.61	109	4.433	0.425
	Informal power	29.84	109	5.358	0.513
Pair 6	The concept of empowerment	5.61	109	4.433	0.425
	Formal power	36.59	109	7.632	0.731

Table 6.33(a) displays the descriptive statistics of the paired T-samples. The purpose of applying T-statistics was to determine whether the mean score of the two variables was statistically different. The results of the Paired-1 indicated the concept empowerment, M=5.61, SD=4.433 and access to information M=54.09; SD=15.094. Paired -2, empowerment M=5.61; SD=4.433 and access to support M= 20.85; SD=6.49. Paired- 3, empowerment M=5.61, SD=4.433, Access to resources M=23.68; SD=8.685. Paired- 4, empowerment M=5.61, SD=4.433, Access to opportunities to learn and grow M=52.85, SD=5.358. Paired-5, empowerment M=5.61, SD=4.433 and access to informal power M=29.84, SD=5.358. Paired-6, empowerment M=5.61, SD=4.33 and Access to formal power, M=36.59, SD=7.632. The results of the paired T-samples indicated that the mean score of the two variables tests were more than 0.05. The results are thus not significant, and the hypothesis is accepted.

TABLE 6.33 (b): Correlation layout Hypothesis 3: Nurse educators' perceptions of the concept of empowerment vs structural empowerment				
Pair	Constructs	N	Correlation	Sig.
Pair 1	The concept of empowerment & Access to information	109	0.02	0.839
Pair 2	The concept of empowerment & Access to support	109	0.03	0.758
Pair 3	The concept of empowerment & Access to resources	109	0.099	0.305
Pair 4	The concept of empowerment & Access to opportunities to learn and grow	109	0.093	0.338
Pair 5	The concept of empowerment & Informal power	109	0.077	0.424
Pair 6	The concept of empowerment & Formal power	109	0.154	0.11

Table 6.33(b) exhibits the paired sample correlations. The main aim of the test was to determine whether the empowerment was correlated to structural empowerment.

Pair -1, empowerment and access to information yielded a significant level of 0.839. Paire2, empowerment and access to support shows significant level 0.758 while Paire-3 yielded a significant level of 0.305. Paired-4, empowerment and opportunities to learn and grow yielded 0.338 while Paired-5, empowerment and access to informal power indicate 0.424. Lastly, Paired-6, empowerment and access to formal power indicate 0.11. The results of the samples show that all the p-values obtained were more than 0.05. As table 6.32 demonstrates, the results are not significant, and the two variables were not correlated. The null hypothesis is not rejected.

**TABLE 6.33(c) Paired Samples Test:
Nurse educators' perceptions of the concept of empowerment vs structural empowerment**

Pair	Constructs	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference	Upper	t	df	Sig. (2tailed)
Pair 1	The concept of empowerment Access to information	- 48.486	15.648	1.499	-51.457	45.515	- 32.351	108	0.000
Pair 2	The concept of empowerment Access to support	- 15.248	7.75	0.742	-16.719	13.776	- 20.541	108	0.000
Pair 3	The concept of empowerment Access to resources	- 18.073	9.351	0.896	-19.849	16.298	- 20.179	108	0.000
Pair 4	The concept of empowerment Access to opportunities to learn and grow	- 47.248	9.988	0.957	-49.144	45.351	- 49.387	108	0.000
Pair 5	The concept of empowerment Informal power	- 24.239	6.685	0.64	-25.508	22.969	- 37.857	108	0.000
Pair 6	The concept of empowerment Formal power	- 30.982	8.215	0.787	-32.541	29.422	- 39.376	108	0.000

Table 6.33(c) indicates the results of T-test conducted to determine the relationship between nurse educators' perception of empowerment and structural empowerment such as access to information, access to support, access to resources, access to opportunities to learn and grow, access to informal power and formal power. Besides, the T-test measures whether independent samples are related or not. The results indicate that the Paired T-test sample 1 yielded the score of $t=32.352$, which is remarkably higher than the p-value 0.05. The Paired T-test sample results indicate $t=20.541$. Paired T-test 3 yield the score $t=20.179$ while Paired T-Test 4 yielded 49.387. Paired T-test 5 results indicated $t=37.857$ while Paired T-test 6 indicated the score of $t=39.857$. All the results of the paired T-Test samples indicate the value above 0.05. Therefore, the results are not significant, and the hypothesis is accepted.

6.9.2.4 The results of hypothesis 4

There is no relationship between the nurse educator's perception of empowerment and their current level of empowerment.

TABLE 6.34(a): Descriptive statistics for Hypothesis 4:

Nurse educator's perception of empowerment and their current level of empowerment

Constructs	Mean	N	Std. Deviation	Std. Error Mean
The concept of empowerment	5.61	109	4.433	0.425
Current level of empowerment	105.73	109	14.069	1.348

TABLE 6.34(b): t-Test for Hypothesis 4:

Nurse educator's perception of empowerment and their current level of empowerment

Constructs	Mean	Std. Deviation	Std. Error Mean	t	df	Sig. (2-tailed)
The concept of empowerment - Current level of empowerment	-100.128	14.23	1.363	73.461	108	0.00

Table 6.34(a) indicates the concept of empowerment and the current level of empowerment. As table 6.34(a) indicates, the concept of empowerment values is that the $M=5.61$ and $SD = 4.433$. The current level score, the $M=105.73$ and $SD=14.069$. The results indicate a vast difference between the mean of the two variables. The result of $t=73.461$ (Table 34(b) indicate that the t-value is more than the p-value at 0.05. Therefore, there is no significant relationship between the two variables and the null hypothesis is not rejected.

6.9.2.5 The results of hypothesis 5

There is no relationship between the nurse educator's perception of the psychological empowerment and self-efficacy, and the ability to have an impact.

- Hypothesis 5.1 *There is no relationship between the nurse educator's perception of the psychological empowerment and self-efficacy OR their ability to have an impact*

The Table 6.35 series display the statistical calculations that were performed for this part of hypothesis 5.1.

**TABLE 6.35(a): Descriptive statistics on Hypothesis 5.1:
Nurse educator’s perception of psychological empowerment and self-
efficacy**

Pair	Constructs	Mean	N	Std. Deviation	Std error of the Mean
Pair 1	Autonomy	21.81	109	4.469	0.428
	Self-efficacy	6.2	109	2.151	0.206
Pair 2	Instructional Self-Efficacy	7.07	109	1.913	0.183
	Self-efficacy	6.2	109	2.151	0.206
Pair 3	Disciplinary Self-Efficacy	20.5	109	3.341	0.32
	Self-efficacy	6.2	109	2.151	0.206
Pair 4	Efficacy to create a Positive College Climate	32.91	109	5.136	0.492
	Self-efficacy	6.2	109	2.151	0.206
Pair 5	Self-Assertive Efficacy	16.41	109	2.492	0.239
	Self-efficacy	6.2	109	2.151	0.206
Pair 6	Self-Regulatory Efficacy	20.89	109	3.125	0.299
	Self-efficacy	6.2	109	2.151	0.206

Table 6.35(a) displays the Paired samples psychological empowerment concepts and self-efficacy. The mean and standard deviation between psychological empowerment and self-efficacy indicated in table 6.35(a) show the distribution of the scores of the two variables. Paired sample-1, Autonomy M=21.81, SD=4.469 and Self-efficacy M=6.2, SD=2.151. Paired 2, Self-efficacy, M=7.07, SD=1.913 and Self-efficacy M=6.2, SD=2.151 while Paired sample- 3, Self-efficacy to create a positive climate, M=20.5, SD=3.341. Paired sample- 4, climate and self-efficacy, M=6.2, SD=5.136 AND Self-assertive self-efficacy M=32.91, SD=2.151. Paired Sample -5, self-efficacy, M= 16.41, SD=2.492 and Self-regulatory efficacy, M=6.2, SD=2.151 while Paired sample5, efficacy, M=2089, SD=3.125 and Self-efficacy, M=6.2, SD=2.151. As table 6.35(a) indicates, the means of the two variables demonstrate a varied distribution of the scores amongst the respondents. The standard deviation also indicates varied dispersion of the scores.

**TABLE 6.35(b): Correlational statistics for Hypothesis 5.1:
Nurse educator’s perception of psychological empowerment and self-efficacy**

Pairs	Constructs	N	Correlation	Sig.
Pair 1	Autonomy & Selfefficacy	109	0.237	0.013
Pair 2	Instructional SelfEfficacy & Selfefficacy	109	0.388	0.000
Pair 3	Disciplinary SelfEfficacy & Selfefficacy	109	0.11	0.256
Pair 4	Efficacy to create a Positive College Climate & Selfefficacy	109	0.118	0.221
Pair 5	Self-Assertive Efficacy & Selfefficacy	109	0.24	0.012
Pair 6	Self-Regulatory Efficacy & Selfefficacy	109	0.064	0.509

Table 6.35(b) shows two paired samples to determine whether the two variables correlate. All the paired variables’ correlation scores are more than 0.05. The result is not significant; thus, the two variables do not correlate.

As figure 6.9 shows, the results of the paired variables indicated more values than 0.05. The dots on the scatter plot are scattered all over the graph, thus indicating no relationship between the variables.

