

**THE CONCEPT 'NURSING': A VISUAL CONCEPT MAP FOR  
TEACHING**

by

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## DECLARATION

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I declare that THE CONCEPT 'NURSING': A VISUAL CONCEPT MAP FOR TEACHING is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



SIGNATURE

Sundira Devi Mottian

01 September 2020

DATE

## DEDICATION

I dedicate my work to my daughter Helia. I specifically embarked on this journey, with you always in my mind, and completed it as an epitome of strength, courage, focus and perseverance.

*“Work hard for what you want because it won’t come to you without a fight. You have to be strong and courageous and know that you can do anything you put your mind to. If somebody puts you down or criticizes you, just keep on believing in yourself and turn it into something positive”. Leah LaBelle*

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*“No one who achieves success does so without acknowledging the help of others. The wise and confident acknowledge this help with gratitude”.*

*Alfred North Whitehead*

I am extremely thankful to God Almighty in providing me with the inner strength to achieve my goal to complete this thesis. Thank you for every bit of love and faithfulness; without your grace, I would never have completed this difficult journey.

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## **ABSTRACT**

**Purpose:** The purpose of this study was to develop a visual concept map that could assist nurse educators in explaining the concept 'nursing' so that students have a similar understanding, meaning and interpretation thereof.

**Methodology:** An exploratory and descriptive qualitative study was conducted to develop a visual conceptual map that can help in the common understanding and interpretation of the concept 'nursing'.

**Research approach:** A qualitative research approach was used. The research approach consisted of four phases: Phase 1: A self-designed online questionnaire was used to obtain information from the nurses, registered with South African Nursing Council (SANC) and members of Democratic Nursing Organisation of South Africa (DENOSA), about their interpretation of the meaning of 'nursing'. Phase 2 included the integrative review that was used to obtain in-depth meaning of the concept 'nursing' from relevant literature and documentation. Phase 3: The two sets of analysed data from Phase 1 and Phase 2 were combined and used to develop the visual conceptual map. Phase 4: The developed visual concept map was validated by the nurse educators inaugurated in Sigma Theta Tau International, the Africa Region Chapters, in order to provide a validated visual concept map based on their expertise in Africa.

**The outcome of the study:** A validated visual concept map, agreed upon by nurse educators inaugurated in Sigma Theta Tau International, the Africa Region Chapters, based on their expertise in Africa, is available and may be of great benefit for nurse

educators in teaching the meaning of the concept of nursing to student nurses in their institutions. As a teaching tool, this concept map might assist educators in explaining the meaning and interpretation of the concept 'nursing'.

**Keywords:** Concept analysis; Nurse; Nursing; Nurse educator; Nurse practitioner; Nursing service; Student nurse.

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## LIST OF ABBREVIATIONS

CD:	Compact Disc
CEO:	Chief executive officer
CNSM:	Chief Nursing Service Manager
DENOSA:	Democratic Nursing Organisation of South Africa
FUNDISA:	Forum of University Nursing Deans of South Africa
IDLE:	Inductive and Deductive Logic Evidence
IP:	Internet Protocol
NEA:	Nursing Education Association
SA:	South Africa
SANC:	South African Nursing Council
STTI:	Sigma Theta Tau International
UNISA:	University of South Africa
USB:	Universal Serial Bus

# CHAPTER 1

## OVERVIEW OF THE STUDY

### 1.1 INTRODUCTION

The South African Nursing Council (SANC), Nursing Act 2005 (Act No. 33 of 2005) defines 'nursing' as a caring profession practiced by a person registered with the SANC, who supports, cares for and treats a healthcare user to achieve or maintain health. Where this is not possible, a nursing professional cares for a healthcare user so that they live in comfort and with dignity until death (South Africa 2005:s 1). The abovementioned definition is the one used in the South African context as it is provided by the SANC, a regulatory body.

Nursing education institutions in the South African context use the same definition of nursing in their curricula, as outlined by SANC. However, it is understood and interpreted differently by the individuals and the very nursing education institutions. One of the reasons influencing individuals' understanding is the various definitions of nursing available in the literature. Several prominent individuals, nursing associations and regulatory bodies have contributed immensely to the definition of nursing over the years. Some characteristics highlighted by these definitions are that nursing includes the promotion of health, prevention of illness, care of the sick, disabled and dying people, advocacy, promotion of a safe environment, research, participation in shaping health policy, patient and health systems' management, and a serial process which is goal-directed (International Council of Nurses 2014:1; Peplau 1952:1).

These varied definitions of the concept 'nursing' affect individuals' understanding and interpretation of the concept, which may differ among the different categories of nurses. The purpose of this study was to develop a visual concept map that could assist nurse educators in explaining the concept 'nursing' so that students have a similar understanding, meaning and interpretation thereof. The visual map can contribute to a shared understanding and avoidance of different interpretations by the different categories of nurses.

## 1.2 BACKGROUND TO THE RESEARCH PROBLEM

The evolution of nursing dates as far back as 4000BC to primitive societies where nurses worked with priests (Kelly & Tazbir 2014:76). Through the ages, nursing has evolved, and many influences led to changes in nursing and nursing education that might have impacted on how the concept 'nursing' was understood and interpreted by nurses and society. Nurses consistently responded and adapted to accommodate the changes and meet new challenges as they arose (Cooper & Gosnell 2014:1). However, the nursing evolution also led to changes in the definitions of nursing.

Florence Nightingale (1860:133) defined 'nursing' as "putting the patient in the best condition for nature to act upon him". Hildegard Peplau (1952:1) saw nursing as "a process that was serial and goal-directed demanding certain steps, actions, operations or performances that occurred between the nurse and the person who was nursed". Virginia Henderson explained nursing as "assisting the individual, sick or well, in the performance of those activities contributing to health or its recovery (or a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible" (Henderson 1964:63). Later definitions of nursing include "the use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, in the case of disease or disability, until death" (Royal College of Nursing 2003:3).

The word 'nursing' was also used as a noun and was described as the work or profession of being a nurse (Bloomsbury Publishing 2009:205). Martha Rogers' definition of nursing in 1970 perceived it as a science signifying a body of knowledge, thus the term became a noun, but was most often used as a verb (Basavanthappa 2003:22). Moreover, the concept 'nursing' at one stage was considered a vocation and a sense of calling for those in religious life. As a vocation, the person had to possess certain personal qualities like kindness, compassion and selflessness, which were fundamental to nursing. Nursing was also viewed as a profession where theory and knowledge could be learnt (Siviter 2013:3).

According to Finkelman and Kenner (2010:78-79), nurses acted as:

- educators, focusing on health promotion and the prevention of and helping patients cope with illness and injury,
- counsellors, who provided advice to patients, families, communities and populations,
- managers in their daily positions, even if they did not have a formal management position,
- researchers who contributed to the knowledge base of the nursing profession, and
- collaborators with other healthcare providers, members of the community and government agencies.

Another definition of 'nursing' was that it is a human relationship between an individual who is sick or in need of health services (Peplau 1991:5-7). Nursing is now considered a person-centred process affecting the lives of others in maximising potential in all human dimensions (Harrion 2001:21). It is seen as a humanistic profession (Houser & Houser 2013:457) that is evidence-based or supported by the best research knowledge available from research synthesis. The best research evidence is implemented to achieve quality care and outcomes for the healthcare consumer (Gray, Grove & Sutherland 2017:453-455). "Nursing knowledge is based on relevant science and theory and understanding that foundation is central to effective advanced nursing practice. Nursing is accepted as a human science focusing on human experiences" (Zaccagnini & White 2017:4).

It is evident from the various presented definitions that the concept 'nursing' can be defined and interpreted differently by various nursing education institutions, including nurse educators and the nurses; specifically, student nurses.

### **1.3 STATEMENT OF THE RESEARCH PROBLEM**

Many definitions of 'nursing' currently exist, clarifying the purposes and functions of the work of nurses, providing a framework for nursing practice, and guiding the educational preparation of aspiring nurse practitioners (Black 2013:114). The

definition of 'nursing' makes the work of nurses visible and valuable to the public and policymakers who determine when, where and how nurses can practice. As indicated in the background of this study, the authors provided varied definitions of 'nursing', which are interpreted differently by individuals, categories of nurses, nursing education institutions, as well as nurse educators. As a nurse educator, the researcher has observed and noted the difference in the understanding and interpretations of the concept 'nursing'.

In this study, the researcher aimed to develop a visual concept map that might be a useful tool to refine the concept of nursing and assist nurse educators in providing a similar meaning and interpretation of the concept to all categories of student nurses when it is taught in the nursing curricula of nursing education institutions. Visual concept maps, according to Black (2013:114), assist nurses in grasping the nuances of a concept such as nursing.

#### **1.4 RESEARCH PURPOSE**

The purpose of this study was to develop a visual concept map that could assist nurse educators in explaining the concept 'nursing' so that students have a similar understanding, meaning and interpretation thereof.

#### **1.5 RESEARCH OBJECTIVES**

The objectives of the study were:

- To explain the meaning and interpretation of the definition of 'nursing' from different categories of nurses registered with SANC and as members of the DENOSA.
- To analyse the definitions of the concept 'nursing' as described in the literature.
- To develop a visual concept map that will illustrate the definition of 'nursing' as a tool that can be used in nursing education institutions to assist all student nurses in gaining a similar meaning and interpretation of the concept 'nursing'.

## **1.6 RESEARCH QUESTION**

What are different categories of nurses' understanding and interpretation of the concept 'nursing'?

## **1.7 DEFINITIONS OF KEY CONCEPTS**

The key concepts that were used during the study are presented next.

### **1.7.1 Concept analysis**

A concept analysis is a thorough examination of the different aspects of a concept using a strategy through which a set of attributes or characteristics essential to the connotative meaning or conceptual definition of a concept is identified (Orlich, Harder, Callahan, Trevisan & Brown 2012:155; Grove, Burns & Gray 2013:689). The concept 'nursing' was examined using the steps of a concept analysis process to obtain a connotative and denotative definition after key attributes were identified that played an important role in finally developing a concept map of the concept 'nursing'.

### **1.7.2 Nurse**

In this study, a nurse refers to a person registered under section 31(1) of the Nursing Act (No. 33 of 2005) in order to practice nursing or midwifery (South Africa 2005: s 6). In this study, a nurse is referred to either as a registered nurse, enrolled nurse, enrolled nursing auxiliary, student nurse, or pupil nurse.

### **1.7.3 Nursing**

The action that the nurse demonstrates when in contact with the health care consumer is what nursing refers to in this study; for example, speaking politely, showing empathy, assisting the person to meet the activities of daily living, and explaining interventions performed.

#### **1.7.4 Nurse educator**

A nurse educator is a professional nurse with an additional qualification in nursing education, registered with the SANC (SANC Nurse Educator 2014:1). Nurse educators with an additional qualification and expertise in nursing education were utilised extensively during phase 4 of the data collection process, to validate the developed concept map of the concept 'nursing'.

#### **1.7.5 Nurse practitioner**

A nurse practitioner is a nurse specialist with advanced skills in physical diagnosis, psychosocial assessment and management of patients' needs in primary health care. Patients may present to the nurse or be referred for direct consultation about health problems (McFerran 2014:369). The nurse practitioner in this study refers to the registered nurse/registered midwife who is registered with the statutory body the South African Nursing Council.

#### **1.7.6 Nursing service**

Nursing service is any service provided within the scope of practice of a nurse practitioner (Nursing Act 2005: s 1). The nursing service refers to any health care institution offering any type of health care service to a health care consumer and where any category of nurse can practice their profession within the stipulated legal parameters.

#### **1.7.7 Student nurse**

A student nurse refers to a person registered with the SANC as a learner nurse in terms of section 32 of the Nursing Act (No. 33 of 2005) (South Africa 2005: s 5). In this study, a student nurse refers to a learner studying in the field of nursing, while enrolled in an accredited nursing education programme at an accredited nursing education institution.