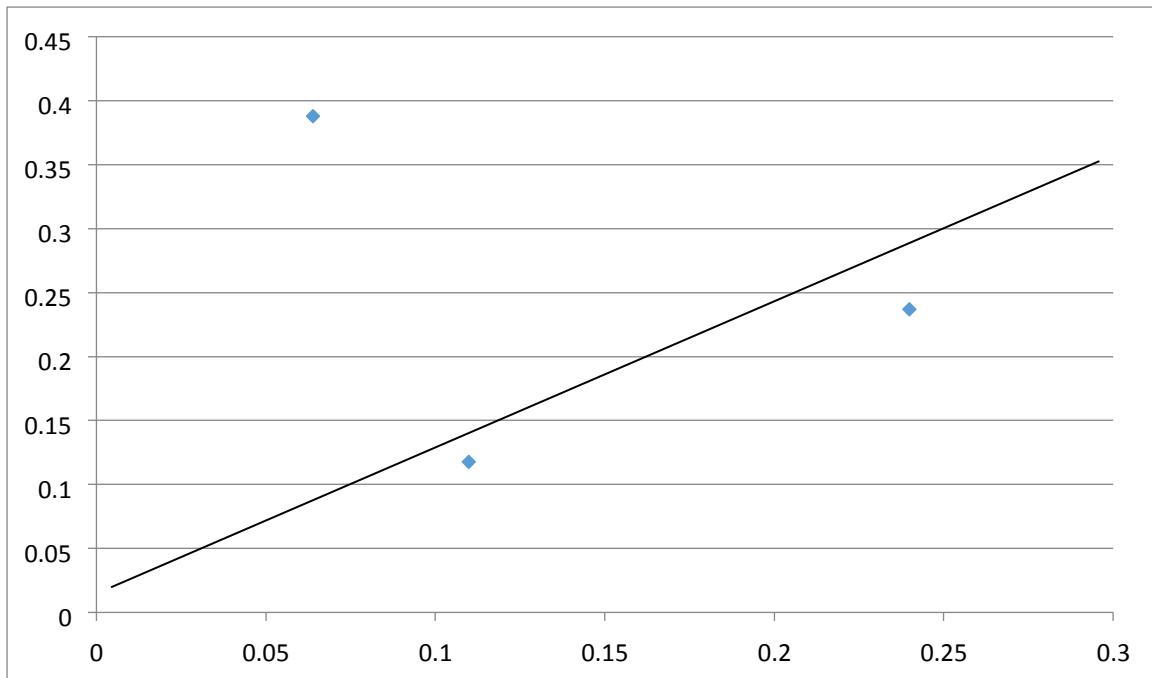


Figure 6.9 Scatter plot of paired samples correlation

The T-test (t) was *also* conducted to determine the difference between the two independent variables. Paired Autonomy and self-efficacy score $t=36.397$; Paired self-efficacy and disciplinary self-efficacy score $t=4.031$. Paired Self-efficacy and self-efficacy to create a positive climate score=39.558 while Paired efficacy and self-assertive efficacy score $t=52.325$. Paired self-efficacy and self-efficacy score $t=37.092$ while paired self-regulatory efficacy and self-efficacy score $t=41.688$. The lowest value is $t=4.031$ for self-efficacy and disciplinary self-efficacy, while the highest value is 41.688. The results indicated that the values obtained were different. As shown in table 6.35(c), the two variables paired together were independent of each other.

**TABLE 6.35(c): t-Test for Hypothesis 5.1:
Nurse educator's perception of psychological empowerment and self-efficacy**

	Constructs	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
		Lower	Upper			
Pair 1	Autonomy - Self-efficacy	14.756	16.455	36.397	108	0.000
Pair 2	Instructional Self-Efficacy - Self-efficacy	0.443	1.3	4.031	108	0.000
Pair 3	Disciplinary Self-Efficacy - Self-efficacy	13.578	15.009	39.588	108	0.000
Pair 4	Efficacy to create a Positive College Climate - Selfefficacy	25.695	27.718	52.325	108	0.000
Pair 5	Self-Assertive Efficacy - Selfefficacy	9.665	10.757	37.092	108	0.000
Pair 6	Self-Regulatory Efficacy - Selfefficacy	13.99	15.386	41.688	108	0.000

Table 6.36(a) exhibits the paired variables on psychological empowerment concepts and the ability to have an impact. Table 6.36 also presents the mean and standard deviation scores of the paired samples. Pair-1, Ability to have an impact M=72.86, SD=11.335 and Autonomy M=21.81, SD=4.469 while Pair-2, Ability to have an impact M=72.86, SD=11.335 and Self-efficacy M=6.2, SD=2.151. Pair-3 Ability to have an impact M=72.86, SD=11.335 and Instructional Self-efficacy, M=7.07, SD=1.913. Pair 4 Ability to have an impact M=72.86, SD=11.335 and Disciplinary Self-efficacy, M=20.5, SD=3.341. Pair -5, Ability to have an impact, M=72.86, SD=11.335 and Efficacy to create a positive climate, M=32.91, SD=5.135. Pair-6, Ability to have an impact,

TABLE 6.36(b): Paired Samples on Correlations for Hypothesis 5.2: psychological empowerment concepts and ability to have an impact

M=72.86, SD=11.335 and Self-assertive Efficacy M=16.41, SD=2.492 while Pair-7, Ability to have an impact, M=72.86, SD=11.335 and Self-regulatory Efficacy, M=20.89, SD3.125. The means scores of the two variables differed with the highest mean score was of Ability to have an impact at 72.86. These were found to be similar in all group of paired variables. Equally, the ability to have an impact has the highest SD=11.335. All the second paired variables presented the lowest score. The results indicated that nurse educators differed in terms of their perception about the ability to have an impact.

TABLE 6.36(a): Descriptive statistic for Hypothesis 5.2: Paired samples on nurse educators' psychological empowerment concepts and ability to have an impact

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Ability to have an impact	72.86	109	11.335	1.086
	Autonomy	21.81	109	4.469	0.428
Pair 2	Ability to have an impact	72.86	109	11.335	1.086
	Self-efficacy	6.2	109	2.151	0.206
Pair 3	Ability to have an impact	72.86	109	11.335	1.086
	Instructional Self-Efficacy	7.07	109	1.913	0.183
Pair 4	Ability to have an impact	72.86	109	11.335	1.086
	Disciplinary Self-Efficacy	20.5	109	3.341	0.32
Pair 5	Ability to have an impact	72.86	109	11.335	1.086
	Efficacy to create a Positive College Climate	32.91	109	5.136	0.492
Pair 6	Ability to have an impact	72.86	109	11.335	1.086
	Self-Assertive Efficacy	16.41	109	2.492	0.239
Pair 7	Ability to have an impact	72.86	109	11.335	1.086
	Self-Regulatory Efficacy	20.89	109	3.125	0.299

		N	Correlation	Sig.
Pair 1	Ability to have an impact & Autonomy	109	0.393	0.000
Pair 2	Ability to have an impact & Self-efficacy	109	0.368	0.000
Pair 3	Ability to have an impact & Instructional Self Efficacy	109	0.401	0.000
Pair 4	Ability to have an impact & Disciplinary Self Efficacy	109	0.498	0.000
Pair 5	Ability to have an impact & Efficacy to create a Positive College Climate	109	0.591	0.000
Pair 6	Ability to have an impact & Self-Assertive Efficacy	109	0.517	0.000
Pair 7	Ability to have an impact & Self-Regulatory Efficacy	109	0.469	0.000
T-test for Paired Samples				

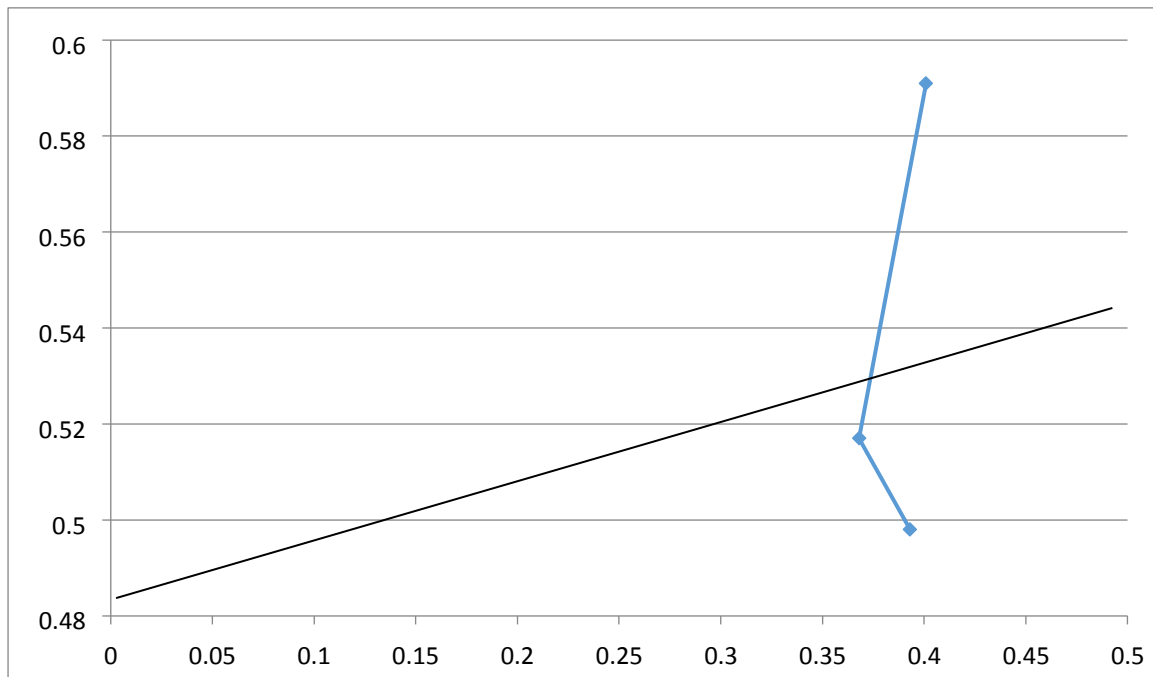


Figure 6.10: Scatter plot of the Paired sample correlation

The dots are scattered all over the graph. This indicates that the paired variables are not correlated. As **figure 6.10** shows, the results are not significant, and the hypothesis is accepted.

In table 6.36(c), the psychological concepts and self-efficacy variables were grouped and paired to determine their correlation. Pair- 1, Ability to have an impact and Autonomy correlation score was 0.393 while Pair-2, Ability to have an impact and self-efficacy score=0.368. Pair-3, Ability to have an impact and Instructional self-efficacy score was 0.401 while Pair-4, Ability to have an impact and Disciplinary self-efficacy score=0.498. Pair-5, Ability to have an impact and efficacy to create a positive climate score=0.591 while Pair-6, Ability to have an impact and self-assertive self-efficacy score=0.517. Pair-7, Ability to have an impact and self-regulatory efficacy score=0.469. The score obtained as figure 6.10 indicates, from correlation test was more than the set $p=0.05$.

TABLE 36(c): t-Test for Hypothesis 5.2:

Paired samples on nurse educators' psychological empowerment concepts and ability to have an impact

Pairs	Constructs	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	Ability to have an impact - Autonomy	49.076	53.034	51.138	108	0.000
Pair 2	Ability to have an impact - Self-efficacy	64.623	68.698	64.845	108	0000
Pair 3	Ability to have an impact - Instructional Self-Efficacy	63.755	67.823	64.117	108	0.000
Pair 4	Ability to have an impact - Disciplinary Self-Efficacy	50.45	54.284	54.146	108	0.000
Pair 5	Ability to have an impact - Efficacy to create a Positive College Climate	38.193	41.716	44.959	108	0.000
Pair 6	Ability to have an impact - Self-Assertive Efficacy	54.5	58.399	57.386	108	0.000
Pair 7	Ability to have an impact - Self-Regulatory Efficacy	50.027	53.918	52.942	108	0.000

The psychological concepts and ability to have an impact were subjected to T-test (t). The purpose of applying t was to determine a significant difference between the means of the two groups of variables. Pair-1, Ability to have an impact and Autonomy score $t=51.138$ while Pair-2, Ability to have an impact and self-efficacy score $t=64.845$. Pair3, Ability to have an impact and Instructional self-efficacy score

$t=64.117$ while Pair-4, Ability to have an impact and Disciplinary self-efficacy score $t=54.146$. Pair-5, Ability to have an impact and Efficacy to create a positive climate score $t=44.959$. Pair-6, Ability to have an impact and self-assertive efficacy score $t=57.386$ while Pair-7, Ability to have an impact and self-regulatory efficacy score $t=52.942$. The scores obtained were more than the p-value set at 0.05. The results are not significant; thus, there was no significant difference between the samples of the two variables. Therefore, the hypothesis is accepted. There is no relationship between psychological empowerment concepts and the ability to have an impact.

6.10 CONCLUSION

Whereas this chapter presented the results of the data collection and the analysis of the data, the next chapter serves as an extension of the current one, presenting a summary of the research finding based on the data, certain conclusions drawn from the data and recommendations, through which the researcher trusts, the results will be disseminated.

CHAPTER 7

FINDINGS, IMPLICATIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

Chapter 6 presented a statistical analysis of the data. The researcher used a self-designed questionnaire based on the Laschinger's Integrated Model of Nurse/Patient Empowerment deduced from Kanter's Theory of Structural Power in Organisations and Speitzer's Psychological Empowerment Theory to collect the data. The purpose of this descriptive-correlational study was to investigate the perceptions of nurse educators in the Limpopo Province of South Africa regarding their empowerment. The current chapter focuses on discussing the findings, conclusions and recommendations based on the findings as explicated in Chapter 6.

7.2 THE INTERPRETATION OF THE DEMOGRAPHIC VARIABLES OF RESPONDENTS

This section deals with the findings, conclusions and recommendations about the demographic variables of the respondents.

7.2.1 Gender of respondents

7.2.1.1 Findings

The sample consisted of male and female respondents. A total of 8 males and 101 females participated in the study.

7.2.1.2 Conclusion

It appears that females dominate nursing education in the Limpopo Provinces in line with the gender profile found in clinical nursing. There are overall fewer male nurses in the nursing profession than females.

7.2.1.3 Recommendations

The NEIs in the Limpopo Province need to embark on a rigorous recruitment campaign of male applicants into nursing education.

7.2.2 Age of respondents

7.2.2.1 Findings

Most respondents fell in the age group of 50-59 years. The lowest ages were in the group 20-29 years.

7.2.2.2 Conclusion

The nurse educator population figures an ageing population.

7.2.2.3 Recommendations

Nurse educators employed in public health service are permitted to retire from the age of 55 years. Many nurse educators are likely to leave the profession within a few years. The NEIs need to employ additional nurse educators to replace those who will retire. New appointments are required to design a succession plan and to empower them to take on responsibility once the more experienced educators have retired.

7.2.3 Highest qualifications of respondents

7.2.3.1 Findings

Most respondents, forty-five (45), owned a basic degree in nursing while 13 had a diploma in nursing education. Some respondents with basic degrees in nursing also specialised in nursing education. Twenty-eight (28) respondents had a masters' degree in nursing.

7.2.3.2 Conclusion

There is a need for the upgrading of the educational qualifications of the teaching staff at the Limpopo Nursing College. Although the possession of a master's degree in nursing is admirable, advancement to the doctoral level is vital to the image of the profession of Nursing Education and nursing as an academic discipline. The attainment of any higher educational level probably boosts the individual's self-image and possibly that person's experience of empowerment

7.2.3.3 Recommendations

The nurse educators should be provided with scholarships to further their studies. The government could assist via bursaries to nurse educators to further their studies. This also calls for employing additional members of staff to fill the posts of those while on study leave. Oliver, Gallo, Griffin, White and Fitzpatrick (2014:226) support the view that the work environment should empower employees by providing access to the opportunity to develop professionally.

7.2.4 Years of experience of respondents

7.2.4.1 Findings

The findings indicate that 33% ($f=36$) of respondents had less than five years of teaching experience while the respondents with more than sixteen years' teaching experience comprised 28.4% ($f=31$) of the respondents.

7.2.4.2 Conclusion

The low percentage of educators with sufficient experience (more than 5 years) emphasises the previous point of attracting more nurses to nursing education and at an earlier age during their careers.

7.2.4.3 Recommendations

The NEIs should employ more nurse educators with sufficient clinical and theoretical experience in nursing education. The ageing nursing population in the Limpopo Province also motivates this.

7.2.5 The campus location of respondents

7.2.5.1 Findings

The results demonstrate statistically significant differences between the campus location of respondents and structural empowerment. Campus location was the only variable that indicated a statistically significant difference to any of the three main constructs involved in empowerment, namely structural empowerment, psychological empowerment and self-concept. It is also interesting to note that this does not indicate or imply that all deeper rural campuses are less equipped than the main campus or campuses closer to the main urban and semi-urban areas.

7.2.5.2 Conclusion

The variation in the number of respondents (educators) relates to the number and levels of courses offered at the different campuses.

7.2.5.3 Recommendation

The researcher makes no recommendation apart from making the more rural campuses attractive to nurse educators to teach at these campuses. Equal distribution of equipment (structural empowerment) might assist in this.

7.2.6 Disciplines in which respondents were teaching

7.2.6.1 Finding

General Nursing Science (33%), Midwifery (17.4%) and Community Nursing Science (16.5%) had more respondents than the other disciplines.

7.2.6.2 Conclusion

The differences are attributable to the fact that these disciplines form the bulk of the student training according to R425 (Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Nurse (General, Psychiatric and Community) and Midwife leading to Registration of 22 February 1985 as amended) and the Diploma in Midwifery (R254 Regulations for the Course for the Diploma in Midwifery for Registration as a Midwife of 14 February 1975 as amended)

The allocation of teaching specific subjects seems to depend on need rather than respondents' interest in teaching that subject. This has implication for the previous recommendations relating to recruiting future educators taking into consideration their clinical interests. To promote a sense of empowerment, nurse educators should, where possible, be placed in the discipline area in which they are interested (Heuston 2011:250).

7.2.6.3 Recommendations

NEIs in the Limpopo Province need to take special note of the proposed changes to the SANC's stipulation regarding the NQF levels nursing qualifications will take on soon. It might be necessary to recruit lecturers with advanced degrees covering the field of Psychiatric Nursing Science, Social Science and the Humanities.

Nurse educators should, where possible, be allocated to their areas of interest to promote their sense of empowerment. The nurse educators should be involved in program and curriculum development, and in establishing the standards of the program to enable them to be courageous to tackle difficult subjects. The organisational structure in the NEIs should provide opportunities for ownership of

teaching and decision-making related to their jobs (Clavelle, Porter O'Grady, Weston & Verran 2016:4; Luzinski 2012:3).

7.2.7 Subjects in which respondents had previous experience

7.2.7.1 Finding

The data indicate that 45% of the respondents (NE) had some experience in General Nursing Science and Anatomy, followed by Fundamental Nursing Science and Midwifery at 28.4%. Only 10% had experience in Psychiatric Nursing Science.

7.2.7.2 Conclusion

The conclusions drawn in the previous section also apply to this finding.

7.2.7.3 Recommendation

The recommendations made under the previous conclusion also apply to this finding.

7.2.8 The level at which respondents were teaching

7.2.8.1 Finding

The results demonstrate that there were more respondents in level one of the four-year nursing programme than in level four. Levels two and three also had more responses than level four.

7.2.8.2 Conclusion

Level one through three of the nursing education programmes generally consists of more subjects than level four, particularly in the four-year programme. Also, subjects

such as Midwifery, Psychiatric Nursing Science and Community Nursing Science tend to be completed before the fourth-year level.

7.2.8.3 Recommendations

Management needs to assess the access nurse educators have to empowering experiences, especially in subjects confining them mostly to classroom teaching.

7.2.9 Years respondents have been teaching the current subject

7.2.9.1 Finding

Most respondents (40.4%) indicated that they had less than five years teaching experience in the subjects they were teaching at the time of data collection while 26.6% reported they had more than ten years' experience.

7.2.9.2 Conclusion

Considering the level of experience of educators at NEIs in the Limpopo Province and the "close to retirement age" of some educators, the researcher cannot but feeling "uneasy". The researcher hypothesis is that more years of teaching the same subject brings about more experience and probably an experience of being empowered. The organisational structure in the NEIs should provide opportunities for ownership of teaching and decision-making related to their job (Clavelle, Porter, O'Grady, Weston & Verran 2016:4; Luzinski 2012:3).

7.2.9.3 Recommendation

The researcher recommends that management allocates NEs to teaching areas according to their primary interest and that they also acquire the necessary experience time-wise in their second choice of interest. Experiences that will promote mastery and scholarship such as advance studies and discipline-specific

conferences and forums on didactics and teaching, coupled with research in these areas might bring qualitative experiences beyond quantitative time experience. Time does not unequivocally imply experience.

7.2.10 Post grading of the respondents

7.2.10.1 Finding

Most of the respondents (45.9%) were at the level of Lecturer Grade 1, followed by 38.5% at the Lecturer Grade 2 level. Fewer respondents, grade level 3, head of disciplines and heads of satellite campuses combine made up 14.6%.

7.2.10.2 Conclusion

Lecturers grade 3 and higher are formally tasked with supervision and thus with creating an environment of empowerment. Lecturers grade three occupying positions also deputised the vice principals of campuses and satellite campuses, placing them at the forefront of information about the lecturer corps of a college. The post grading also corresponds with the years of experience in nursing education.

7.2.10.3 Recommendations

Nurse educators at the lower rank should be involved in activities above their level of occupation to strengthen their informal and formal power. For instance, involving lower-ranking educators in strategic planning and other activities beyond their daily lecturings such as activities like curriculum development and learning material development. The different disciplines at the NEIs should inculcate the spirit of teamwork to achieve share goals (Clavelle et al 2016:4) as this might improve a sense of empowerment among lecturers. Special continuous educational programmes in supervision and human resource development should be offered to Lecturers Grade 3 and higher to facilitate institutional and staff empowerment.

7.3 NURSE EDUCATORS' PERCEPTIONS OF THE CONCEPT OF EMPOWERMENT

7.3.1 Finding

For the sake of convenience, the researcher copied table 6.7(b) to this section.