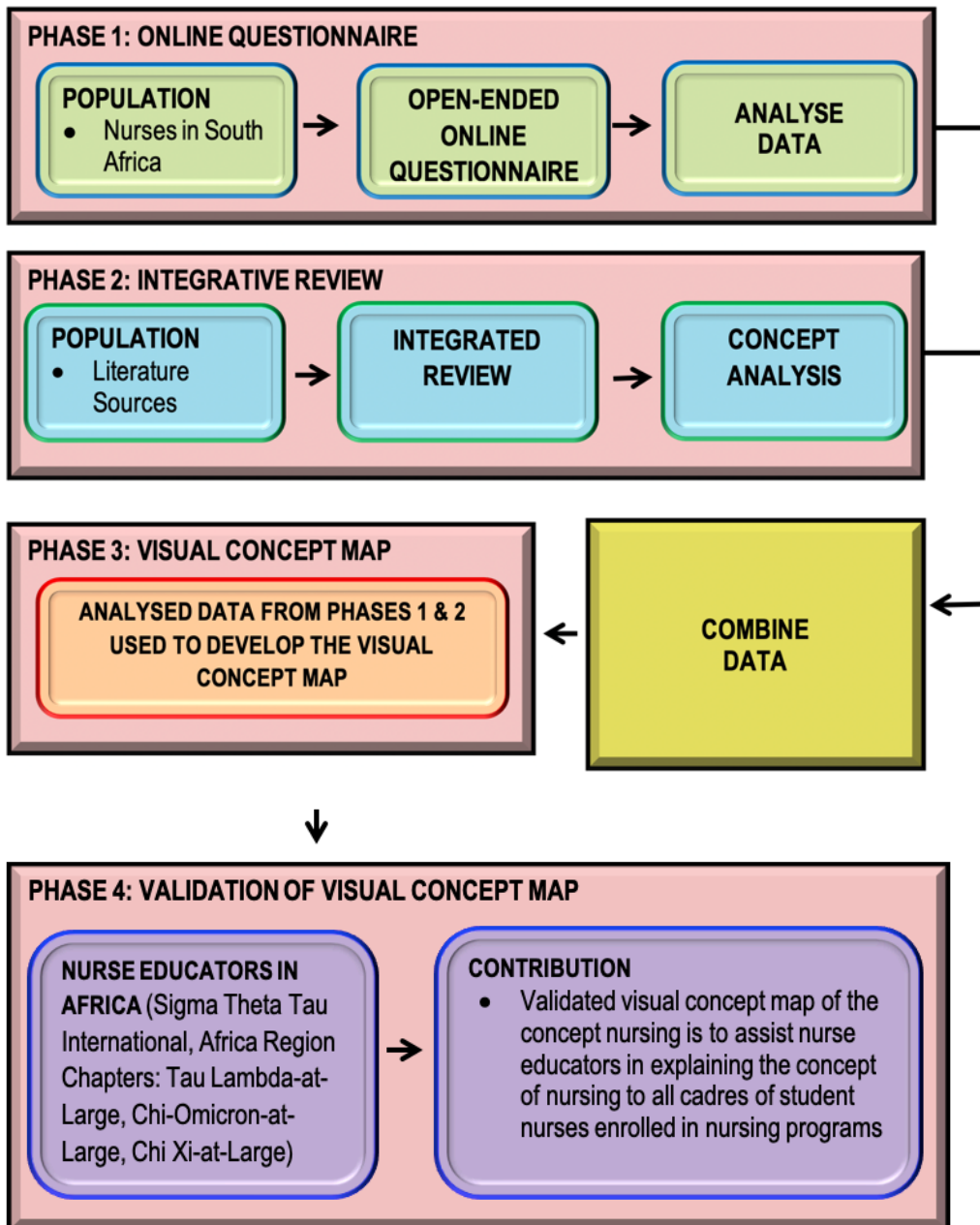
## **1.8 RESEARCH DESIGN**

A qualitative, explorative, descriptive and contextual research design was used to facilitate an in-depth analysis of the concept 'nursing'. This analysis was necessary in order for the researcher to develop a visual concept map to assist nurse educators in providing an explanation of the meaning and interpretation of the concept 'nursing' to student nurses enrolled in nursing education programmes.

The qualitative description ensured that the concept was explored in-depth and described the dimensions, variations and the importance of the concept 'nursing' (Profetto-McGrath, Polit & Beck 2010:16).

The study was conducted over four phases. The research phases and processes are illustrated in Figure 1.1.





**Figure 1.1: Research phases**

## 1.9 RESEARCH METHODOLOGY

An exploratory and descriptive qualitative study was conducted to develop a visual conceptual map that can help promote a common understanding and interpretation of the concept ‘nursing’. This methodology also assisted the researcher in reviewing evidence on the definitions of ‘nursing’ more holistically and comprehensively (Oermann & Hays 2015:150; Houser & Houser 2013:457).

## **1.10 RESEARCH APPROACH**

A qualitative research approach was used. The qualitative research focused on the concept 'nursing' and explored the depth, richness and complexity of the concept. The research design was flexible and rigorous, and integrative processes were used; these required conceptualisation, imaginative reasoning and elegant expression (Grove *et al.* 2013:57). Together with the concept analysis process, the focus was on providing a visual concept map which should help nurse educators in presenting an explanation of the meaning and interpretation of the concept of nursing. The research approach consisted of four phases, which are discussed and illustrated next.

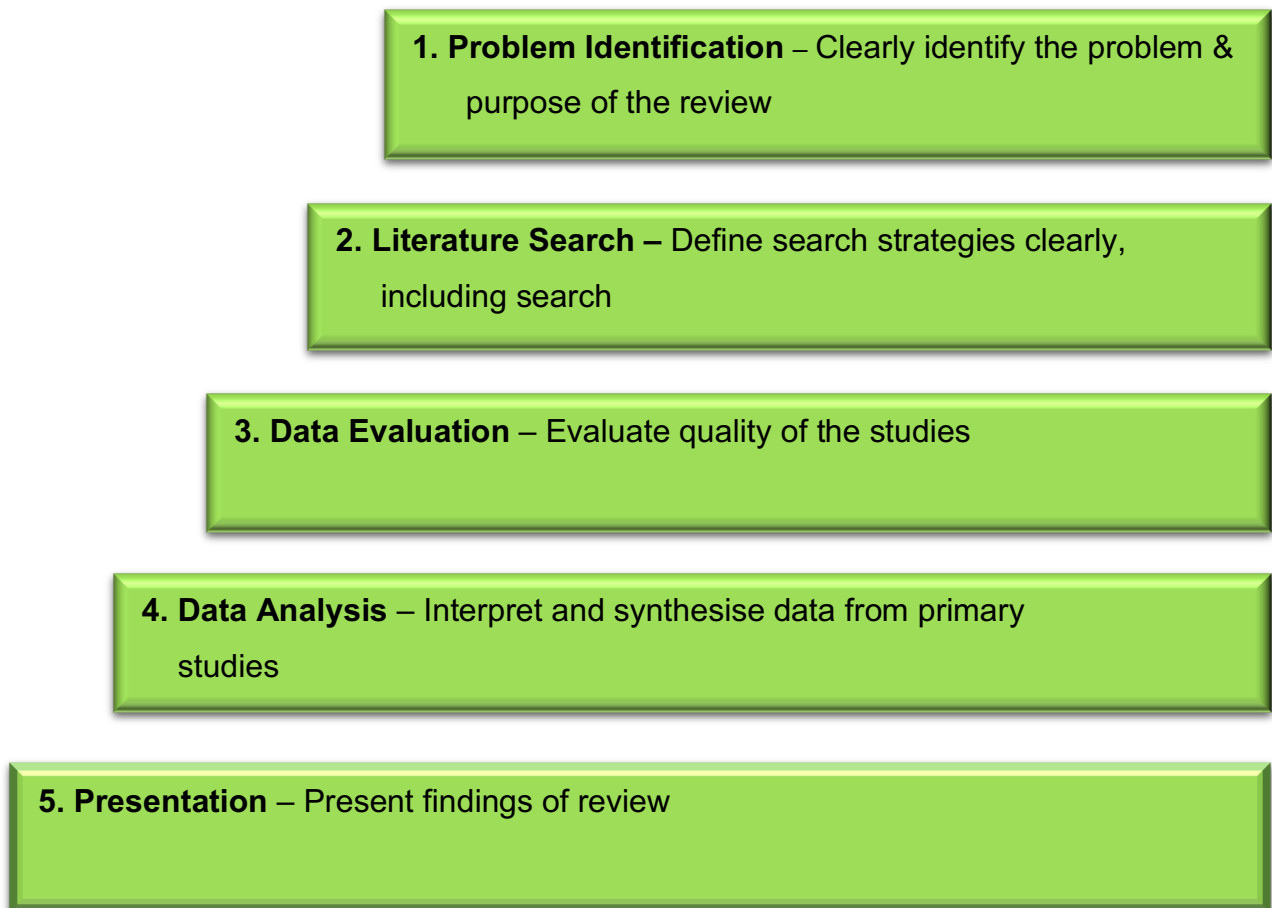
### **1.10.1 Phase 1**

A self-designed online questionnaire (see Annexure 5) was used to obtain information from the nurses (registered with SANC and members of DENOSA) about their interpretation of the meaning of 'nursing'. The questionnaire consisted of Part A – the demographic data, which were analysed by the software program SurveyMonkey™; and Part B – consisted of three open-ended questions regarding the definition of 'nursing', which the researcher analysed using open coding.

Open-ended questions were used to explore and describe the different categories of nurses' understanding and interpretation of the concept 'nursing'. The data that were obtained were analysed.

### **1.10.2 Phase 2**

Phase 2 was an integrative review that was used to obtain the in-depth meaning of the concept 'nursing' from relevant literature and documentation. The data obtained were analysed using qualitative content analysis, thematic analysis, and deductive and inductive reasoning. The steps for integrative reviews, as highlighted by Whitemore and Knafel (2005:550-551), were used. These steps are illustrated in Figure 1.2.



**Figure 1.2: Steps in the integrative review**

### **1.10.3 Phase 3**

During Phase 3, the two sets of analysed data from Phases 1 and 2 were combined. The data were then used to develop the visual concept map to assist nurse educators in explaining the meaning and interpretation of the concept 'nursing' to all categories of student nurses enrolled in nursing education programmes.

### **1.10.4 Phase 4**

In Phase 4, the developed visual concept map was validated by the nurse educators inaugurated in Sigma Theta Tau International (STTI), Africa Region Chapters, in order to provide a validated visual concept map based on their expertise in Africa.

## 1.11 THEORETICAL FRAMEWORK

A framework is an abstract, logical structure of meaning that guides the development of the study and enables the linking of findings to the body of knowledge in nursing. A theory consists of an integrated set of defined concepts, existence statements and relational statements that can be used to describe, explain, predict or control the phenomenon being discussed (Grove *et al.* 2013:116-117).

Theoretical frameworks are groups of statements composed of concepts related in some way to form an overall view of a phenomenon. Theoretical frameworks provide explanations about our experiences of phenomena in the world. These frameworks serve as guides for practitioners and researchers as they organise existing knowledge and aid in making discoveries to advise practice (Fitzpatrick & Kazer 2012:7).

Wilson's method of concept analysis (1963) was used as a theoretical framework to underpin this study. Wilson (1963:viii-ix) mentioned that less time should be spent in merely uncritically accepting the concepts of others. Wilson's concept analysis method was designed in a specific way to explore and explain concepts. A concept analysis provides a framework and purposiveness to thinking to provide direction and obtain a more precise meaning. During this study, the definition of the concept 'nursing' was revisited and viewed generally and specifically to obtain in-depth meaning as indicated in the literature and described by the different categories of nurses registered with SANC. Wilson (1963) identified 11 steps to use in concept analysis, yet Walker and Avant (2011) made revisions to these steps and formulated an eight-step concept analysis process. These eight steps were used to critically analyse the definition and interpretation of the concept of nursing in order to clarify its meaning.

These steps were as follows: select a concept, determine the aims or purposes of analysis, identify all uses of the concept, determine the defining attributes, identify a model case, additional cases (such as borderline, related, contrary, invented and illegitimate cases), identify antecedents and consequence, and define empirical

referents. Figure 1.3 denotes the details involved in each step of the concept analysis process.

**Step 1: Select a concept**



The concept of nursing was selected to explore its meaning and refine and redefine the concept.

**Step 2: Determine the aims or purposes of analysis**



The purpose of this study was to develop a visual concept map that could assist nurse educators in explaining the concept 'nursing' so that students have a similar understanding, meaning and interpretation thereof.

**Step 3: Identify all uses of the concept**



All possible uses of the concept, the conventional and scientific uses, were viewed. Various databases and sources were searched to assist in providing in-depth information, including the data obtained from the questionnaires.

**Step 4: Determine the defining attributes**



To identify the attributes of the concept 'nursing' that appears repetitively to differentiate from another similar or related one. Sometimes a large number of possible meanings are obtained but the most useful one in relation to the aims of the analysis must be chosen (Walker & Avant 2005 in Cronin & Coughlan 2010:66). The identified attributes from the literature provided the researcher with a clear outline of the possible meanings and she could select the most useful ones which offered the broadest insight into the concept. The concept includes the ontological and juridical aspects of the concept 'nursing'.

**Step 5: Identifying A model case**



A model case is a real-life example of the use of the concept that includes all the critical attributes and no attributes of any other concept. It is a pure case of the concept. Cronin and Coughlan (2010:66) mention that by presenting cases that have most, some, or none of the same attributes, the parameters of the original concept can be more clearly distinguished.

**Step 6: Identifying additional cases e.g.: borderline, related, contrary, invented and illegitimate cases**



A borderline, related, invented and contrary case are constructed to provide examples of “not the concept” and to promote further discussion of the concept ‘nursing’.

*Borderline cases* – are examples that contain some critical attributes of the concept, but not all of them. These cases are inconsistent in some way and therefore help clarify our thinking about the defining attributes of the true concept. Something may fit into either categories but not belong to either.

*Related cases* – are similar to the concept being studied and in some way connected to the main concept. Related cases help understand how the concept fits into the network of concepts surrounding it.

*Contrary cases* – clear examples of “not the concept”; an example of what the concept is not.

*Invented case* – constructed using ideas outside our own experience (like science fiction). Often to get a true picture of the critical defining attributes the concept must be taken out of its ordinary context and put into an invented one.

Once model cases are constructed – the critical/defining attributes will be compared to ensure critical attributes have been discovered and there are no overlapping attributes and no contradictions between the defining attributes and the model cases (Walker & Avant 2011:160-165).

**Step 7: Identifying antecedents and consequences**



Antecedents are events or incidents that take place prior to the occurrence of the concept. Consequences are events or incidents that occur due to the occurrence of the concept. The aim of antecedents and consequences is to identify underlying assumptions about the concept and to help further refine the critical attributes (Walker & Avant 2011:160, 167).

**Step 8: Defining Empirical Referents**

Empirical referents are categories of actual phenomena that by their presence demonstrate the occurrence of the concept (Walker & Avant 2011:168-169).

**Figure 1.3: Steps of concept analysis process (Walker & Avant 2011)**

## 1.12 RESEARCH SETTING

### Phase 1

The setting included all the different categories of nurses registered with the SANC and were members of DENOSA.

## **Phase 2**

The setting was the literature and documents available from the past 10 years (2006-2016) that described the meaning of the concept 'nursing'.

## **Phase 3**

There was no setting for Phase 3.