SEMANTIC RANGE	NUMBER OF RESPONDENTS (n=)	LOW	MEDIUM	HIGH	TOTAL OF SCORES/ PERCENTAGE)
Ascribed (1) / Taken up (7)	69	f=26 %=37.7	f=17 %=24.6	f=26 %=37.7	100%
Hierarchical (1) / Personal influence (7)	73	f=32 %=43.8	f=12 %=16.5	f=29 %=39.7	100%
Paternalistic (1) / Democratic (7)	73	f=43 %=58.9	f=8 %=11.0	f=22 %=30.0	100%
Oppressive (1) / Liberating (7)	76	f=44 %=57.9	f=11 %=14.5	f=21 %=27.6	100%
Alienating (1) / Inclusive (7)	73	f=43 %=58.9	f=10 %=13.7	f=20 %=27.4	100%
Autonomous (1) / Sharing (7)	78	f=32 %=41.0	f=15 %=19.3	f=31 %=39.7	100%
Autonomy (7) / Dependence (1)	75	f=36 %=48.0	f=16 %=21.3	f=23 %=30.7	100%
Have subordinates (1) / Issues from self (7)	71	f=29 %=40.8	f=17 %=23.9	f=25 %=35.3	100%
TOTAL %		387.0	144.8	268.2	800
AVERAGE %		48.2%	18.4%	33.4%	100%

Table 7.1 indicates the average low, medium and high scores and percentages for the semantic differential. The researcher incorporated inverted scales into the calculation of these scores and percentages. Low scores indicate more inappropriate perceptions of the concept of empowerment and high the more appropriate perceptions.

The word pairs Hierarchical/Personal Influence and Autonomous/Sharing show the highest high scores and percentages. In both instances, the highest percentage is 39.7%, indicating personal influence and sharing. However, the opposites of hierarchical (43.8%) and autonomous (41.0%) still yielded a much higher score. The highest low scores are for paternalistic and alienating with both at 58.9%. On average, 48.2% of the responses indicated a “negative” view of empowerment and only 33.4% responses were positive. The 18.4% medium responses, given the

overall findings, might harbour an even more substantial proportion of negative responses.

7.3.2 Conclusion

The fact that nurse educators perceived empowerment as ascribed means that some of them misunderstand the basic tenets of empowerment to be taken, and issuing from a good self-concept. Nurse educators come from a field (nursing practice) where there is often poor integration of the concept of empowerment (Laschinger et al 2010:5) and expressional freedom.

Nurse educators must identify their empowerment deficits and take steps to empower themselves. The nurse educators' engagement in empowerment discussions and information sharing might provide opportunities for them to understand that empowerment could emanate from establishing mutual goals (Laschinger et al 2010:9).

Respondents also perceive empowerment as relating to their hierarchical position rather than personal influence. The implication is that although the position occupied by a nurse educator provides certain opportunities towards empowerment, these must still be taken up hence the personal influence of the individual. According to McWilliam et al (2001) in Laschinger et al (2010:11), when the judgements and the knowledge of experts in the educational field are not both effected within the hierarchy, empowerment opportunities cannot be implemented. Thus, nurse educators cannot realise self-determination and formal power. Laschinger et al (2010:11) propose that flexibility and initiation accord opportunities for formal power for nurse educators. Formal power stems from nurse educators performing activities associated with a hierarchical position. To properly facilitate empowerment, there should be cooperation among nurse educators regardless of the position they occupied (Laschinger et al 2010:11).

Respondents also saw the concept of empowerment as paternalistic, which is contrary to the intended democratic nature of empowerment. The situation in which

nurse educators found themselves might influence the way they perceived empowerment. As Oliver et al (2014:227) state, empowerment emanates from social structures in the environment that satisfy employees and make them useful. Therefore, when leaders democratically support nurse educators, they tend to be more satisfied and performed their activities with vigour, both a means to an end and an end in itself – empowerment.

The perception of empowerment as oppressive rather than liberating might reflect respondents' experience of others' exercise of their empowerment rather than what empowerment as such entails. The perception of empowerment as oppressive might be due to work conditions that thwart access to lines of support for nurse educators (Hebenstreit [sa]:297). Nurse educators should feel supported when they received feedback and guidance about their work performance from the supervisors (Ning et al 2009:2643).

The perception of empowerment as having subordinates links up with the perception of empowerment as paternalistic, oppressive, a hierarchical position, and being ascribed. Thus it appears that nurse educators might experience limited open networking and ultimately a lack of informal power (Laschinger et al 2010:11).

The outcome of respondents' views as exhibited by the semantic differential scale are alarming and hold important implications for the research findings as overall responses are generally incorrect. This might have influenced the respondent's responses to other items in the questionnaire. Moreover, if the responses stem from personal experience, most respondents probably experienced job dissatisfaction at the time of data collection.

Even though the researcher asked the respondents to indicate their perception of the concept of empowerment, respondents might have indicated their experience of what they perceive empowerment to be as exercised by others.

7.3.3 Recommendations

As, on average, 48.2% responses were incorrect, 18.4% unsure and 33.4% correct, the overall recommendation is that management inculcates the concept of empowerment as a professional aim, as professional comportment, a personal aim, and a teaching goal to attain with student nurses. The NEIs seem to be in dire need of this to further job satisfaction, the smooth running of the different NEIs and the promotion of students' professional development.

The researcher recommends among other measures,

- a program of conceptualising empowerment and adopting it as part of the institutional mission and vision
- involving nurse educators in empowerment programmes at the NEI's to facilitate their exercise, in practice, of their "em-power-ment"
- not oppressing others through powers hierarchically gained
- involving all nurse educators in decision-making at the institutional level to promote their experience of being empowered
- Future research needs to focus on the concept of empowerment and the personal experiences of being empowered and participants' perception of others' (e.g., management's) perception of their empowered positions. This calls for a longitudinal comparative study between respondents' conceptualisation, experience and perception of empowerment in the workplace.

7.4 GENERAL EXPERIENCE AND PERCEPTION OF THE MAIN COMPONENTS

7.4.1 Nurse educators' experience and perception of structural empowerment

7.4.1.1 Findings

Of the 109 respondents, 50.5% ($f=55$) strongly disagreed with the items on structural empowerment, while 48.6% ($f=53$) strongly agreed with these items. To further break

down these responses to indicate the variation between structural empowerment and the different main variables contained in the questionnaire, see Table 7.2.

TABLE 7.2: SUMMARY OF HIGHEST POSITIVE AND HIGHEST NEGATIVE PERCENTAGES FOR STRUCTURAL EMPOWERMENT				
CROSS TABULATED WITH	HIGHEST NEGATIVE PERCENTAGE		HIGHEST POSITIVE PERCENTAGE	
	Variable	%	Variable	%
Gender	Males	50%	Females	49%
Highest qualification	Diploma in NEd	62%	Ba Cur Hons	41%
Years' experience	16+ years	56%	0-5 years	58%
Campus location	Sekhukhune	86%	Giyani	59%
Discipline taught	GNS	58%	Midwifery	91%
Leve of lecturing	Level 1	51%	Level 4	55%

7.4.1.2 Conclusion

Most respondents did not experience or perceive the physical environment at different NEIs to provide them with structural empowerment. The highest negative score on structural empowerment is 86% for those stationed at the Sekhukhune satellite campus a rural area. The highest positive score of 91% appears under the groups teaching midwifery.

7.4.1.3 Recommendations

The attainment of a supportive structural empowerment configuration at the different NEIs is vital. The academic environment should be equipped with structures that empower nurse educators (Hebenstreit [s.a]:300). In this regard the researcher recommends

- identifying all structural empowerment elements needed to empower nurse educators and assess their contribution and obstruction towards empowerment at all hierarchical levels, improving communication in all its available forms without ignoring the value of the human element and presence in communication
- opening the organisational structure and communication lines and emphasising a democratic leadership management style

- involving nurse educators in financial planning exercises elements relating to structural empowerment, thus recognising and boosting their morale and experience of being empowered.

7.4.2 Nurse educators' experience of psychological empowerment

7.4.2.1 Findings

Of the 109 respondents, 40.4% (n=44) strongly agreed to having experienced psychological empowerment while most, 57.8% (n=63) disagreed to having experienced psychological empowerment and the use of empowerment strategies. Of the 109 respondents, only 1.8% (n=2) were not sure whether they experienced psychological empowerment and the use of empowerment strategies.

To further break down these responses to indicate the variation between structural empowerment and the different main variables contained in the questionnaire, see Table 7.3.

CROSS TABULATED WITH	HIGHEST NEGATIVE PERCENTAGE		HIGHEST POSITIVE PERCENTAGE	
	Variable	%	Variable	%
Gender	Females	42%	Males	75%
Highest qualification	Dip NE	46%	BA Cur Hon	70%
Years' experience	6-10 years	48%	0-5 years	61%
Campus location	Waterberg	57%	Sekhukhune	75%
Discipline taught	Midwifery	44%	Social sciences	71%
	Psychiatry	44%		
Level of lecturing	Level 2	45%	Level 1	61%

7.4.2.2 Conclusion

According to the findings, most nurse educators did not experience psychological empowerment. It would be naïve to expect them to use empowerment strategies while they did not experience any psychological empowerment themselves. Kanter's (1997,1993) theory of Structural Power in Organisations proposes that structural empowerment influences both the behaviours and attitudes of educators in the

workplace (Lethbridge, Andrusyszyn, Iwasiw, Laschinger & Fernando 2011:637). Due to this, nurse educators did not experience autonomy and self-efficacy when performing their work (Wang & Lee 2009:273). Also, the highest negative score on psychological empowerment of 57% came from those stationed at the Waterberg satellite campus. The highest positive score of 75% came from the male gender and Sekhukhune stationed respondents. The latter finding is in contrast to the general finding on structural empowerment experienced in Sekhukhuni. Inevitably, the researcher's mind wonders towards the possibility that male (psychological) power or "favouritism" might play a role.

7.4.2.3 Recommendations

Overall, the researcher recommends the creation of a professional caring and learning milieu for nurse educators at the different NEIs (campuses) through

- furthering detailed research into the psychological climate and empowerment of nurse educators in the Limpopo Province in comparison to other provinces to determine the exact status and nature of psychological empowerment as well as the relationship between structural and psychological empowerment
- designing peer teaching programmes and inviting experts in nursing education where possible to assist nurse educators in gaining confidence and enhancing their self-concept as nurse educators
- the improvement in nurse educators' access to resources and learning and growth opportunities that will promote their psychological empowerment.

7.4.3 Nurse educators' experience of self-concept

7.4.3 1 Finding

Self-concept pertains to how people feel about themselves and forms an important predisposition towards the self-experience of being empowered. See section 3.5.1.7 on self-efficacy (and self-concept). Most respondents, 56.9% ($f=62$), strongly agreed with the items on self-concept, thus showing having a good self-concept, while 42.2% ($f=46$) disagreed with these items indicating a poorer self-concept.

To further break down these responses to indicate the variation between structural empowerment and the different main variables contained in the questionnaire, see Table 7.4.

CROSS TABULATED WITH	HIGHEST NEGATIVE PERCENTAGE		HIGHEST POSITIVE PERCENTAGE	
	Variable	%	Variable	%
Gender	Males	59%	Females	57%
Highest qualification	BA Cur Hons	45%	MA Cur	67%
Years' experience	6-10 years	54%	11-15 years	76%
Campus location	Waterberg	71%	Sovenga	74%
Discipline taught	Psychiatry	56%	GNS	61%
Level of lecturing	Level 4	56%	Level 3	74%

The highest negative score on self-concept and efficacy is 71% for those stationed at the Waterberg satellite campus. This is the highest positive score of with 76% for the group with 11-15 years of teaching experience.

7.4.3.2 Conclusions

Self-concept, although a multifaceted phenomenon formed by many internal and external factors outside the workplace with which the individual enters into nursing and nursing education as an educator, self-concept is further influenced in the workplace through their perception of structural empowerment and psychological empowerment (Lethbridge, Andrusyszyn, Iwasiw, Laschinger & Fernando 2011:637; Wang & Lee 2009:273).

7.4.3.3 Recommendations

See the recommendations for psychological empowerment.

7.5 DEMOGRAPHICS VERSUS THE THREE MAIN CONCEPTS OF THE THEORETICAL UNDERPINNING OF THE RESEARCH

The three main components referred to are structural empowerment, psychological empowerment and self-concept

7.5.1 Gender

7.5.1.1 Gender and structural empowerment

The overall results indicate that 40.4% (n=44) of the respondents strongly disagreed that structural empowerment existed at the NEIs, and 57.8% (n=63) strongly agreed that structural empowerment existed at the NEIs. However, the researcher could not deduce whether female nurse educators had better or more access to opportunities than their male counterpart as no statistically significant differences between the two groups could be detected at $p < 0.05$.

7.5.1.2 Gender and self-concept

The results demonstrate that of the respondents, 42.2% (n=46) strongly disagreed on the items indicating an insufficient self-concept, while 56.9% (n=62) strongly indicated a sufficient self-concept. However, the researcher could not make any further deductions as no statistically significant differences between the two groups could be detected at $p < 0.05$. It is thus not clear how, and why the difference in responses as indicated in Table 6.12, occurred

7.5.1.3 Gender and experienced psychological empowerment

Of the respondents, 40.4% (n=44) strongly disagreed on the items relating to experienced psychological empowerment and 57.8% (n=63) strongly agreed with these statements. However, the researcher could not make any further deductions as no statistically significant differences between the two groups (males and females) could be detected at $p < 0.05$. It is thus not clear how, and why the difference in responses occurred as indicated in Table 6.11.

7.5.1.4 Summary of findings

Table 7.5 Cross-tabulates the three main constructs and gender.

TABLE 7.5: SUMMARY FOR HIGHEST NEGATIVE AND HIGHEST POSITIVE PERCENTAGES FOR GENDER AND THE THREE MAIN COMPONENTS OF THE THEORY				
CROSS TABULATED WITH CONSTRUCT:	HIGHEST NEGATIVE PERCENTAGE		HIGHEST POSITIVE PERCENTAGE	
	VARIABLE	%	VARIABLE	%
Structural empowerment	Male	50%	Females	49%
Psychological empowerment	Females	42%	Males	75%
Self-concept	Males	59%	Females	57%

About structural empowerment and self-concept, both male and females are in close range to one another; however, concerning psychological empowerment, 75% of the males seem to experience psychological empowerment strongly. In comparison, 42% of the females strongly indicated they did not agree on the statements relating to psychological empowerment.

7.5.2 Highest qualification

7.5.2.1 Highest qualification and structural empowerment

The overall results indicate that the majority of respondents 50.5% (n=55) strongly disagreed on the items relating to structural empowerment, those respondents with a BA Cur degree and a BA Cur Hons degree more often agreed with statements on structural empowerment than those with a Diploma in Nursing education and those with a Master's degree. However, the researcher could not make any further deductions as no statistically significant differences between the groups (qualifications) could be detected at $p < 0.05$. It is thus not clear how, and why the difference in responses as indicated in Table 6.14 occurred.

7.5.2.2 Highest qualifications and psychological empowerment

The results demonstrate that 40.4% (n=44) respondents strongly disagreed while most respondents 57% (n=63) strongly agreed with the items on psychological empowerment and the use of empowerment strategies. The group with a BA Cur qualification had the highest percentage of respondents indicating that they

experienced psychological empowerment. However, the researcher could not make any further deductions as no statistically significant differences between the groups (qualifications) could be detected at $p < 0.05$. It is thus not clear how, and why the difference in responses, as indicated in Table 6.15, occurred.

7.5.2.3 Highest qualification and self-concept

The results demonstrate that 42.2% ($n=46$) of the 109 respondents strongly disagreed, while 56.9% ($n=62$) strongly agreed with the items relating to self-concept. More educators with a B Cur Hons qualification seem to experience an adequate self-concept than other qualification groups. Individuals would feel competent and might feel that they contribute effectively to accomplishing the work (Speitzer 1995:1446). The researcher is inclined to argue that, taking into consideration the performance of the B Cur group, that these individuals are perhaps most appropriately utilised and allocated. However, the researcher could not make any definite deductions as no statistically significant differences between the groups (qualifications) could be detected at $p < 0.05$. It is thus not clear how, and why the difference in responses, as indicated in Table 6.15, occurred.

7.5.2.4 Summary

Table 7.6 cross-tabulates the three main constructs and qualification within variable groups.

Looking at the responses within variable groups, nurse educators with a BA Cur Hons qualification appears to do best on the structural and psychological empowerment scale and, surprisingly, worst on the self-concept scale. MA Cur qualified educators seem to have a better self-concept while Diploma qualified educators lack in the experience of structural and psychological empowerment.

TABLE 7.6: SUMMARY FOR HIGHEST NEGATIVE AND HIGHEST POSITIVE PERCENTAGES FOR HIGHEST QUALIFICATION AND THE THREE MAIN COMPONENTS OF THE THEORY				
CROSS TABULATED WITH CONSTRUCT:	HIGHEST NEGATIVE PERCENTAGE		HIGHEST POSITIVE PERCENTAGE	
	VARIABLE	%	VARIABLE	%
Structural empowerment	Dipl. NE	62%	BA Cur Hons	41%
Psychological empowerment	Dipl. NE	46%	BA Cur Hons	70%
Self-concept	BA Cur Hons	45%	MA Cur	67%

7.5.3 Teaching experience

7.5.3.1 Teaching experience and structural empowerment

The analysis indicates that 50.5% (n=55) of respondents strongly disagreed with the statements on structural empowerment, while 48.6% (n=53) strongly agreed with these. The respondents with <6 years experience, scored highest on the items on structural empowerment. Those with 6-10 years of experience and 16 and more years' experience scored second highest at 11.9%. However, the researcher could not make any further deductions as no statistically significant differences between the groups (year of experience) could be detected at $p < 0.05$. It is thus not clear how, and why the difference in responses, as indicated in Table 6.17, occurred.

7.5.3.2 Teaching experience and psychological empowerment

The results indicate that 40.4% (n=44) of respondents strongly disagreed while the majority 57.8% (n=63) strongly agreed with the items on psychological empowerment. It is again the group with <6 years experience that scored best on the psychological empowerment scale. However, the researcher could not make any further deductions as no statistically significant differences between the groups (years of experience) could be detected at $p < 0.05$.

7.5.3.3 Teaching experience and self-concept

The results demonstrate that 42.2% of respondents strongly disagreed and 56.9% strongly agreed with the items on self-concept. The group with <6 years' experience and those with 16 years and more experience scored highest on the self-concept

scale. However, the researcher could not make any further deductions as no statistically significant differences between the groups (year experience) could be detected at $p < 0.05$.

7.5.3.4 Summary

Table 7.7 cross-tabulates the three main constructs and years' experience within variable groups

CROSS TABULATED WITH CONSTRUCT:	HIGHEST NEGATIVE PERCENTAGE		HIGHEST POSITIVE PERCENTAGE	
	VARIABLE	%	VARIABLE	%
Structural empowerment	16+ years	56%	0-5 years	58%
Psychological empowerment	6-10 years	48%	0-5 years	61%
Self-concept	6-10 years	54%	11-15 years	76%

The group with 0-5 years' experience, seem to experience both structural and psychological empowerment and most (76%) those with 11.15 years' experience had a good self-concept. The groups 6-10 years appear not to do well on both psychological empowerment and self-concept while those with most years' experience seem to question the structural empowerment at the NEIs. It is speculated that for nurse educators with <6 years of experience, the "novelty" of teaching and "being in command" have not yet worn down, thus the higher scores on structural and psychological empowerment.

7.5.4 Campus allocation

7.5.4.1 Campus allocation and structural empowerment

The results demonstrate that almost half of 109 respondents, 50.9% (n=55) strongly disagreed while 41.1% (n=52) strongly agreed with statements on structural empowerment relating to the campus at which they were lecturing. A statistically significant difference was observed via X^2 at $p=0.003$, as demonstrated in Table

6.19. Amongst other structural elements that might have contributed to this finding, Kanter (cited in Laschinger et al 2010:7) emphatically states that empowerment is contagious, implying that when leaders are empowered the employees might feel empowered as well.

7.5.4.2 Campus allocation and psychological empowerment

Of the respondents, 40.7% (n=44) strongly disagreed while the majority 57.8% (n=62) strongly agreed with the items relating to psychological empowerment. Respondents allocated to the Thohoyandou campus, an urban campus, attained the highest scores while Waterberg followed by Shekhukhune, both more rural communities, attained the lowest score. However, the researcher could not make any further deductions as no statistically significant differences between the groups (campus allocation) could be detected at $p < 0.05$. It might, however, be postulated that the social surroundings and perhaps more or better structural support in the more urban areas contribute towards higher psychological empowerment.

7.5.4.3 Campus allocation and self-concept

The results indicate that 42.6% (n=46) of the respondents strongly disagreed, while 56.5% (n=61) strongly agreed with the items depicting self-concept. Again, respondents from the distant campuses of Sekhukhune and Waterberg scored lowest on this scale items. However, the researcher could not make any further deductions as no statistically significant differences between the groups (allocation) could be detected at $p < 0.05$.