## **Phase 4**

The nurse educators inaugurated in STTI, the Africa Region Chapters (Tau Lambda-at-Large, Chi Omicron-at-Large and the Chi Xi-at-Large Chapter) were the setting in Phase 4.

### **1.13 RESEARCH POPULATION**

The population of a study can be defined as all the elements within a study's context in which the researcher is interested and who met the sample criteria for inclusion in the study (Grove *et al.* 2013:703). The populations in the various phases of this study were different.

**Phase 1:** The population was all the categories of nurses registered with DENOSA, totalling 84000 (DENOSA 2017:1). These categories are registered nurses and registered midwives, enrolled nurses and enrolled midwives, enrolled nursing auxiliaries, student nurses and midwives, pupil nurses and pupil nursing auxiliaries.

**Phase 2:** The target population was any online or hard copies of English books, encyclopaedias, journals, newspaper articles, published and unpublished theses and articles from any discipline that contained the definition of the concept 'nursing'. These could be found in the electronic search of the databases of CINAHL, EBSCOhost, MEDLINE, MasterFile Premier, Health Source-Consumer Edition, Health Source - Nursing/Academic Edition, Newspaper Source, JSTOR, ProQuest, AfricaJournal, Sabinet Reference, SpringerLink and ScienceDirect over the last 10 years (2006-2016).

**Phase 3:** This phase involved the development of the visual concept map. Therefore, there was no research population, but all the gathered data from Phases 1 and 2 can technically be seen as the population.

**Phase 4:** The population included seven nurse educators inaugurated in STTI, Africa Region Chapters. The nurse educators were chosen as they were involved in updating and improving nursing and nursing education within the African context, and were involved in teaching the concept of nursing to student nurses enrolled in nursing programmes.

## **1.14 SAMPLING METHODS AND SAMPLE**

### **1.14.1 Phase 1**

A non-random sampling method was used to obtain an in-depth understanding of the concept of nursing from the purposefully selected sample. The researcher selected the participants (nurses) who could provide information about the concept of nursing. The population was heterogeneous as the participants belonged to different categories.

Nurses who were registered with SANC and DENOSA were selected to participate (see a detailed explanation in Chapter 2, Heading 2.4.2). The sample from the different categories of nurses included registered nurses and registered midwives (n=272), enrolled nurses and enrolled midwives (n=44), enrolled nursing auxiliaries (n=27), student nurses and midwives (n=60), pupil nurses (n=4), and pupil nursing auxiliaries (n=2).

### **1.14.2 Phase 2**

During Phase 2, a non-random purposive sampling method was used. The literature sources used were published from 2006 to 2016. The sample was heterogeneous (see Chapter 3, Heading 3.4.2).



### **1.14.3 Phase 3**

All-inclusive sampling was done in Phase 3 because the concept map was developed using all data collected from Phases 1 and 2 during this phase.

### **1.14.4 Phase 4**

Non-random purposive sampling was done during this phase. The nurse educators inaugurated in STTI, Africa Region Chapters, were purposively selected to participate in validating the visual concept map.

## **1.15 DEVELOPMENT AND PRE-TESTING OF AN INSTRUMENT**

An online questionnaire was developed by the researcher to collect data for Phase 1. It was written in English, which is the language participants knew. There were two parts to the questionnaire. Part A consisted of five questions which gathered participants' demographic data, and Part B contained three open-ended questions in order to obtain individual information from the participants on their own definition of the concept of nursing.

### **1.15.1 Pre-testing the questionnaire**

A pre-test of the online questionnaire was first conducted and involved a limited number of potential participants to identify inherent problems, design flaws, ambiguity in questions, problems of redundancy, question-sequence issues, use of incorrect words or difficult words, unanswerable questions, reliability and validity. The pre-test also assisted the researcher in establishing an estimate of the time it would take to complete the online questionnaire (Neelankavil 2015:184).

The researcher had a face-to-face meeting with the potential participants, informing them about the pre-test and providing them with the web link address to access the online questionnaire. These participants accessed the questionnaire using the web link address and therefore took the questionnaire online. Twenty nurses from different cadres working in the medical and surgical wards of a selected regional

hospital in KwaZulu-Natal were invited to participate in the pre-testing of the questionnaire. The researcher resided and was permanently employed in KwaZulu-Natal, therefore it was convenient to conduct the pilot testing in this province and easier to meet with the relevant stakeholders of the selected regional hospital to seek and obtain permission for the pilot testing. The pre-test was conducted over a two-week period from 26 February 2017 to 11 March 2017. A detailed explanation of the pre-testing process and ethical issues are discussed in Chapter 2 (see Heading 2.4.4).

Participants were informed that their participation was only required for the pre-testing and participation in the main study was not allowed to prevent repetition of data and the risk of inaccurate results. Collected data from the pre-test formed part of the reported results of the main study as the participants provided valuable information to contribute to the main study's results.

After pre-testing the questionnaire, amendments were required, which was timeously attended to by the researcher (see Annexure 6). A detailed discussion in terms of amending the questionnaire is presented in Chapter 2 (see Heading 2.4.4).

## **1.16 DATA COLLECTION**

Data collection occurred over four phases, as discussed in the sections that follow.

### **1.16.1 Phase 1**

A pre-tested online questionnaire (see Annexure 6) was used for the main data collection process. Data were collected during the period 19 March 2017 to 19 June 2017 (See Chapter 2, Heading 2.5). All ethical considerations in terms of informed consent, participation, confidentiality and anonymity were adhered to throughout this phase (see Chapter 2, Heading 2.10). The collected data were exported to the researcher's personal computer. The computer was password-protected, thus only the researcher had access to the data. The data were backed-up and stored on an external hard drive and a compact disc (CD). These devices were kept in a lockable cupboard for safekeeping, to which only the researcher had access.

### 1.16.2 Phase 2

After ethical clearance to conduct the study was granted by the University of South Africa (UNISA) Health Studies Higher Degrees Committee College of Human Sciences (see Annexure 1), data were collected in order to obtain information on the concept 'nursing'. The librarian from UNISA's library assisted the researcher with the electronic literature search, accessing search engines and obtaining articles. The following databases were used: UNISA's online library services; CINAHL, EBSCOhost, MEDLINE, MasterFile Premier, Health Source- Consumer Edition, Health Source - Nursing/Academic Edition, Newspaper Source, JSTOR, ProQuest, AfricaJournal, Sabinet Reference, SpringerLink and ScienceDirect to locate every study that provided information on the concept of nursing.

To access the electronic data, keywords were used during the search. These keywords were 'define nursing', 'definition of nursing', 'nursing as a concept', 'the concept nursing', 'nursing as a verb', 'nursing as a noun', 'nursing', 'nurses' and 'nursing'. Other sources, dictionaries, textbooks, published and unpublished theses and newspaper articles were also accessed. The researcher obtained these sources online and the hard copies from the UNISA library.

The collected data were more manageable to handle as the researcher searched literature sources for the past 10 years (2006-2016). Data in the context of nursing, health sciences and other non-health-related disciplines were included. Only information in English was included. The data for this phase were collected over a period of two months from 1 April 2017 to 31 May 2017 (see Heading 3.5.1). The Johns Hopkins Appraisal Instrument was used to assess the literature/published papers (collected data) for inclusion and exclusion (see Annexure 2), and a strict audit trail was kept. The data on the concept of nursing were saved on the researcher's desktop computer's hard drive and backed-up on a USB and CD for analysis.

### **1.16.3 Phase 3**

The data collected from Phases 1 and 2 were combined and a literature review was conducted to assist in the development of the visual concept map of the concept of nursing.

### **1.16.4 Phase 4**

The researcher contacted the heads of departments of the schools of nursing via email, at the respective universities belonging to the Africa Region Chapters (Tau Lambda-at-Large, Chi Omicron-at-Large and the Chi Xi-at-Large Chapter) from the STTI Chapter Directory on the STTI website. The heads of departments were asked to randomly request three of their nurse educators inaugurated in STTI (see Annexure 7) to participate in the validation process of the visual concept map of nursing. The data collection process to validate the visual concept map occurred over two rounds, and details of this process are further discussed in Chapter 5.

## **1.17 RIGOUR**

Rigour is the criteria related to the trustworthiness of data collection, analysis and interpretation (Prion & Adamson 2014:107). The four components of trustworthiness, namely credibility, dependability, confirmability, and transferability (Lincoln & Guba 1985:290-332) were used to ensure the quality of the findings and increase readers' confidence in the findings throughout the research process. Rigour was ensured in the following phases as follows:

### **1.17.1 Credibility**

This is the idea that the reader can have confidence in the data and the interpretation thereof. There is a central truth to the data (Major & Savin-Baden 2012:75).

**Phase 1:** Credibility was achieved by reporting the participants' definition of the concept of nursing, exactly as they described it in their own words in the online

questionnaire. The survey was conducted online, therefore the researcher was not able to interfere with the data logged online on the questionnaire. The researcher ensured that the collected data and the results were presented truthfully and accurately. A detailed analysis of the data was conducted, and the analysis process was discussed, including the presentation of the results as described in Chapter 2 (see Headings 2.7 and 2.8).

**Phase 2:** Credibility was ensured during this phase by searching the various data resources related to the definition of the concept 'nursing'. Scholarly and academically approved literature was consulted using specific keywords. A librarian assisted with the literature search, and a co-coder assisted with the critical appraisal of the selected sources. The final selection of the literature was included in the integrated review. The selection criteria used during the integrative review helped to ensure that the process was rigorous and avoided the inclusion of irrelevant information.

**Phase 3:** Information provided by the participants of the online questionnaire and the data from the literature sources were used to formulate the themes which were used to develop the visual concept map. Logical links were made from the data collected in the previous phases. Comparisons were made between the categories and themes that were created (Tappen 2011:164). The entire process of combining the collected data to develop the concept map is discussed in detail in Chapter 4 (see Heading 4.8).

**Phase 4:** The developed visual concept map was validated during this phase by the nurse educators, inaugurated in STTI, Africa Region Chapters. The contributions from these important stakeholders involved in nursing and nursing education in Africa provided relevance to the validation of the visual concept map, within the African context.

### **1.17.2 Dependability**

Dependability is the strength or reliability of data through time and circumstances (Hall & Roussel 2016:39).

**Phase 1:** The online questionnaire was pre-tested. A total of 20 nurses from a regional hospital in KwaZulu-Natal, working in the surgical or medical ward and belonging to different nursing categories were invited to participate in the pre-test since they were most accessible to the researcher. There were registered nurses (n=6), enrolled nurses (n=4), enrolled nursing auxiliaries (n=4), pupil nurse auxiliaries (n=2), and second-year student nurses (n=4). On viewing the response rate to the online pre-test, only 11 nurses took the online questionnaire to test the reliability and validity of the questionnaire, namely registered nurses (n=4), enrolled nurses (n=1), pupil nurse auxiliaries (n=1), and second-year student nurses (n=3); two participants did not indicate their nursing category. As Wood and Ross-Kerr (2011:182) highlighted, the pre-test assists with the identification of problems with the questionnaire and ensures questions are easily understandable as written questions may be interpreted differently by different readers. In view of this, the necessary amendments were made to the questionnaire (see Annexure 6) before it was presented to the larger sample.

Validity was assured as the online questionnaire had questions that were appropriate to the subject of nursing (content validity) and the variable of interest – the interpretation of the concept of nursing – being measured (Allender, Rector & Warner 2013:87). The questionnaire addressed the objectives of the study, which were to explore and describe the meaning and interpretation of the definition of the concept ‘nursing’. The research supervisors reviewed the questionnaire for completeness and appropriateness. A pre-test of the questionnaire was conducted to determine if the questions used in the content of the questionnaire were well understood by the participants.

**Phase 2:** An integrative review process was used during literature searches and a detailed record of the search strategy was kept; the findings were documented as it appeared in the text. A strict audit trail was kept. Critical appraisal was a means to judge rigour (Grove *et al.* 2013:451).

The Johns Hopkins Appraisal Instrument was used (see Annexure 2) to appraise the literature sources critically. The definitions of the concept ‘nursing’ were written exactly as it appeared in the various texts.

**Phase 3:** The process of developing the visual concept map was clearly outlined so that, in the event of the process being repeated, the results will be consistent.

**Phase 4:** The process involved in validating the visual concept map was reported in detail (see Chapter 5, Heading 5.6). All contributions from the nurse educators registered with STTI, Africa Region Chapters, to validate the concept map, were presented exactly as the members provided the information.

### **1.17.3 Confirmability**

Confirmability implies that an adequate amount of distance exists between the observer and the observed. This distance reduces any possibility of the data inquiry being influenced by the observer (Watkins & Gioia 2015:89).

**Phase 1:** The raw data collected from the questionnaire, on the participants' definition of 'nursing', were written exactly as it was stated in the text, thus confirming the data was a true representation of the information collected, and was not influenced by the researcher.

**Phase 2:** The data extracted during the integrative review was written as it was presented in the literature sources using the exact words and phrases in the text. The researcher reported on the findings as presented during thematic analysis and remained objective while reporting on the results. An audit trail was kept of the entire data collection process during this phase. This audit trail helped the researcher in being consistent and showing consistency when the data were finally presented.

**Phase 3:** The generated themes obtained from the raw data in the previous phases were used to develop the visual concept map. The researcher clearly explained the entire process that was followed during this phase of the study (see Chapter 4, Heading 4.9).

**Phase 4:** There were two rounds of input from the experts during the validation process of the visual concept map. All the information provided were reported in the

results exactly as the experts stated in the validation process; thus, researcher bias was minimised during this phase.

#### **1.17.4 Transferability**

Transferability is the applicability of the findings in similar situations or in other contexts (Major & Savin-Baden 2012:75).