7.5.4.4 Summary

Table 7.8 cross-tabulates the three main constructs and NEIs to which respondents were assigned, within the variable groups.

TABLE 7.8: SUMMARY FOR HIGHEST NEGATIVE AND HIGHEST POSITIVE PERCENTAGES FOR CAMPUS LOCATION AND THE THREE MAIN COMPONENTS OF THE THEORY				
CROSS TABULATED WITH CONSTRUCT:	HIGHEST NEGATIVE PERCENTAGE		HIGHEST POSITIVE PERCENTAGE	
	VARIABLE	%	VARIABLE	%
Structural empowerment	Sekhukhune	86%	Giyani	59%
Psychological empowerment	Waterberg	75%	Sekhukhune	75%
Self-concept	Waterberg	71%	Sovenga	74%

Within the variable groups, as allocated to NEIs, and not as a proportion of all respondents and responses, Waterberg presented the highest negative scores towards psychological empowerment and self-concept and Sekhukhune for structural power. The fact that respondents from Sekhukhune had the highest negative score on structural empowerment and the highest positive scores on psychological empowerment seem “strange”. One can only speculate that good group cohesion among educators could have contributed towards this.

7.5.5 Discipline taught

7.5.5.1 Discipline taught and structural empowerment

The results demonstrate that 48.0% (n=49) respondents strongly disagreed and 51.0% (n=52) strongly agreed with the items on structural empowerment. Respondents involved in teaching General Nursing Science and Midwifery gave the highest scores in this regard. Both of these disciplines are traditionally “the” disciplines defining nursing in South Africa. It might be for this reason that these disciplines are better equipped. The clinical field (practica) of these two disciplines are also better structured and organised than the other fields which might also have contributed to the difference in the findings. These disciplines thus might have sufficient resources accessible to nurse educators. However, the researcher could not make any further deductions as no statistically significant differences between the groups (disciplines) could be detected at $p < 0.05$.

7.5.5.2 Discipline taught and psychological empowerment

Most respondents 55,9% (n=57) strongly agreed while 43,1% (n=44) strongly disagreed with the items on psychological empowerment. The highest score again came from those teaching General Nursing Science, followed by Community Nursing Science and closely by Midwifery (Table 6.23), and these fields also have clinical teaching facilities locally. It might be that lecturers in these fields have more experience in these fields both as nurses and as nurse educators. It is, however, quite disappointing that lecturers from the fields of the Social Sciences and Psychiatric Nursing Science experienced or perceived such low psychological empowerment a much of what constitutes antecedents and predisposition to psychological empowerment is present in these disciplines., e.g., assertiveness, social intelligence and the like. However, the researcher could not make any further deductions as no statistically significant differences between the groups (discipline taught) could be detected at $p < 0.05$.

7.5.5.3 Discipline taught and self-concept

As the results demonstrate (Table 6.25),43.1% (n=44) strongly disagreed,and55.9% (n=57) respondents strongly agreed with the items on self-concept. Unexpected to the researchers' expectation based on the literature review of the concept of empowerment, lecturers (respondents) teaching in the field of Psychiatric Nursing Science and the Social Sciences scored lowest on the self-concept scale. Understanding self presumably contributes towards an adequate self-concept. The researcher could not make any further deductions as no statistically significant differences between the groups (discipline taught) could be detected at $p < 0.05$.

7.5.5.4 Summary

Table 7.9cross-tabulates the three main constructs, and the discipline respondents taught at the time of data collection, within the variable groups.

Within the discipline groups, an even stronger indication of psychiatric lectures' low performance on the self-concept and psychological empowerment scales becomes apparent. Notwithstanding Midwifery lectures' low performance on the psychological empowerment scale, they excel in perceiving the environment as structurally empowering.

TABLE 7.9: SUMMARY FOR HIGHEST NEGATIVE AND HIGHEST POSITIVE PERCENTAGES FOR DISCIPLINE TAUGHT AND THE THREE MAIN COMPONENTS OF THE THEORY				
CROSS TABULATED WITH CONSTRUCT:	HIGHEST NEGATIVE PERCENTAGE		HIGHEST POSITIVE PERCENTAGE	
	VARIABLE	%	VARIABLE	%
Structural empowerment	GNS	58%	Midwifery	91%
Psychological empowerment	Midwifery Psychiatry	44% 44%	Social Sciences	71%
Self-concept	Psychiatry	56%	GNS	61%

7.5.6 Level of teaching

7.5.6.1 Level of teaching and structural empowerment

The results demonstrate (Table 6.25) that 48.5% (n=47) of respondents strongly disagreed, while 50.5% (n=49) respondents strongly agreed with the items depicting structural empowerment. The highest percentage of lecturers finding the structural empowerment adequate are those teaching at the first-year level. However, the researcher could not make any further deductions as no statistically significant differences between the groups (level of teaching) could be detected at $p < 0.05$.

7.5.6.2 Level of teaching and psychological empowerment

Of the respondents, (Table 6.27); 40.2% (n=39) strongly disagreed while the majority 57.7% (n=56) of respondents strongly agreed with the items about psychological empowerment. It is lecturers from teaching at the first level that appear most satisfied with their psychological empowerment. However, the researcher could not make any further deductions as no statistically significant differences between the groups (level of teaching) could be detected at $p < 0.05$.

7.5.6.3 Level of teaching and self-concept

The results demonstrate that 41.2% (n=40) respondents strongly disagreed (inadequate self-concept) while 57.7% (n=56) strongly agreed (adequate self-

concept) with the items contained in the self-concept scales. From the Chi X² procedures, there appears not to be a statistically significant difference between the levels at which the respondents (lecturers) were teaching (at the time of data collection) and self-concept.

7.5.6.4 Summary

TABLE 7.10: SUMMARY FOR HIGHEST NEGATIVE AND HIGHEST POSITIVE PERCENTAGES FOR LEVEL OF TEACHING AND THE THREE MAIN COMPONENTS OF THE THEORY				
CROSS TABULATED WITH CONSTRUCT:	HIGHEST NEGATIVE PERCENTAGE		HIGHEST POSITIVE PERCENTAGE	
	VARIABLE	%	VARIABLE	%
Structural empowerment	Level 1	51%	Level 4	55%
Psychological empowerment	Level 2	45%	Level 1	61%
Self-concept	Level 4	56%	Level 3	74%

The content of Table 7.9 also does not suggest any pattern relating to the level at which the respondents (lecturers) were teaching at the time of data collection, and their perception on the three main constructs of the theory underlying the current research.

7.6 RECOMMENDATIONS

The following recommendations apply to the series from 7.6.1-7 findings.

- Coaching, counselling and mentoring should be carried out to assist nurse educators in improving their self-concept. A life coach could assist in improving the self-concept of nurse educators.
- A psychologist could be employed to implement counselling programmes.
- Employment of a wellness officer to assist in improving nurse educators with low self-concepts in the NEI's could also help in these matters.

7.7 TESTING THE NULL-HYPOTHESES

7.7.1 Hypothesis 1

There is no significant difference between nurse educators' perceptions of the concept of empowerment and demographical information such as the campuses where they are stationed, highest qualification and teaching experience.

7.7.1.1 Findings

The results of the semantic differential scale on the perception of the empowerment concept demonstrate that respondents perceived empowerment differently. Most respondents demonstrated a lack of insight and understanding of the concept of empowerment. This means that the respondents lack access to information, resources, support, opportunity to learn and grow, access to informal power and formal power. The results were not significant, and the null-hypotheses were accepted.

7.7.1.2 Conclusion

The lack of access to empowering conditions might have led to a lack of insight into what empowerment meant. The respondents' understanding of, or insight into, the concept of empowerment implies that respondents should be reintroduced to the concept of empowerment and should be exposed to empowering opportunities. The respondents must take individual responsibility to identify their empowerment deficit and get exposed to empowering opportunities.

7.7.2 Hypothesis 2:

There is no relationship between nurse educators' perceptions of the concept of empowerment and existing structure in nursing education in Limpopo province

7.7.2.1 Findings

The results regarding the perception of respondents of empowerment and existing structures differ. Most respondents, 50.5% (n=55), did not consider that there was empowerment while 48.6% (n=53) of respondents indicated that they experienced

structural empowerment. The results indicate no statistically significant differences. The results support the hypothesis (see 5.2.4.3 in this thesis) that there is a negative relationship between nurse educators' perception of empowerment and the existing structure in nursing education in Limpopo Province.

7.7.2.2 Conclusion

The findings meant that respondents who believed they experienced a lack of structural empowerment implied that they lacked access to resources. Those who experienced structural empowerment might relax and not devise means to take opportunities to access resources.

7.7.3 Hypothesis 3:

There is no relationship between nurse educators' perceptions of the concept of empowerment and structural empowerment such as access to information, access to support, access to resources, access to opportunities to learn and grow, and informal and formal power.

7.7.3.1 Findings

Most of the respondents, 57.8% (n=63) indicated that they did not experience psychological empowerment. This implies that most of the respondents experienced a lack of autonomy, self-efficacy, sense of job meaningfulness and the ability to have an impact in their work environment. The results are not significant, and the null hypothesis was accepted.

7.7.3.2 Conclusion

The explication of the results might be linked to respondents' perception apparent experienced lack of psychological empowerment and that they have to use empowerment strategies to establish reciprocity between the two constructs.

7.7.4 Hypothesis 4:

There is no relationship between nurse educators' perceptions of empowerment and their current level of empowerment.

7.7.4.1 Finding

The findings indicate that the current level of empowerment among nurse educators is not statistically significant. The hypothesis was accepted, indicating no association between nurse educators' perceptions of empowerment and their perceived level of empowerment.

7.7.4.2 Conclusion

The current level of empowerment painted a picture of respondents' inadequate access to empowering structures, information, resources, and opportunity to learn and grow to promote their performance.

7.7.5 Hypothesis 5:

There is no relationship between nurse educators' perceptions of the psychological empowerment concepts and self-efficacy and the ability to have an impact.

7.7.5.1 Finding

The results demonstrate that the respondents' perception was that they did not experience any outcomes of empowerment. The outcomes of empowerment such as self-care, the absence of non-empowerment behaviour and work satisfaction were not statistically significant, and the hypothesis was accepted. All the null-hypothesis were rejected at the <0.05 level.

7.7.5.2 Conclusion

The respondents' perception of being empowered does not relate statistically significantly related to the context of being unable to display behaviours related to empowerment.

7.8 RECOMMENDATIONS

The recommendations aim at ongoing improving the empowerment of nurse educators in the Limpopo Province.

7.8.1 The perceptions of nurse educators in Limpopo Province regarding their empowerment.

- Coaching, counselling and mentoring should be carried out to assist nurse educators in improving their self-concept.
- A program of conceptualising the concept of empowerment and adopting it is needed to assist the nurse educators in understanding the concept of empowerment.
- The nurse educators need to be involved in empowerment programmes at the NEI's to facilitate their understanding of the concept. Involvement of the nurse educator in decision making is fundamental to improve their perception of empowerment
- An improvement in structural empowerment is imperative for nurse educators who experienced less structural empowerment. There should be enough resources, and access to support, access to information, opportunities to learn and grow, access to formal and informal power structures in the NEI's.
- Leadership programme should be introduced at each NEI's to facilitate the leadership capabilities of nurse educators.

7.8.2 Future research

Further research should focus on the following areas:

- Investigation of the psychological empowerment of nurse educators in Limpopo Province's NEIs.
- Investigation towards the extent to which the subject discipline taught facilitate the empowerment of nurse educators in the NEI's.
- The relationship between the campus allocation of nurse educators and their empowerment.

- Determination of the extent to which higher authority facilitates the empowerment of nurse educators
- Replication of the current study in other provinces of South Africa.

7.9 THE LIMITATIONS OF THE STUDY

The limitations of the current study relate to the size of the sample, data collection sites, sampling procedure, response rate to some questionnaire items and respondents' relations to the researcher. According to Polit and Beck (2008:73), study limitations might include aspects such as sample deficiencies, design problems and data collection weaknesses.

- The size of the sample might have been inadequate, thus affecting the research results.
- The sites for data collection were far apart. The researcher had to travel long distances to collect the data and, in some instances, had to wait for the questionnaire to be completed. Some respondents did not complete the questionnaire on the same day. This resulted in the researcher going back to collect them, or some questionnaires were delivered by hand to the researcher.
- Convenience sampling was applied, resulting in handing out questionnaires to available and accessible respondents. As Maltby et al (2010:129) postulate, samples that are not representative tend to be biased.
- Responses to questionnaires might have been not truthful. The respondents might have just put responses without reading them extensively. Therefore, the reliability of the study might have been affected.
- The relationship between the researcher and respondents might have led the respondents to complete the questionnaire as a matter of favour/sympathy for the researcher who was known to them.

- The findings could not be generalised to the entire population of nurse educators in South Africa because the study was conducted only in the Limpopo Province.

7.10 CONCLUDING REMARKS

The current study's purpose was to investigate the perceptions of nurse educators in Limpopo Province regarding their empowerment. A descriptive correlational design was applied. A self-designed questionnaire was used to collect data from 109 respondents in the NEI's in Limpopo Province.

The findings raised concern regarding respondents' understanding of empowerment. Empowerment is the most significant concept in nursing education and needs to be conceptualised and contextualised to the environment of nurse educators. College Principals and executive staff should study the findings of the research, and the recommendations should be implemented to improve empowerment in all spheres of nursing sciences education, research activities and health services in the Limpopo Province.

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ANNEXURES	
Annexure A	Ethical Clearance certificate from UNISA
Annexure B	Permission Letter from Department of Health Limpopo Province
Annexure C	Cover letter for respondents
Annexure D	Notification to nursing education directorate
Annexure E	Informed consent form for the respondents to participate in the study
Annexure F	Testing of the questionnaire
Annexure G	Research questionnaire
Annexure H	Frequency tables
Annexure I	Rough work on chapter 3
Annexures J	Letter from Statistician

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

REC-012714-039

HSHDC/366/2014

Date: 10 December 2014 Student No: 0766-692-6
Project Title: Perceptions of nurse educators in the Limpopo Province regarding
their empowerment.
Researcher: Mochaki Nare William
Degree: D Litt et Phil Code: DIS890B
Supervisor: Prof DM van der Wal
Qualification: D Litt et Phil
Joint Supervisor: -

DECISION OF COMMITTEE

Approved

Conditionally Approved

for Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

L. A. Roets (prior)

MM Moleki

Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

REF : 4/3/2
ENQ : LATIF S (MANAGER: RESEARCH) (015- 293 6604)
TO : ALL HEADS OF BRANCHES, SUB-BRANCHES, DIVISIONS AND SUB-DIVISIONS, DISTRICT EXECUTIVE MANAGERS, CHIEF EXECUTIVE OFFICERS, HEADS OF VERTICAL PROGRAMMES AND ALL STAFF
FROM : MONITORING & EVALUATION: RESEARCH CO-ORDINATION

DEPARTMENTAL CIRCULAR NO: 24 OF 2015

ALL RESEARCH STUDIES TO BE APPROVED BY THE HEAD OF DEPARTMENT ONLY- THROUGH THE RESEARCH OFFICE AT THE LIMPOPO PROVINCIAL DEPARTMENT OF HEALTH

- 1- It has been observed that CEO;s have been granting approval for research's to be conducted in facilities without an approval from the Head of Department at the Limpopo Department of Health
- 2- In order to correct this irregularity, the following measures must be implemented.
 - 2.1- No research can be conducted within the Department of Health without submitting the relevant documents to the Provincial Research Office and being granted an approval from the HOD.
 - 2.2- All Head of institutions should request progress reports from all researches being conducted in targeted facilities.
- 3- Research reports must be submitted to the Provincial Research Unit after the completion of the project.
- 4- This directive must be implemented henceforth.

Head of Department

Date 25/02/2015

DEPARTMENT OF HEALTH
REGISTRY OFFICE
2015 03 09
PRIVATE BAG X9302
POLOKWANE 0700

LIMPOPO COLLEGE OF NURSING
THE PRINCIPAL
PRIVATE BAG X-338
12 MAR 2015
POLOKWANE
G700
DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: <http://www.limpopo.gov.za>

Private Bag x 9538
POLOKWANE
0700

Enquiries: Mochaki NW

Cell: 082 21 77786

e-mail: mochawn@webmail.co.za

To: Senior Manager: Nursing Education Directorate

From: Mochaki NW

Re: Data collection in the Limpopo College of Nursing College (Campuses and Satellite campuses)

I am a Phd student at the University of South Africa. I hereby inform your office that I have been granted permission by the Provincial Research Committee to collect data in Limpopo College of Nursing: campuses and satellite campuses. The topic of my research is: "Perceptions of nurse educators in Limpopo Province regarding their empowerment in nursing education".

The study would employ a quantitative, descriptive-correlational design. A non-probability convenience sampling would be used. Data will be collected through self-designed questionnaire. The campus heads and heads of satellite campuses will be informed of my presence at the campuses and satellite campuses and the ethic clearance letter from the university, research circular and permission letter from the Department of Health will be forwarded to them.

The respondents/participants will be required to read and sign a consent form before filling out the research questionnaire during their own private time. The consent form contains information regarding the right of the respondents/participants and it will be attached onto the questionnaire.

Your cooperation is highly appreciated.

Regards

Mochaki NW: Student Number: 766-692-6



ANNEXURE E

CONSENT TO PARTICIPATE IN THE STUDY

I understand that I have been requested to participate in this study at the Limpopo College of Nursing. Should I agree to participate, it will take 60 minutes of my time to complete the questionnaire.

The questionnaire is written in English only. I realize that participation in this study is voluntary. I may withdraw my participation at any time I feel like. I also understand that the data will be kept confidential between the researcher and the promoters. My name will not appear anywhere in the study documents. However, the result of this study would be published in journals and the thesis would be available in the university library for registered students of the university only.

I realise that there is no compensation for participating in this study.

The purpose of the study has been explained to me. I have read and understood the information contained in this consent form. All my questions have been answered and I agree/disagree to participate in the interview.

Signature of participant



Date

Signature of the researcher

Date

ANNEXURE F

TESTING OF THE QUESTIONNAIRE

Kindly evaluate this questionnaire after reading through it by placing an "X" on any number between 7 and 1.

Semantic differential scale

Clarity of questions	Good:	7	6	5	4	3	2	1	Bad
Overall appearance	Good:	7	6	5	4	3	2	1	Bad
Page layout	Good:	7	6	5	4	3	2	1	Bad
Clarity of instructions	Good	7	6	5	4	3	2	1	Bad
Legibility	Good	7	6	5	4	3	2	1	Bad
Item conciseness	Good	7	6	5	4	3	2	1	Bad
Relevance of items	Good	7	6	5	4	3	2	1	Bad

Thank you for your cooperation.



RESEARCH QUESTIONNAIRE

QUESTIONNAIRE NUMBER	
---------------------------------	--

SECTION A: DEMOGRAPHIC DETAIL

INSTRUCTIONS:

Kindly complete this section by indicating with an "x" in the space provided

Write down your answer in the space provided

A01 What is your gender?

Male	1
Female	2

Office use	

Write down your answer in the space provided

A02 What is your age in years?

--	--

A03 What is your highest qualification?

Diploma in nursing education	1
BA Cur	2
BA Cur Hons	3
MA Cur	4
Phd in Nursing Science	5

A04 How many of years teaching experience do you have?

0 to 5 years	1
6 to 10 years	2
11 to 15 years	3
16 years and more	4

Office use	

A05 At which campus are you stationed?

Giyani Campus and its satellite	1
Sekhukhune and its satellite	2
Sovenga and its satellite	3
Tohoyandou and its satellite	4
Waterberg and its satellite	5

Office use	

A06 In which discipline are you currently teaching?

Biological and Natural Sciences	1
General Nursing Science	2
Community Nursing Science	3
Midwifery	4
Psychiatric Nursing Science	5
Social Sciences	6

Office use	

A07 At which level are you currently teaching?

Level one	1
Level two	2
Level three	3
Level four	4

Office use	

A08 Which of the following subjects have you taught?(You may indicate more than one)

Fundamental nursing science	1
General nursing science	2
Anatomy and physiology	3
Social science	4
Midwifery	5
Community nursing science	6
Psychiatric nursing science	7
Bio-physics and biochemistry	8
Other	9

Office use	

A09 Which subject do you currently teach?(You may indicate more than one)

Fundamental nursing science	1
General nursing science	2
Anatomy and physiology	3
Social science	4
Midwifery	5
Community nursing science	6
Psychiatric nursing science	7

Office use	

APPENDIX G

Bio-physics and biochemistry	8
Other	9

A10 How long have you been teaching this subject?

< 5 years	1
6 to 10 years	2
11 to 15 years	3
<15 years	4

Office use	

A11 What is your post grading?