**Phase 1:** The collected data were categorised. The emerging themes were searched and further analysed, interpreted and reported on to provide a deeper understanding of the concept 'nursing'. The researcher thus attempted to transfer the study's findings to other settings to ensure consistency between the data and the findings (Hopp & Rittenmeyer 2012:337; Macnee & McCabe 2008:172).

**Phase 2:** A detailed log of the literature that was excluded was kept, and the reason for exclusion was noted. The appraisal tool focused on adequately reporting on the data collection methods, appropriate data analysis, and whether key findings were reported appropriately (Holly 2013:130). Any disconfirming data sought by the researcher that defined what nursing was, was not used to develop more comprehensive and credible findings. Findings reflecting the breadth of ideas are more easily transferred to different settings (Macnee & McCabe 2008:172).

**Phase 3:** The details of the development of the visual concept map were highlighted. The relationship between themes and the synthesis of the information from Phases 1 and 2 were illustrated; therefore, the reader can decide if this data could be transferred to other situations.

**Phase 4:** The researcher used purposeful sampling, as the nurse educators inaugurated in STTI, Africa Region Chapters, were purposively chosen to validate the visual concept map (see Annexure 7). A detailed description of the sample and the context in which the study was conducted is discussed in Chapter 5 (see Heading 5.2.2). As indicated by Tappen (2011:160), this would create a platform for the extent to which the study's findings could be transferred to other individuals and other situations.



## 1.18 DATA MANAGEMENT AND ANALYSIS

The analysis of data reduces, organises and provides meaning to the collected data (Grove *et al.* 2013:46).

**Phase 1:** The interpretation of the definition of nursing obtained from the different categories of nurses using the online survey was transcribed by the researcher as it appeared in the online questionnaire. The demographic data were analysed by the SurveyMonkey™ data analysis software. Both the analysed and transcribed data were provided as part of evidence in the results.

An eight-steps coding process, as presented by Tesch (1992:142-145), was used to code the data (see Chapter 2, Heading 2.9). Keywords were identified and extracted using qualitative content analysis, the data were further reduced by thematic analysis (Pope, Mays & Popay 2007:97; Mills, Durepos & Wiebe 2010:926), and similar keywords were categorised into themes. Deductive reasoning was used to break down the themes into attributes that described the concept of nursing (Koutoukidis, Stainton & Hughson 2012:43). Inductive reasoning, through a logical system of thinking, was employed to construct concluding statements from the defining attributes to further contribute in providing an in-depth understanding of the concept 'nursing' (Koutoukidis *et al.* 2012:43). This assisted the researcher with the development of a visual concept map that illustrated the definition of nursing.

**Phase 2:** All the definitions extracted from the various literature sources were documented as part of the evidence in the results. Keywords were identified and extracted through qualitative content analysis. Thematic analysis assisted the researcher to further reduce the data by categorising similar keywords into themes (Pope *et al.* 2007:97; Mills, Durepos & Wiebe 2010:926). Through deductive and inductive reasoning, the researcher was able to further reduce the data, thus contributing to a deeper understanding of the concept 'nursing' (Koutoukidis *et al.* 2012:43), and aimed to develop a visual concept map that illustrated the definition of nursing. A strict audit trail was kept of all the collected data.

**Phase 3:** The researcher used the collected data from Phases 1 and 2 to develop a visual concept map (see Chapter 4, Figure 4.3). The steps to develop a concept map are highlighted by Novak and Canas (2006:1-2) as follows: choose one concept as a focus; list related concepts; arrange concepts in a hierarchy; and add links using lines and arrows. Martin's (2012:416) steps are to identify the key concept of the topic to be mapped; pick out the main concepts, and generate a set of concepts associated with the main concept; rank the concepts hierarchically from most general or most inclusive to most specific; group the concepts that are related; draw the concept map with the concepts in ovals, with most general concepts at the top, intermediate concepts below and most specific at the bottom of the map (most general concepts are normally connected to two or more specific concepts); and finally, draw lines connecting the concepts. The researcher adopted the steps from both these authors and formulated the visual concept map.

**Phase 4:** The nurse educators' input on the visual concept map was collected after each round of the validation process. The data were recorded exactly as the nurse educators validated the visual concept map. This process continued until 75% agreement was achieved. The collected data were included in the final results of the study.

## **1.19 ETHICAL CONSIDERATIONS**

Ethical considerations tell us how the research should be conducted. These directives for ethical conduct in nursing research are guided by the researcher's integrity and are applied through personal decision-making (Houser & Houser 2013:48). Ethical issues were considered throughout the study, and the principles that protect the participants in the research from harm or risk were applied. Moreover, all professional rules laid down in the codes of conduct and research guidelines were followed (Holloway & Wheeler 2013:53).

### **1.19.1 Researcher-specific ethical considerations**

Data were collected once the research proposal received ethical clearance from the UNISA Health Studies Higher Degrees Committee College of Human Sciences (see

Annexure 1), and once permission was granted by DENOSA (see Annexure 3) for DENOSA's communications department to disseminate the web link address to the nurses registered with DENOSA to participate to the online questionnaire. Permission was sought by the researcher and granted by the Chief Executive Officer (CEO) of a KwaZulu-Natal regional hospital to invite nurses from the hospital to participate in pre-testing the questionnaire (see Annexure 18). Necessary amendments were then made to the questionnaire (see Annexure 6) before it was accessed by the participants of the main study.

The researcher had further specific ethical responsibilities during the study. These included ensuring participants' autonomy in consenting to participate in the research, ensuring confidentiality and anonymity, minimising potential harm, and maximising possible benefits for all participants (Houser & Houser 2013:55).

**Phase 1:** During data collection, when participants were asked to complete the online survey using SurveyMonkey™, a recruitment letter (see Annexure 12) provided information on the details of the study. Anonymity was assured as the participants did not need to provide their name on the questionnaire. DENOSA sent the web link address to invite nurses to take part in the survey, and SurveyMonkey™ then acted as a custodian of this data according to their privacy policy. This data were only used as directed by the survey creator in accordance with the privacy policy (SurveyMonkey Privacy Policy 2016:1). The software program only allowed raw data to be referred to the researcher and, in this way, no identifiable data were received by the researcher.

Participants were provided with information about the aim of the study, participation was voluntary, and they could withdraw from the study at any time without any consequences and without providing an explanation. Participants were informed that when they decided to respond to the questionnaire, they voluntarily consented to participate. If they did not consent to participate in the study, they did not move to the next step to access the questionnaire. The participant could only access the questionnaire when they opened the link to agree to participate, or they could ignore or quit participation without any negative results as their identity or any other information was unavailable to any party or person.

There were no physical or psychological risks as the questionnaire required basic demographic data and three open-ended questions requested information on participants' understanding of the definition of the concept 'nursing'.

**Phase 2:** The research was conducted in an ethical manner by ensuring resources were honestly managed, individuals who provided guidance and supervision were acknowledged, and the findings of the research were reported accurately (Brink, Van Der Walt & Van Rensburg 2012:30-43).

Honesty and openness during data collection were maintained to ensure scientific integrity and avoid any bias during the research process; the researcher was objective (Denscombe 2010:130; Houser & Houser 2013:58). The ideas, statements and words of appropriate people were acknowledged to avoid any risk of plagiarism (Houser & Houser 2013:66).

To assist with the peer review of the entire study, a detailed audit trail was kept of each step of the research process. The steps of the concept analysis process, as dictated by Walker and Avant (2011), were strictly followed during the study, as highlighted in Figure 1.3.

**Phase 3:** The researcher used the data collected during Phases 1 and 2 exactly as it unfolded to develop the visual concept map. Specific steps were used during the development of the concept map (Novak & Canas 2006:1-2; Martin 2012:416). The accurate, meaningful and complete relationships between themes were also explained in the concept map (Schuster 2016:74).

**Phase 4:** The nurse educators inaugurated in STTI, Africa Region Chapters, were invited to participate in the validation process (see Annexure 11). The details of the ethical consideration are discussed in Chapter 5 (see Heading 5.3).

### **1.19.2 Participant-specific ethical considerations**

Participants must also maintain confidentiality and not discuss the study with anyone who might have been a participant. Confidentiality works both ways (Ware & Brewer

2013:116). The researcher explained in the recruitment letters to participants that they were not to discuss their input with any other participant. The information they provided was for the researcher to analyse and publish as part of the final results of the study, and SurveyMonkey™ only provided the raw unidentifiable data to the researcher (see Annexures 11 & 12). In terms of informed consent, if the participants voluntarily clicked on the web link address and accessed the online questionnaire, it meant they consented to participate in the study (see Annexure 12). When participants forwarded their input on the visual concept map to the researcher's email address, they voluntarily consented to participate in Phase 4 (see Annexure 11).

## **1.20 SIGNIFICANCE OF THE STUDY**

The significance of this study is that the developed visual concept map can assist nurse educators in explaining the meaning and interpretation of the concept 'nursing', thus ensuring a similar meaning and interpretation of the concept among different categories of nurses enrolled in nursing programmes.

## **1.21 SCOPE AND LIMITATIONS**

The researcher predicted the advancing technology in reference to the internet and search engines as a limitation, as these are continually updated with new information. Only English texts were explored, and this was a limitation as the full meaning of the concept of nursing may have been missed from authors of other languages. Only nurses who were registered members of DENOSA were able to take the online questionnaire, therefore other nurses, not registered with DENOSA, did not have the opportunity to be selected to participate in the research and their input was thus unavailable for this study. DENOSA was the only organisation that agreed to assist in Phase 1 of the data collection process by allowing their communications department to send the web link address to the nurses registered with them, via their social media application, to access the online questionnaire. The researcher approached other organisations to assist with Phase 1 of the data collection process but was unsuccessful. DENOSA is currently the largest nurses' trade union in South Africa with over 84000 members (DENOSA 2017); however, a

limited number of nurses participated in the online survey, despite several reminders being sent to them via the DENOSA's communications department. The nurses who did participate in the online survey provided very similar information on their definition of the concept 'nursing'.

## 1.22 THESIS STRUCTURE

The thesis structure is presented in Figure 1.4 to offer a clear outline of the chapters and subsections included in this study. This structure is meant to assist the reader in following the entire research process in a very systematic manner, from the introduction to the conclusion of the study.

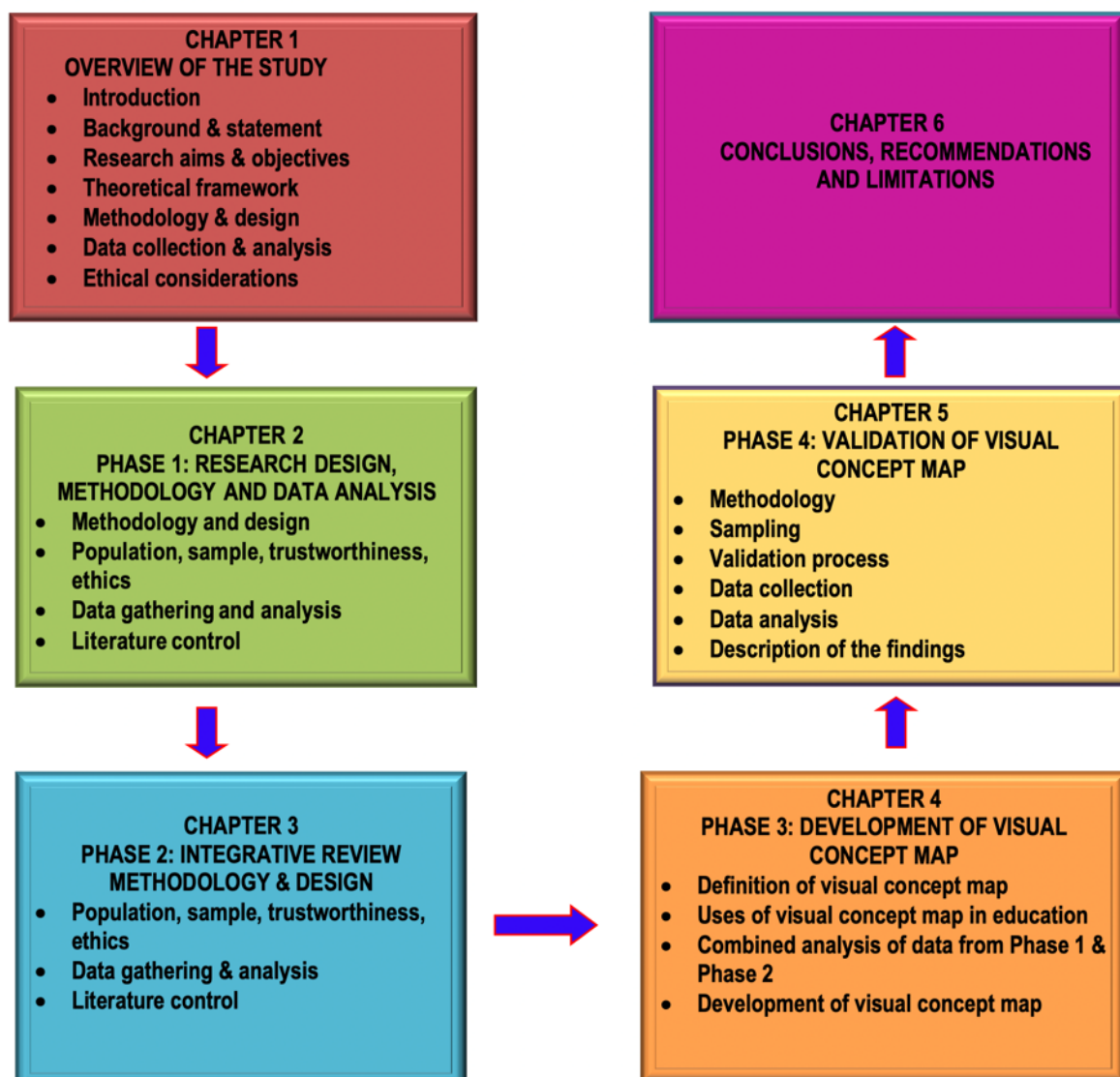


Figure 1.4: Thesis structure

## **1.23 CONCLUSION**

Chapter 1 provided an overview of the study and included the background to the research problem, the purpose, theoretical framework underpinning the study, the research design and methodology, and the data collection methods, procedures and analyses. The measures taken to ensure rigour and all the ethical considerations adhered to in this study were discussed. In the following chapter, the researcher presents Phase 1, which is the research design and methodology.

## CHAPTER 2

### PHASE 1: RESEARCH DESIGN, METHODOLOGY AND DATA ANALYSIS

#### 2.1 INTRODUCTION

Chapter one provided an overview of the study. This chapter presents an extensive discussion of the research design and methods, population, sample, trustworthiness, ethics, data gathering and analysis. The literature control for Phase 1 of the study (see Figure 2.1) is also addressed.

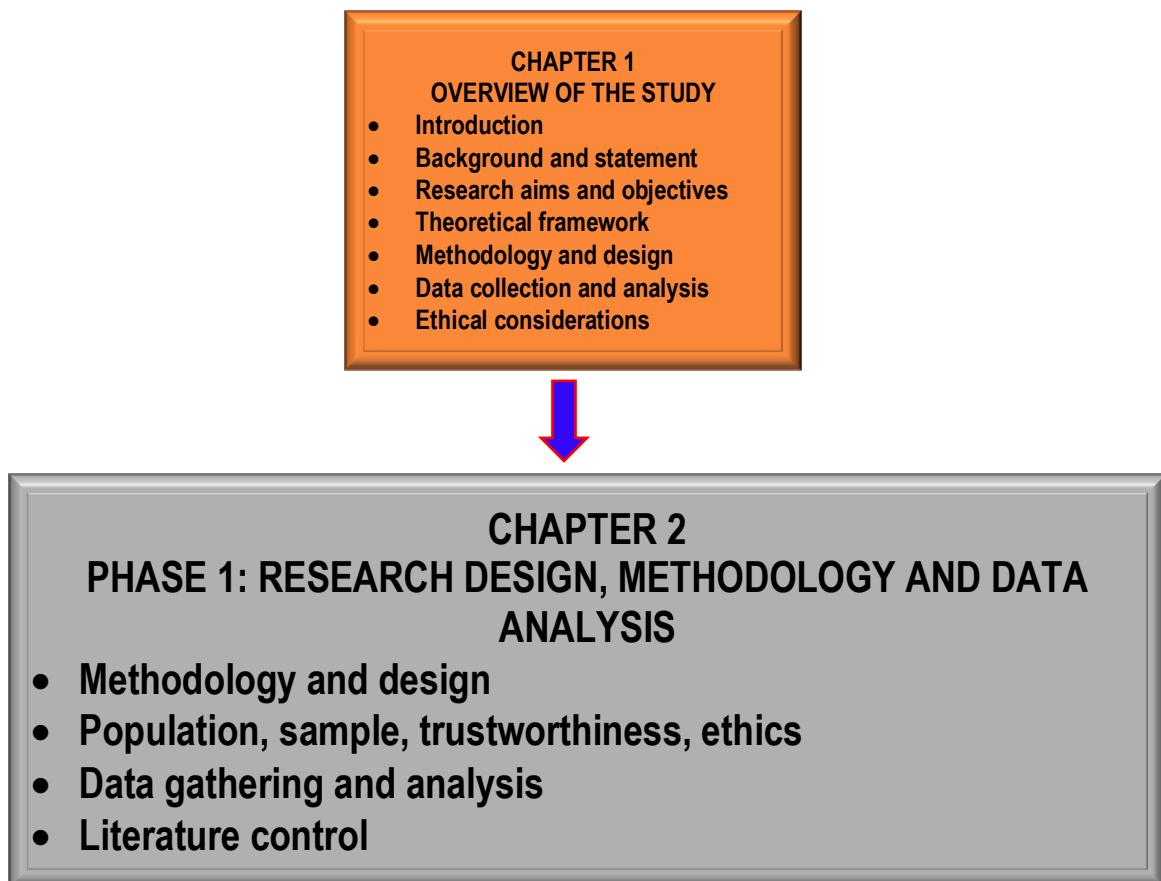


Figure 2.1: Research process

#### 2.2 RESEARCH SETTING

Research can be undertaken in a variety of settings and includes the specific places where information is gathered from one or more sites (Polit & Beck 2012:49). In this



study, the research setting was the online community of the different categories of nurses registered with the SANC and as members of DENOSA.

## **2.3 RESEARCH DESIGN**

A research design is a blueprint, prepared in advance, based on the study objectives. It prescribes boundaries for research activities to enhance orderliness in data collection and analysis. It helps the researcher to organise ideas and evaluate the projected study (Nirmala, Edison & Suni 2011:68-69). The research process is one where the researcher develops a masterful work within the limits of a research question or hypothesis and the related theoretical basis. The framework that the researcher creates is the design (LoBiondo-Wood & Haber 2014:164).

The characteristics of a good research design, as highlighted by Nirmala *et al.* (2011:68), were adopted and appropriate for the objective of the problem under investigation. The design was economical in terms of the data collection tool that was used, being a self-developed online questionnaire which was sent to a large sample using a web link address that participants could access. The design was flexible, and various aspects of the definitions of the concept 'nursing' were considered. A non-random, purposive sampling technique was used. The measuring instrument (the online questionnaire) was pre-tested to ensure reliability and validity. Furthermore, in this phase rigour was ensured throughout the research process (see Heading 2.6). A qualitative, explorative, descriptive and contextual research design was used to facilitate an in-depth analysis of the concept 'nursing' and develop a visual concept map to assist nurse educators in explaining the meanings and interpretations of the concept 'nursing' to student nurses enrolled in nursing education programmes.

### **2.3.1 Qualitative approach**

The qualitative approach involves insights gained by improving the comprehension of a phenomenon of interest. This research method allowed for depth, richness and complexity of the concept 'nursing' that was explored. The qualitative methodology facilitated the researcher's use of rigorous and systematic processes that required

conceptualisation, imaginative reasoning and elegant expression (Grove *et al.* 2013:57). The different categories of nurses registered with the SANC provided their personal understanding and interpretation of the concept 'nursing' by responding to the online questionnaire.

Qualitative research may be distinguished from quantitative research by certain characteristics. Qualitative research is emergent in nature; it emerges as the researcher makes ongoing decisions while reflecting on what has already been learnt. It is flexible and elastic as adjustments can be made related to the information being gathered during data collection. Multiple strategies of data collection (triangulation) can be used and merged. This type of research tends to be holistic, striving for an understanding of the whole. The researcher is intensely involved and committed in the field of study, and sometimes becomes a research instrument for data collection. Moreover, ongoing data analysis is required for the formation of subsequent strategies to determine when further fieldwork should be conducted (Sharma 2014:182-183).

These characteristics, highlighted by Sharma (2015:182-183), assisted the researcher as an overview of the concept of nursing was provided when the various categories of nurses gave a written description of their understanding and interpretation of the concept in Part B of the online questionnaire (see Annexure 6).

### **2.3.1.1 Importance of qualitative research**

Qualitative research is an inductive approach to discover or expand knowledge, and qualitative methodologies contribute to nursing studies as nursing is a discipline building a knowledge base in the process of clarifying how nursing sciences should be developed (Sharma 2015:182). The researcher was involved in the identification of meaning or relevance of the concept 'nursing'. The purpose of this study was to develop a visual concept map that could assist nurse educators in explaining the concept 'nursing' so that students have a similar understanding, meaning and interpretation thereof.

### **2.3.1.2 Benefits of qualitative research**

This study focused on the analysis of the concept of nursing, therefore the qualitative methodology allowed for an in-depth understanding of the concept. Data gathered from the online questionnaire highlighted participants' perspective of their understanding of the concept. The written responses, provided by the different categories of nurses, were reported exactly as they appeared, thus providing richer and more meaningful information on the concept of nursing.

### **2.3.2 Exploratory research**

Exploratory research starts with a phenomenon of interest – being the concept of nursing – and examines the nature of this phenomenon, and the manner in which it is manifested and expressed (Polit & Beck 2013:12-13). Explorative research assisted the researcher in understanding the various categories of nurses' thoughts and perceptions of the concept of nursing, provided more current and insightful meaning, and generated new ideas about the concept.

### **2.3.3 Descriptive research**

According to Tarzian and Cohen (cited in Fitzpatrick & Kazer 2012:122-123), descriptive research entails involving, collecting, and analysing data to characterise a concept. Qualitative descriptive methodologies include content analysis. This type of research method helps to increase the understanding of a phenomenon from another experiential perspective.

A descriptive approach was adopted in this study to obtain qualitative data from different categories of nurses regarding their interpretation and understanding of the concept 'nursing'.

### **2.3.4 Contextual research**

Research occurs in a certain place at a certain time, and the context surrounding the research impacts on the process (Miller-Cochran & Rodrigo 2013:xv-xvi). Many

concepts have a wide range of possible meanings depending on the context in which they are used. Concepts therefore need to be defined within the context of their use in order to be understood (Sharma 2015:128; Waltz, Strickland & Lenz 2010:35). Data were collected from different categories of nurses registered with the SANC, thus occurring within the South African context.

## **2.4 RESEARCH METHODS**

The research method is the specific way in which the study is conducted and includes the strategy for recruiting participants, methods of data collection, methods of data analysis, and strategies for facilitating reliability and validity or trustworthiness (Harvey & Land 2016:142).

### **2.4.1 Population**

The population is the entire set of elements that meet the specified criteria to be included in the study (Boswell & Cannon 2014:180). The population included all the categories of nurses registered with the SANC and as members of DENOSA; 84 000 in total (DENOSA 2017:1). These categories include registered nurses and registered midwives, enrolled nurses and enrolled midwives, enrolled nursing auxiliaries, student nurses and midwives, pupil nurses and pupil nursing auxiliaries.

### **2.4.2 Sampling technique and sample**

A sample is a subset or portion of the total population, and a specific sampling technique was used by the researcher in selecting cases that could lead to valid generalisations about the population or entire group under study (Chambliss & Schutt 2013:85-86). The sampling frame is the list of elements from which the sample was chosen (Polit & Beck 2012:280). The sampling frame consisted of all the different categories of nurses registered with the SANC and members of DENOSA. A sampling technique is a process of selecting a group of people, events, behaviours or other elements that represent the population being studied (Grove *et al.* 2013:357).

The non-random, purposive sampling technique saves resources as it requires less fieldwork and it is simple to draw a sample (Sharma 2014:220-221), Ramasubramanian and Singh (2017:80-81) highlight that in non-random sampling, the samples are gathered in a way that does not give all individuals in the population equal chances of being selected in the sample, because the elements are selected by choice and not by chance. There are certain elements that have a greater probability of being part of the sample, while others may have no opportunity of being included in the sample. During sampling, the researcher focused on certain characteristics of the sample population and subjectively included nurses who were registered with SANC and members of DENOSA. The invitation for the participants to take the online survey was sent via the DENOSA communications department, meaning that only members of DENOSA, appearing on its database, received the invitation to participate. Furthermore, the study was conducted in the South African context, therefore the participants had to be registered with SANC.

The sample was heterogeneous because, according to Gray *et al.* (2017:679), at least one characteristic must be diverse. In this study, the sample was heterogeneous in terms of the participants' age, gender, educational level, years of work experience and the category of nursing. The sample comprised nurses who were registered with SANC and members of DENOSA. The sample from the different categories of nurses were: registered nurses and registered midwives, enrolled nurses and enrolled midwives, enrolled nursing auxiliaries, student nurses and midwives, pupil nurses and pupil nursing auxiliaries. The total sample size was n=415 from these categories of nurses, as this was the number of nurses who responded to the invitation email and participated in the study. More appropriate for this study was the acceptance rate rather than the attrition rate. No participant withdrew from the study after consenting to participate.\* The researcher adopted the formula to calculate the acceptance rate, which is the percentage of participants meeting the sampling criteria who consented to be in the study as indicated by Grove and Gray (2019:232).

Acceptance rate = (number accepting participation ÷ number meeting sampling criteria approached) x 100%.

$$\begin{aligned} \text{In this study: Acceptance rate} &= (415 \div 84000) \times 100\% \\ &= 2.44\% \end{aligned}$$

However the attrition refers to the withdrawal or loss of participants from a study that can be expressed as the number of participants withdrawing or a percentage. The formula to calculate the sample attrition rate (Grove & Gray 2019:232) is as follows:

$$\text{Sample attrition rate} = (\text{number withdrawing from a study} \div \text{sample size of study}) \times 100\%$$

$$\text{For this study: } (0 \div 84000) \times 100\% = 0\%$$

In this study, n=415 participants consented and voluntarily participated in phase 1 of data collection. No participant withdrew from the study at any stage after consenting.

Initially, the researcher requested SANC to assist in sending the invitation email to all nurses on their database, but was unsuccessful despite several attempts. Ultimately, DENOSA was the only organisation who gave the researcher permission to use their communications department and assisted in sending the invitation email to all nurses on their database.

### **2.4.3 Development of an instrument**

An online questionnaire was developed by the researcher and used as the data collection instrument of the study (see Annexure 5). The online survey service, SurveyMonkey™, made it easier for participants from a wide geographical area to access the questionnaire.

This self-developed online questionnaire was designed in two parts. Part A focused on participants' demographic data in terms of gender, age, highest educational level, nursing category, and the number of years they had been practising as nurses. Part B focused on obtaining the participants' definition of the concept 'nursing' and consisted of three open-ended questions. A comparison of the participants' definition

of the concept 'nursing' to the definition provided by the SANC was asked. Participants were also required to make suggestions on how nurse educators could be helped to teach students about the definition of nursing so that all nurses, irrespective of the category, have the same understanding of this concept.