Lecturer grade 1	1
Lecturer grade 2	2
Lecturer grade 3	3
Head of a discipline	4
Head of a satellite campus	5

Office use	

SECTION B: THE CONCEPT OF EMPOWERMENT

Indicate your perception of "empowerment" by placing an X in one of the blocks in-between the sets of adjectives indicating how strongly you feel.

	7	6	5	4	3	2	1	
Ascribed								Taken up
Relates to hierarchical position								Depends on personal influence
Paternalistic								Democratic
Oppressive								Liberating
Alienating								Inclusive
Autonomous								Sharing
Autonomy								Dependence
Must have subordinates								Issues from oneself

With regard to each on the statements that follows, please indicate the degree to which it applies to you in general at the college where you are working.

KEY:

1.SDA = Strongly disagree

2.DA= Disagree

3.U= Undecided

4.A= Agree

5.SA= Strongly Agree

SECTION C: STRUCTURAL EMPOWERMENT

C1) ACCESS TO INFORMATION	SDA	DA	U	A	SA	Office use	
1. Open communication exists in the management hierarchy							
2. Information is freely shared up and down the hierarchical line in the organisation							
3. The management goals of the Department of Health are communicated effectively to educators at the college							
4. The management goals of the College are communicated effectively to lecturers at the college							
5. Communication reaching lecturer is current							
6. Information is communicated timely to lecturers							
7. I have access to information relating to the current state of the college							
8. I have access to information relating to the values of top management							
9. I have access to information relating to the goals of top management							
10. Any queries I might have are responded to promptly by management							
11. Policy is forced upon me							
12. I am well orientated to new policy							
13. Personal communication between top managers and employees is efficient							
14. Team meetings' are efficiently conducted							
15. I have access to the Department of Health's strategic plan							

APPENDIX G

16. I have access to the College's strategic plan					
17. I am being informed about problems at the College that relate to my position					
18. The information systems within the College and with the Department of Health is effective					

	1.Telephone	2.e-mail	3.Meetings	4Paper
19. Which communication medium is mostly used between the College management and you?				
20. I have access to the communication mostly used by College Management				

Office use	

21. Do you have free access to the medium mostly used	1.YES	2.NO
---	-------	------

--	--

C2) ACCESS TO SUPPORT	SDA	DA	U	A	SA
22.The college adopts an interactive coaching leadership style					
23.College management gives timely and adequate feedback on requests/queries					
24.College management provides recognition and rewards achievements					
25College management provides the support I need					
26.College management acknowledges my autonomy as nurse educator					
27.College management promotes cooperation among nurse educators					
28.College management provides me with links to helpful people and resources					
29.There is no coaching programme at the college					

Office use	

C3) ACCESS TO RESOURCES College management:	SDA	DA	U	A	SA
30. Assures adequate resources to accomplish my educational task					
31. Assures accessible resources for me as nurse educator					
32. Budgets for all departments and lecturers equally					
33. Budget sufficiently for me to complete my educational task					
34. Promote staff involvement in budgeting and developing educational resources					
35. Adequately plans for the maintenance of equipment					
36. Adequately plans for the replacement of worn-out equipment					
37. Plans for adequate time available to accomplish job requirements					
38. Acquires temporary help when lecturers need such help					
39. Provides the instructional materials and equipment I need					

Office use	

C4) ACCESS TO OPPORTUNITIES TO LEARN AND GROW College management:	SDA	DA	U	A	SA
40. Management supports the academic advancement of educators					
41. Management provides in-service educational programmes					
42. I support the continuing educational programme of the College					
43. I would like for job exchange to be implemented at the college and campuses					
44. I would like to expand my current job description					
45. I would like to extend my current academic qualifications					
46. I would like to add new challenges to my job					
47. Career advancement at the college is skill-based					

Office use	

APPENDIX G

48.I like to participate in special taskforces and committees					
49.I find my work challenging					
50.The chance to gain new knowledge and skill on the job exists					
51.I prefer tasks that use all of your knowledge and skills					
52.Management comments on specific things I do well					
53.Management comments gently on things I could or improve on					
54.Management provides helpful hints or problem-solving advice where needed					

C5) INFORMAL POWER	SDA	DA	U	A	SA
55.I participate in networking and consultation with other department in the college					
56.Management decides on lecturers empowerment					
57.I cooperate effectively with different departments within the college					
58.I am involved in a team approach to my work					
59.I network with different campuses					
60.I network with colleagues in the clinical area					
61.I promote cooperative interaction among colleagues					
62.I empower myself					

Office use	

C6) FORMAL POWER	SDA	DA	U	A	SA
63.I have a job description					
64.I was involved in formulating my job description					
65.My job description is recognised by my superiors					
66.My job description is based on an intensive analysis of my job					

Office use	

67. I am allowed to align my educational practice with the organisational goals					
68. My contribution to my work is recognised by the organisation					
69. I am encouraged to "showcase" my work					
70. Management provides the necessary opportunity for me to develop my skills					
71. Management is inviting and allows for participative management					
72. Management allows and calls for autonomous work on my part					
73. I find management autocratic					

SECTION D: PSYCHOLOGICAL EMPOWERMENT CONCEPTS

D1) AUTONOMY	SDA	DA	U	A	SA
74. I have significant autonomy in determining how I do my job					
75. I feel threatened to turn down work delegated to me outside of my job description					
76. I have control over what happens in my sphere of teaching					
77. I can decide on my own how I go about doing my work					
78. I have considerable opportunity for independence and freedom in how I do my work					
79. I have mastered the skills necessary for my job					

Office use	

D2) SELF-EFFICACY

D2.1 Efficacy to Influence Decision Making	SDA	DA	U	A	SA
80. I influence the decisions that are made at the college					
81. I express my views freely on important college and tuition matters					

Office use	

APPENDIX G

D2.2 Instructional Self-Efficacy	SDA	DA	U	A	SA
82.I get through to the most difficult students					
83.I get students to learn when there is a lack of support					
84.I keep students focused on when assignments are difficult					
85.I successfully motivate students who show low interest academic matters					
86.I get students to work well together					
87.I overcome the influence of adverse campus conditions on students' learning					
88.I get other campuses and universities involved in working with the college					
89.I get local multidisciplinary team involved in my teaching					

Office use	

D2.3 Disciplinary Self-Efficacy	SDA	DA	U	A	SA
90.I get students to follow classroom rules					
91.I manage to control disruptive student behaviour in the classroom/clinical area					
92.I effectively prevent problem behaviour on campus or in the classroom					
93.I get the Student Representative Council (SRC) to become involved in school activities					
94.The SRC is cooperative in considering classroom and campus rules					

Office use	

D2.4 Efficacy to Create a Positive College Climate	SDA	DA	U	A	SA
95.I contribute to making the campus a safe place					
96.I make students enjoy coming to the educational setting					
97.Students trust me					
98.I get students to trust educators					

Office use	

APPENDIX G

99.I assist colleagues with their teaching skills					
100.I collaborate well with the administration section					
101.I contribute towards making the college run effectively					
102.I get students to believe they can do well in their training					

D2.5 Self-Assertive Efficacy	SDA	DA	U	A	SA
103.I express my opinions during meetings with superiors					
104.I stand up for myself when I feel I am being treated unfairly					
105.I get others to stop annoying me or hurting my feelings					
106.I stand firm to someone who is asking me to do something unreasonable or inconvenient					

Office use	

D2.6 Self-Regulatory Efficacy	SDA	DA	U	A	SA
107.I keep to official work hours					
108.I work after hours					
109.I resist peers' invitation to extended teatimes					
110.I put in a full day's work every day					
111.I control my temper at work					

Office use	

D3) SENSE OF JOB MEANINGFULNESS	SDA	DA	U	A	SA
112.I understand/value my worth as an educator					
113.My worth as an educator is appreciated by superiors					
114.I am looking for something other than teaching to makes my professional life meaningful.					

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APPENDIX G

135.I manage environmental pressures at the college					
136.I acknowledgeable of all policy relating to my job					
137.My productivity is low					
138.I am satisfied with conditions at the college					
139.Peers approach me to help with problems they experience					
140.Managers approach me to help with problems at the college					
141.I seek information and assistance from other professionals (eg physicians, therapists, dieticians)					
142.The visibility of my work within the college is satisfying to me					
143.I make a difference					

SECTION E: SELF-CONCEPT	SDA	DA	U	A	SA
144.On the whole I am satisfied with myself					
145.At times I think I am pretty darn good					
146.I feel I have a number of good qualities					
147.I am able to do things as well as most other people					
148.I feel I have much to be proud of					
149.I really feel useful at times					
150.I feel I am a person of worth or at least on a plain with other					
151.I think I have enough respect for myself					
152.All in all I am inclined to feel that I am not a failure					
153.I take a positive attitude towards myself					

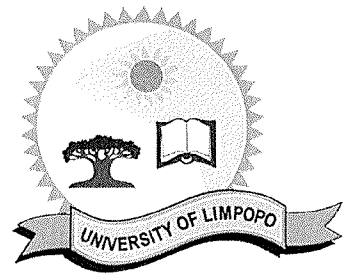
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Thank you for your participation

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RESEARCH STATISTICIAN LETTER

Dear Sir/Madam

STATISTICAL ANALYSES

I have studied the research protocol of Mr William Mochaki

Titled: **THE PERCEPTIONS OF NURSE EDUCATORS REGARDING EMPOWERMENT IN NURSING EDUCATION IN LIMPOPO PROVINCE**

and I agree to assist with the statistical analyses.

I trust the above is in order; should you require any further assistance, please do not hesitate to contact me personally.

Yours sincerely,

Victor Netshidzivhani

Research Statistician: Research Development and Administration

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AFRICAM

EDI INTERIORS

Mbengis Research and Statistical Solutions (MRSS)



67 Doornkraal Ladana

Quotation

MRSS

Reg. no 2004/001781/23 cell no.0722464551

To:

Name Mr Willam Mochaki

Address Limpopo Health Department

City Polokwane **Country** SA **ZIP** 0727

cell No: 082217786

Document no.

Quotation Date 01/12/2014

Time Length --

Time Frame agreed:

Qty	Description	Unit Price	TOTAL
1	Data management , statistical Analysis and results presentation	R 5 000.00	R 5 000.00
			Total
			R 5 000.00

ABSA BANK Name Netshidzivhani MV ACC.NO. 9221793138, Branch 632005

Office use Authorisation

| | _____

El code: _____

El Descr. _____

| | non-Incidental Expenditure

Tax Added: R 0.00

TOTAL TO BE PAID

Signature for receipt

50% of the quotation to be paid before commencing with the work and the balance is to be paid upon completion of the work to be done.