#### **2.4.4 Pre-testing of the questionnaire**

A pre-test is a mini-version of the full-scale study. Pre-testing a questionnaire involves trying it out on a few participants and observing their responses to the questionnaire. Pre-testing helped the researcher in improving the questionnaire's reliability and ensuring it was free from errors. Therefore, the questions produced a consistent distribution of responses from the same sample each time (Ekinci 2015:127; Beri 2013:134).

The pre-test was conducted online over a two-week period from 26 February 2017 to 11 March 2017. Written permission was initially requested (see Annexure 17) from the CEO, and the Chief Nursing Service Manager (CNSM) of a KwaZulu-Natal regional hospital and permission was granted by the CEO to conduct the pre-test (see Annexure 18). The researcher further liaised with the CNSM of the institution, who suggested that the nurses from one surgical ward and one medical ward be invited to participate as these wards had a full complement of staff and a mix of different categories of nurses.

The researcher had a face-to-face meeting with the unit managers of the surgical and medical wards, discussed the pre-testing procedure and provided a file containing the official permission letter from the hospital CEO (see Annexure 18), the ethical clearance certificate (see Annexure 1), the recruitment letter to the participants (see Annexure 9) and the web link address for the nurses to access the online questionnaire. The unit managers agreed that the file, with the documents related to the pre-test, would be available for easy access at a designated area in the nurses' duty station.

The questionnaire was pre-tested with different categories of nurses in order to assist the researcher in deciding whether any changes in the questionnaire or the

wording of the questions were required. Nurses were chosen from the surgical and medical ward of the institution where the pre-test was done, as suggested by the CNSM of the institution, and they were invited to participate in the pre-test.

The human resource department of the selected institution was unable to provide the researcher with the email addresses or cell phone numbers of the nursing staff due to their privacy policy. The researcher obtained verbal permission from the unit managers and had a face-to-face meeting with the 20 potential participants during their morning meeting. The pre-testing procedure, informed, voluntary participation, accessing the online questionnaire, anonymity, confidentiality and the risks and benefits of participation were discussed, and the participants were verbally invited to participate.

Anonymity was assured as no identifying information of any participant was available to the researcher as the software program (SurveyMonkey™) only provided the raw, unidentified data. Participants' names were not required on the online questionnaire. The researcher's contact details were available in the recruitment letter for any questions or queries. In the event of queries, participating nurses were not required to provide their names to the researcher during their telephonic communication but rather introduced themselves as *"the participant of the concept of nursing pilot study"*. Nurses were informed to set their cell phones on "caller identity blocking mode" to ensure their contact number was unidentifiable by the researcher in the event the researcher was contacted (see Annexure 9).

To ensure confidentiality, participants were informed that all the collected data would only be used for the purpose of this study and would be included and published as part of the final results. Findings are reported in this thesis and will be published in a journal or presented at academic conferences, where their names will continue to be protected. Participants were not to discuss their participation with other participants (see Annexure 9).

The details of accessing the online questionnaire were provided. The participants had to access their email, open a new email page or a new Microsoft Word Page and be connected to an internet service. The web link address had to be typed into



the new email page or Microsoft Office page, and once the participant clicked on the web link address, the questionnaire was accessible via the SurveyMonkey™ webpage.

Participants were informed that participation was required once only in the pre-test and not the main study, to prevent data repetition. In order to ensure that the study's results would be accurately presented, the data provided in the pre-test formed part of the main study results (see Annexure 9). The SurveyMonkey™ service also logged Internet Protocol (IP) addresses of devices being used to access the online questionnaire, thus preventing repetitive completion of the same online questionnaire.

A total of 20 nurses, from a regional hospital in KwaZulu-Natal, who belonged to different categories of nursing, namely registered nurses (n=6), enrolled nurses (n=4), enrolled nursing auxiliaries (n=4), pupil nurse auxiliaries (n=2), and second-year student nurses (n=4) working either in the medical or surgical nursing department in the hospital were invited to participate in the pre-test. Of the 20 nurses who were invited to participate, only 11 nurses participated and completed the online questionnaire. The participants were registered nurses (n=4), enrolled nurses (n=1), pupil nurse auxiliaries (n=1), second-year student nurses (n=3), and two participants did not indicate their nursing category.

Five participants telephonically communicated with the researcher while taking the online questionnaire, as they had queries. Two participants were unsure about Part A, question 3 of the questionnaire, relating to the highest qualification. The options to choose from were certificate, diploma, degree, master's degree, and doctorate. Both participants were unclear about the option 'certificate' in terms of whether the option referred to a basic nursing certificate or a high school certificate. The participants also had non-nursing qualifications and were unsure if this information was required.

After consulting with the research supervisors, the researcher amended Part A, question 3 to read as: high school certificate, certificate in nursing, diploma in nursing, degree in nursing, master's degree in nursing and doctorate in nursing (see Annexure 6). The options were clearer, only requiring participants' nursing

qualifications. In Part A of the questionnaire, questions 1 to 4 were rephrased to make it clear (see Annexures 5 and 6):

- Question 1 – Initially: Gender; amended to: What is your gender?
- Question 2 – Initially: Age; amended to: What is your age?
- Question 3 – Initially: Highest qualifications; amended to: What is your highest level of education?
- Question 4 – Initially: Nursing cadre; amended to: What is your cadre/category?

Two different participants enquired about Part B, question 1, required clarity regarding giving a definition of the concept of nursing using information from the literature. One other participant was unclear about the requirement for Part B, question 2. The researcher, after consultation with the research supervisors, also rephrased and amended Part B:

- Question 1 to read as: Define your understanding of the concept 'nursing' in your own words.
- Question 2 to read as: With reference to the following definition of nursing, provided by the South African Nursing Council, describe how your definition of the concept 'nursing' (provided in question 1) compares or differentiates with the definition provided by the South African Nursing Council.
- Question 3 was also rephrased to be clearer to the participant: Kindly give suggestions on how nurse educators can be supported or helped to teach students about the definition of nursing so that all nurses, irrespective of the cadre/category, have the same understanding of this concept (see Annexure 6).

Finally, the researcher made the necessary amendments to the online questionnaire (see Annexure 6) using the Edit the Live Survey feature provided by the SurveyMonkey™ service (Survey Monkey Help Center Edit a Live Survey 2016:1) to be available to the participants of the main study.

The data collected from the pre-test were exported from the SurveyMonkey™ data analysis component and stored on the researcher's personal computer hard drive

and backed-up on an external hard drive and CD. This data formed part of the final study results.

## **2.5 DATA COLLECTION**

Data collection is the precise, systematic, gathering of information relevant to the research purpose or the specific objectives or questions of the study (Grove *et al.* 2013:45). Data collection occurred after the research proposal was approved and the ethical clearance certificate was granted by the UNISA Health Studies Higher Degrees Committee College of Human Sciences (see Annexure 1). Furthermore, permission was granted by DENOSA to collect data (see Annexure 3).

Data for the main study were collected via SurveyMonkey™ using the pre-tested questionnaire (see Annexure 6) from 19 March 2017 to 19 June 2017. DENOSA assisted the researcher by sending the recruitment letter (see Annexure 12), which contained the web link address, to all nurses registered on their database. When the participants voluntarily clicked on the web link address, the online questionnaire was accessible. By opening the link and clicking the “NEXT” button, it implied that they agreed to participate in the study. The participants had three months to complete the questionnaire. After every two weeks, a reminder email (see Annexure 10) was sent to the participants via the DENOSA communications department.

SurveyMonkey™ allowed the researcher to view the responses to the survey questions during the data collection process. This was accessed in the analysis section of the survey. A summary of the data and individual responses were finally viewed at the end of the data collection process, exported, and stored on the researcher’s personal computer. The data were also backed-up and stored on an external hard drive and CD to ensure an extra copy of the data was available. The external hard drive and CD were kept in a lockable cupboard for safekeeping, to which only the researcher had access. The researcher’s personal computer, where the data were stored, was protected by a password; therefore, only the researcher had access to the data.

## **2.6 RIGOUR**

Grove *et al.* (2013:36, 58-59) discuss rigour as striving for excellence, involving discipline, scrupulous adherence to detail, and strict accuracy. In qualitative studies, rigour is characterised by openness and a demonstration of methodological congruence, thoroughness in data collection, consideration of all the data in the analysis process, and self-understanding. The researcher used the criteria for trustworthiness as highlighted by Lincoln and Guba (1985:290-332) involving credibility, dependability, confirmability and transferability.

### **2.6.1 Credibility**

Credibility is the confidence in the truth of the data and interpretations thereof (Lincoln & Guba 1985:290). Lincoln and Guba's framework is further described by Polit and Beck (2012:525-526, 584-585) as the researcher striving to establish confidence in the truth of the findings for the participants and contexts in the research. Credibility involves two aspects, namely carrying out the study in a way that enhances the believability of the findings, and taking steps to demonstrate credible research reports. In this study, a pre-test questionnaire was completed by 11 nurses. This assisted with the identification of possible problems in the questionnaire (see Annexure 5) and ensured that the questions were easy to understand (Wood & Ross-Kerr 2011:182).

The questionnaire was only accessible online, therefore the researcher was unable to interfere with the data that were logged. All the information provided was exactly as it was presented by the participants. The researcher ensured that the collected data and the results were presented truthfully and accurately as per the findings. Validity was assured as the written, open-ended questions were appropriate (Allender *et al.* 2013:87) as the participants understood the concept of nursing in their own way and had their interpretation of the concept measured. The participants were given clear instructions of the requirements for the questionnaire to reduce the risk of errors.

### **2.6.2 Dependability**

This criterion in Lincoln and Guba's framework refers to the stability (reliability) of the data over time and conditions. The dependability question is: Would the findings of the study, if repeated with the same or similar participants in the same or similar context, be the same? Each process was reported in detail, including the entire research process and the presentation of the results (Schmidt & Brown 2014:408). A pre-test was conducted with 11 participants belonging to different categories to test the reliability and validity of the questionnaire. The pre-testing assisted in the identification of problems with the questionnaire and ensured questions were easily understandable, as written questions may be interpreted differently by different readers (Wood & Ross-Kerr 2010:182).

The amendments were made to the questionnaire (see Annexure 6) before it was cascaded to the larger sample, as discussed earlier. Validity was assured as the written questionnaire had questions that were appropriate to the subject of nursing (content validity) and the variable of interest – the interpretation of the concept of nursing – being measured (Allender *et al.* 2013:87). Dependability was supported when coding checks that were conducted by the co-coder and research supervisors showed an agreement within and among the concepts and themes. There was a logical consistency between participants' responses that was exposed in the coding and analysis procedure (Schmidt & Brown 2014:408).

### **2.6.3 Confirmability**

Confirmability refers to the extent to which the researcher's biases, motivation, interests or perspectives influence interpretations (Gatrell & Elliott 2015:116). Confirmability means that the data and their interpretations are not figments of the researcher's imagination. The data can be traced to their original source and the logic that was used to interpret the data was made explicit (Mertens 2015:272). The raw data collected from the questionnaire, on the participants' definition of nursing, was written exactly as it was stated in the questionnaire, thus ensuring the confirmability of the data. Findings are therefore a true representation of the

information that was collected, and it was not influenced or created by the researcher. The researcher's interpretation of the data was presented in detail.

#### **2.6.4 Transferability**

Transferability refers to the probability that the study findings have meaning to others in similar situations (Speziale, Streubert & Carpenter 2011:49). The researcher has the responsibility to provide sufficient descriptive data so that the reader and consumer can evaluate the applicability of the data to other contexts. The main work of transferability is done by the readers and the consumers as they assess the extent to which the conceptualisations and findings apply to new situations; it is the readers of research who transfer the results. Polit and Beck (2012:526) add that thick description refers to a rich and thorough description of the research setting, study participants, and research process. Readers can only make good judgments about the proximal similarity of the contexts in the study and their own environments if researchers provide high-quality descriptive information. A theoretical perspective can be communicated about essential contextual features that might make the findings transferable so that readers can make theoretically informed judgments about which contexts are most proximally similar. The aim is not to have a formal theory about contexts and gradients of similarity, but to have a framework that is abstract and conceptual in deciding on the types of descriptive information to share.

The researcher provided detailed information about the participants' demographic profile. Each question in Part A of the questionnaire was thoroughly analysed and graphically presented to show the findings. Appropriate comparisons were made of the data from this part of the questionnaire and were discussed. A complete data trail on the data gathering and analysis process was provided to ensure that other researchers can apply the results to similar contexts and the concept of nursing as defined. The data were described and written as the participants reported in Part B of the questionnaire.

## 2.7 DATA ANALYSIS

Data analysis is the systematic organisation and synthesis of research data (Polit & Beck 2012:725). There were 415 (n=415) questionnaires that were considered for analysis; however, some participants did not respond to all the questions in the questionnaire. The incomplete questionnaires were still included in the analysis as participants omitted only one or two questions in either Part A or Part B.

The response rate for each of the questions in Part A and Part B on the questionnaire, including the total of the response rate and the percentages, are annotated in Table 2.1. It was evident that just over 50% of the participants did not respond to the open-ended questions, that is questions 1, 2 and 3 of Part B in the questionnaire (see Annexure 6). The three open-ended questions in Part B of the questionnaire significantly contributed to answering the research question of this study – What is different categories of nurses’ understanding and interpretation of the concept ‘nursing’ – and the research objective of developing a visual concept map to illustrate the definition of nursing. However, if the participant responded to a question, it was included for analysis as it provided information that added value to the results.

**Table 2.1: Questionnaires distributed (N=415) and the response rate**

Questionnaire numbers	Frequency (n)	Percentage (%)
<b>PART A - Close-ended questions</b>		
<b>1</b>	412	99%
<b>2</b>	414	99%
<b>3</b>	410	98%
<b>4</b>	409	98%
<b>5</b>	406	97%
<b>PART B - Open-ended questions</b>		
<b>1</b>	195	47%
<b>2</b>	184	44%
<b>3</b>	176	42%
<b>TOTAL RESPONSE RATE</b>	2606	78%

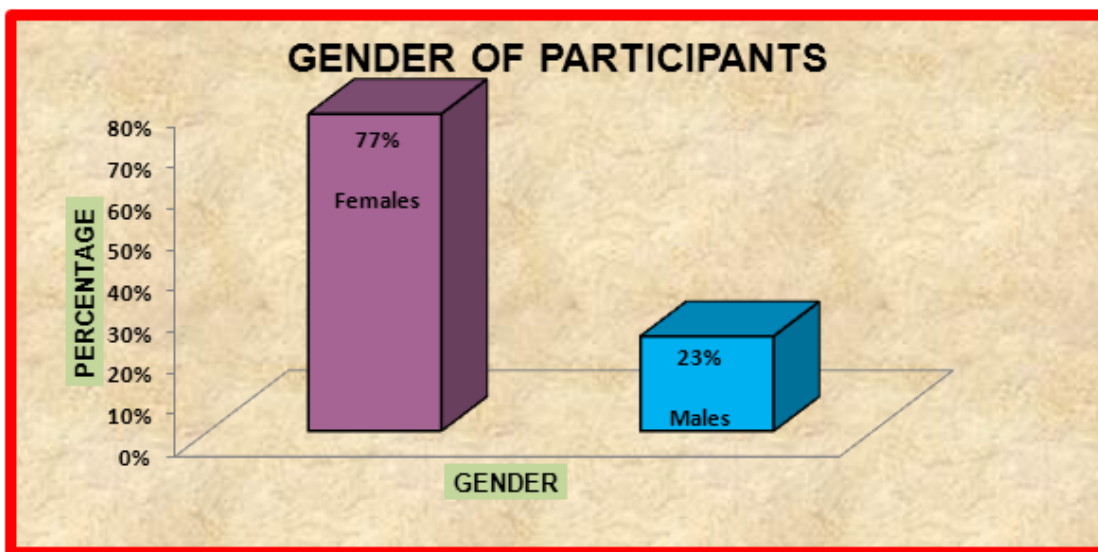
There were N=415 participants who completed the questionnaire, yet the number of participants who responded to each question is indicated in the second column, and the response rate percentage per question is shown in the third column in Table 2.1. The total participant response rate for the questions answered was 2606 (78%).

The participants' demographic data in terms of their age, gender, highest level of education, nursing category and nursing practice experience were analysed by the SurveyMonkey™ software program, and are presented as frequencies and percentages in Figures 2.1 to 2.5.

## 2.8 DEMOGRAPHIC RESULTS (PART A)

The participants' demographic data were not central to the study. However, it provided context that can enhance the transferability of the data to similar contexts.

### 2.8.1 Gender (N=415)

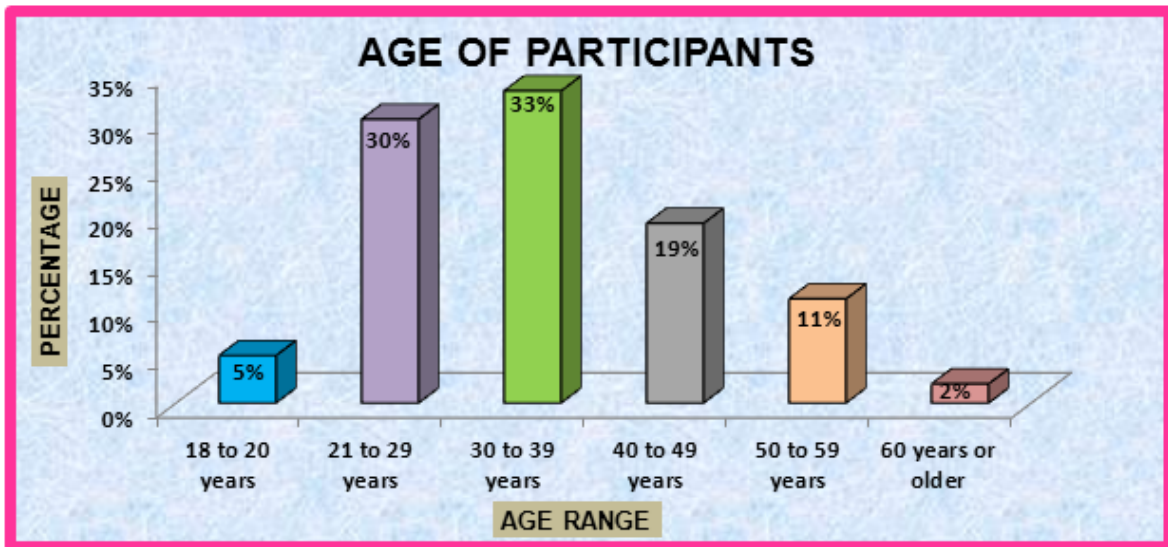


**Figure 2.2: Gender (N=415)**

Four-hundred and twelve participants indicated their gender. As illustrated in Figure 2.2, 318 women (77%) and 94 (23%) men participated in this study. This distribution correlates with the female dominance figures in the nursing profession as provided by SANC. According to the statistics, there were 260 926 female nurses and 26 971 male nurses registered with SANC in 2016 (SANC 2016:1).



### 2.8.2 Age (N=415)

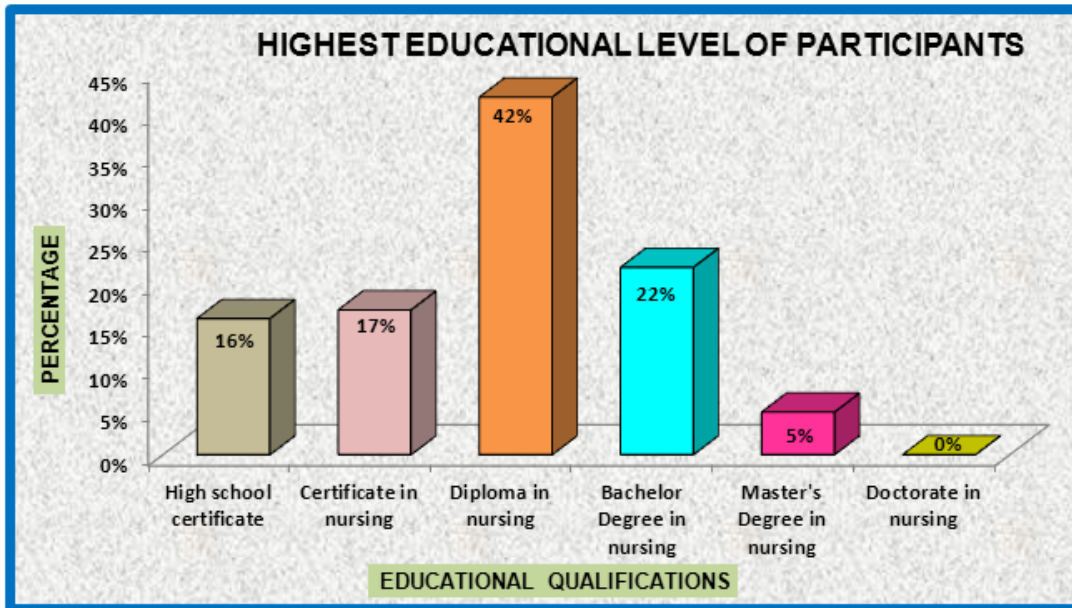


**Figure 2.3: Age (N=415)**

Four-hundred and fourteen participants indicated their age (see Figure 2.3). The majority (33%; n=136) were between 30-39 years, 30% (n=124) were between 21-29 years, 19% (n=79) were between 40-49 years, 11% (n=44) were between 50-59 years, 5% (n=21) were between 18-20 years, and 2% (n=10) were 60 years and older. Most participants were in the age group of 21-49 years, and supposedly very actively involved in the profession. Comunello (2012:131) agrees that the more highly involved people are in their work, the more likely they are to participate and provide their contributions in a research study.

### 2.8.3 Educational level (N=415)

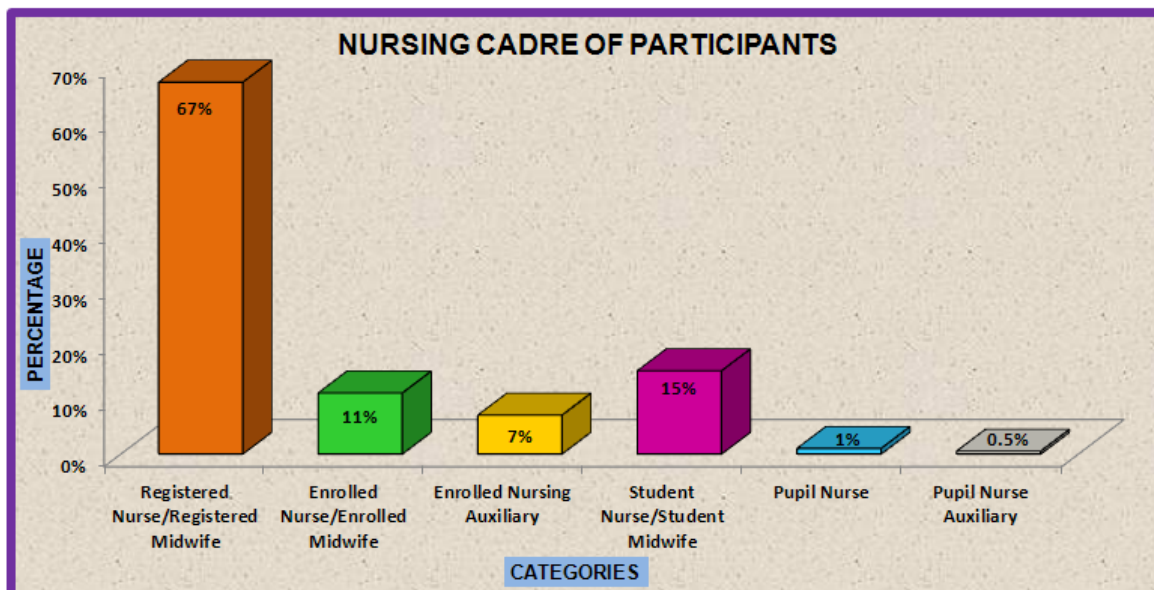
As illustrated in Figure 2.4, 16% (n=65) of participants indicated having a high school certificate, 17% (n=69) of the participants had a certificate in nursing, 42% (n=173) a diploma in nursing, 22% (n=89) a bachelor's degree in nursing, and 5% (n=19) had a master's degree in nursing.



**Figure 2.4: Highest educational level (N=415)**

None of the participants possessed a doctorate in nursing. It would appear that the educational level is an indication that participants should have been able to provide informed information regarding the concept of nursing. Rice and Atkin (2013:138) are of the opinion that more educated people are better informed, comprehend information better, and are more analytical than their counterparts.

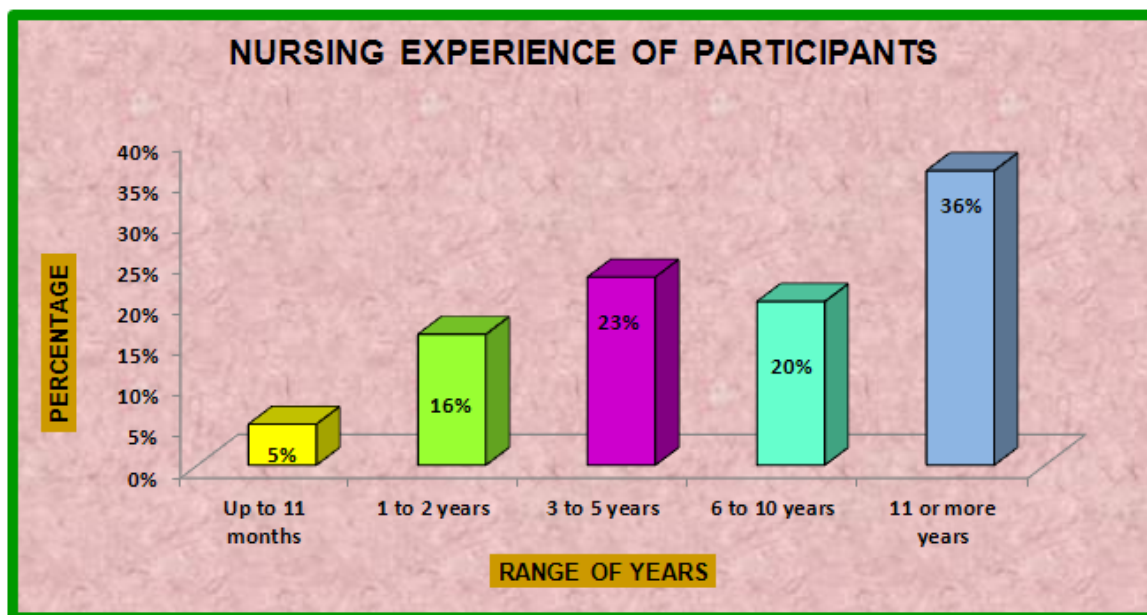
#### 2.8.4 Nursing category (N=415)



**Figure 2.5: Nursing category (N=415)**

Four-hundred and nine participants indicated their nursing category (see Figure 2.5). The majority (67%; n=272) were registered nurses, 15% (n=60) were student nurses, 11% (n=44) were enrolled nurses, 7% (n=27) were enrolled nursing auxiliaries, 1% (n=4) were pupil nurses, and 0.5% (n=2) were pupil nurse auxiliaries. The SANC growth register clarified the majority response rate from registered nurses as there is a larger population of registered nurses in comparison to other nursing categories (SANC 2016:1).

### 2.8.5 Years of nursing practice (N=415)



**Figure 2.6: Years of nursing practice (N=415)**

Only 405 participants indicated their years of nursing experience. Figure 2.6 shows that 36% (n=146) of participants had 11 or more years nursing experience, 20% (n=81) had 6-10 years, 23% (n=92) had between 3-5 years, and 16% (n= 65) had between 1-2 years' experience; the minority of 5% (n=22) had up to 11 months' experience. It appears that a greater number of participants had 11 or more years' experience in the field of nursing. This could indicate that many of the participants had a better understanding of nursing due to having more experience and exposure in the nursing field. As a result, they were able to provide more detailed information in their responses. O'Lynn (2013:197) indicated that experience forms our views and education gives us knowledge, therefore when we reflect on our experience in nursing, we have a better understanding.

## **2.9 MEANING OF THE CONCEPT NURSING (PART B)**

A thematic analysis was conducted on the narrative data received from the open-ended questions. It was, however, of concern that fewer than 50% of the participants (see Table 2.1) provided their input on the concept 'nursing'. The researcher organised, labelled and grouped related data together in themes and illustrated their account with quotes from the participants, thereby focusing on what was provided by the participants, as suggested by Gerrish and Lathlean (2015:231).

The data were coded and analysed according to the guidelines provided by Tesch (1992:142-145). The guidelines were: Get a sense of the whole by reading carefully through all the data. Write topics in the margin of the document. Make a list of all the topics, one column per data document, placing all the columns on the same sheet. Compare all the topics and group similar topics together. Write these groups in columns, perhaps with headings that represent the major topics, the unique topics and leftovers. Abbreviate these topics as codes. Be open to new categories and codes that may emerge. Find the most descriptive words for the topics, which have begun to turn into categories. Try to reduce the categories by grouping those that relate to each other. Try to look for sub-categories. Make a final decision on the abbreviation of each category, and ensure that no duplication occurs. A segment of data can fit in two or three categories. Put the data belonging to each category together and perform a preliminary analysis, looking at all the material in one category at a time.

The three open-ended questions were: "Define your understanding of the concept nursing in your own words"; "With reference to the definition of nursing, provided by the SANC, describe how your definition of the concept nursing compares or differentiates with the definition provided by the SANC"; and "Kindly give suggestions on how nurse educators can be supported or helped to teach students about the definition of nursing so that all nurses, irrespective of the cadre/category, have the same understanding of this concept" (see Annexure 6 – questions 6, 7 & 8).

Both research supervisors also assisted with the coding process on the definitions of nursing. The co-coder did the coding and analysis separately to enhance the

trustworthiness of the data. Themes and categories that were formulated were finally reviewed by both the researcher and co-coder to reach consensus.

### **2.9.1 Participants' own definition of 'nursing'**

The analysed narrative answers regarding participants' own definition of the concept of nursing are illustrated in Table 2.2. Only 196 (N=214) of the participants provided their understanding of the concept of nursing. In reference to the guidelines provided by Tesch (1992:142-145), the data were coded and analysed. All the definitions provided by the participants were written exactly as they appeared in the questionnaire.

Each definition was read and re-read by both the researcher and co-coder, and the keywords were then extracted as they were more obviously noticed in the definitions (see Annexure 19). A co-coder was used to assist the researcher in the qualitative data analysis process to ensure credibility. The extracted keywords formed the sub-categories, which were further developed when collectively analysed to formulate the categories. The most descriptive word or words were used to identify the categories, namely; (1) 'caring holistically', (2) 'compassionate', (3) 'dedication', (4) 'dignity', (5) 'meeting needs', (6) 'noble', (7) 'support', (8) 'unbiased', (9) 'cognitive abilities', (10) 'profession', (11) 'legislature', (12) 'health promotion', (13) 'research', (14) 'dynamic' and (15) 'collaborate' (see Table 2.2).

The categories were finally grouped and merged to develop the related themes, termed (1) affective, (2) cognitive and (3) social (see Table 2.2). The sub-categories provided a more comprehensive perspective of the data, and the themes showed how the data are related, and the categories are described in the data (Merriam & Tisdell 2016:215).

**Table 2.2: Definition of nursing**

THEMES	CATEGORIES	FREQUENCY (n) OF APPEARANCE OF KEYWORDS RELATED TO THE CATEGORIES	SUB-CATEGORIES (“DIRECT QUOTES”)
Affective	Caring holistically	118	<p>“nursing is a profession that cares for patients, clients and families”</p> <p>“nursing is caring for people whether sick or well”</p> <p>“nursing is caring or helping someone in need it involves psychological, physical, and emotional care or help”</p> <p>“nursing is being able to care for someone who needs caring”</p> <p>“holistic caring”</p> <p>“caring for the sick in totality”</p>
	Support	17	<p>“advocate for those who can’t make their own choices”</p> <p>“to support in all the processes”</p> <p>“it’s treating and giving support to the society”</p> <p>“care and support for the sick”</p> <p>“offering total professionalism support and guidance”</p> <p>“helping people”</p>
	Compassionate	10	<p>“to have the empathy for your fellow men or women”</p> <p>“the provider must show sympathy”</p> <p>“a caring compassionate act towards those in need”</p>

THEMES	CATEGORIES	FREQUENCY (n) OF APPEARANCE OF KEYWORDS RELATED TO THE CATEGORIES	SUB-CATEGORIES (“DIRECT QUOTES”)
			<p>“nursing is a very compassionate field”</p> <p>“to care for the sick and dying patient in a loving and compassionate manner”</p>
	Dignity	9	<p>“Nursing is giving dignity to a person during last offices”</p> <p>“ensures comfort and dignity until the end of life”</p> <p>“nursing is caring for patients, treating them with respect and dignity”</p> <p>“show respect”</p>
	Unbiased	7	<p>“nursing does not judge but listens”</p> <p>“Unbiased, unconditional devotion to serving all humanity”</p> <p>“nursing requires understanding of your patient’s physical and psychological condition without discrimination of race, age, sex and gender”</p> <p>“care holistic for those who are unable to care for themselves irrespective of gender, colour, nationality and race”</p> <p>“treating everybody the same”</p> <p>“treat people equally irrespective of social standing”</p>
	Meeting the	6	<p>“nursing is caring for people,</p>

THEMES	CATEGORIES	FREQUENCY (n) OF APPEARANCE OF KEYWORDS RELATED TO THE CATEGORIES	SUB-CATEGORIES (“DIRECT QUOTES”)
	needs		<p>assisting them with their most basic needs”</p> <p>“to provide basic care to a patient in order to meet his needs”</p> <p>“Maslow’s hierarchy of needs are met for the patient”</p>
	Dedication	5	<p>“A profession that requires dedication”</p> <p>“unconditional devotion to serving all humanity”</p> <p>“caring commitment, dedication, passion, patience”</p> <p>“to be there for humanity”</p> <p>“nursing requires passion, patience and understanding”</p> <p>“ service to the people”</p> <p>“serve humankind”</p>
	Noble	5	<p>“it’s a noble profession”</p> <p>“centered around many different values such as honesty, integrity”</p> <p>“a professional job that requires ethics”</p>
Cognitive	Health promotion	37	<p>“Promote health, prevent disease”</p> <p>“preserve quality of life to all”</p> <p>“help to restore health”</p> <p>“rehabilitate them to their normal functioning”</p> <p>“life style modification and adjusting to the new changes”</p>



THEMES	CATEGORIES	FREQUENCY (n) OF APPEARANCE OF KEYWORDS RELATED TO THE CATEGORIES	SUB-CATEGORIES (“DIRECT QUOTES”)
	Cognitive abilities	37	<p>“nursing utilised cognitive abilities”</p> <p>“Being able to care for patients with the use of critical thinking”</p> <p>“using scientific knowledge to take care of the sick”</p> <p>“advanced skills and knowledge in rendering quality care to patients”</p> <p>“learnt set of skills”</p> <p>“a professional job that requires skills , education”</p>
	Profession	24	<p>“it is a calling and vocation”</p> <p>“nursing is profession of registered person rendering service to the helpless person”</p>
	Research	3	<p>“using skills that are learned based on research methods that have been gained through the year”</p> <p>“participate and do research”</p> <p>“to participate in research as an endeavor to continually improve the care rendered”</p>
	Legislature	2	<p>“facilitating the recovery process by using skill and guided laws”</p> <p>“nursing guided by country’s legislative”</p>
	Dynamic	2	<p>“nursing is dynamic”</p> <p>“nursing is a dynamic concept of care”</p>

THEMES	CATEGORIES	FREQUENCY (n) OF APPEARANCE OF KEYWORDS RELATED TO THE CATEGORIES	SUB-CATEGORIES (“DIRECT QUOTES”)
Social	Collaboration	4	“to communicate and collaborate with each member for the best health” “team nursing” “in conjunction with the other members of the health team” “nursing is consultation and feedback”

Quantification of the keywords related to the categories was done in an attempt to distinguish between commonly used words and those not so commonly used by the participants when they provided their own definition of the concept ‘nursing’. The frequencies with which keywords in the definitions of ‘nursing’ related to the categories appeared: ‘caring holistically’ (n=118), ‘cognitive abilities and health promotion’ (n=37), ‘profession’ (n=24), ‘support’ (n=17), ‘compassionate’ (n=10), ‘dignity’ (n=9), ‘unbiased’ (n=7), ‘meeting needs’ (n=6), ‘dedication and noble’ (n=5), ‘collaboration’ (n=4), ‘research’ (n=3), ‘dynamic and legislature’ (n=2). Quantification further indicated the emphasis on the use of certain words in comparison to other words that were not emphasised in the definitions of the concept. The thematic analysis (see Table 2.2) offered proof of the pure qualitative nature of the analysis.

### 2.9.2 Comparison of participant’s and SANC definition of nursing (n=184)

There was 76% (n=139) participants who highlighted that their definition of the concept of nursing was similar to the SANC, and 24% (n=45) of the participants’ definitions of ‘nursing’ differed from that provided by the SANC.

The similar keywords that appeared in both the participants’ definitions and SANC definition of ‘nursing’ were: (1) ‘caring’, (2) ‘supportive’, (3) ‘providing health care’, (4) ‘registered person’, and (5) ‘profession’. Participants omitted certain keywords in

their definitions, such as ‘death’, ‘care’, ‘registered person’, ‘support’ and ‘dignity’, which featured in the SANC definition. However, in the participants’ definition of ‘nursing’, the following keywords were mentioned, which were omitted in the SANC definition: (1) ‘teamwork/collaboration’, (2) ‘dedication’, (3) ‘holistic’, (4) ‘learnt skills/scientific knowledge’, (5) ‘art and science’, (6) ‘compassion’, and (7) ‘prevention’ (see Annexure 16 and Table 2.3).

**Table 2.3: Keywords different/similar to SANC definition of nursing**

<b>Keywords in SANC definition of nursing but omitted in participants’ definition</b>	<b>Keywords in participants’ definition of nursing but omitted in SANC definition</b>	<b>Keywords similar in SANC and participants’ definition of nursing</b>
Death	Dedication	Caring
Registered person	Compassion	Profession
Support	Learnt skills/scientific knowledge	Providing health care
Dignity	Art and science	Registered person
	Holistic	Supportive
	Prevention	
	Teamwork/collaboration	

The comparison of similar and different keywords appearing in both the SANC definition and that of the participants was aimed at highlighting the differences and similarities between the formal definition provided by the SANC and the individual thoughts of the participants. It also created an opportunity for the participants to express what nursing meant to them, and this provided insight into the concept. In this way, the keywords that did not appear in the SANC definition of the concept were extracted, grouped to form themes, categories and sub-categories (direct quotes), as illustrated in Table 2.4. These were eventually used in formulating the concept map of ‘nursing’.

**Table 2.4: Data coding of participants' definition compared to that of SANC's definition of 'nursing'**

THEMES	CATEGORIES	FREQUENCY OF APPEARANCE OF KEYWORDS TO THE CATEGORIES	SUB-CATEGORY "DIRECT QUOTES"
Affective	Holistic	6	<p>"I used holistic"</p> <p>"Missing is kind professional who is trained to provide care, support and maintain and monitor human life socially, spiritually and emotionally"</p> <p>"Nursing care should be holistically rendered"</p> <p>"care is rendered to a patient to ensure their holistic well being"</p> <p>"provide holistic care"</p> <p>"mine is holistic concept"</p>
	Dedication	4	<p>"I see nursing as an art of care that can be attained not necessarily from formal studying but</p>

THEMES	CATEGORIES	FREQUENCY OF APPEARANCE OF KEYWORDS TO THE CATEGORIES	SUB-CATEGORY "DIRECT QUOTES"
			<p>comes from within as it requires passion and perseverance"</p> <p>"there must be an inborn passion to take care of others"</p> <p>"nursing requires passion"</p> <p>"dedication to this profession"</p>
	Compassion	2	<p>"compassionate acts relates to support and treatment of health care users"</p> <p>"care and compassion"</p>
	Learnt skills/scientific knowledge	5	<p>"It needs to stress more good knowledge, and treating health care user as a individual"</p> <p>"focuses on learnt skills"</p> <p>"our background scientific knowledge"</p>

THEMES	CATEGORIES	FREQUENCY OF APPEARANCE OF KEYWORDS TO THE CATEGORIES	SUB-CATEGORY "DIRECT QUOTES"
			<p>that we have to use while caring for the sick"</p> <p>"nursing requires training and hard work"</p> <p>"To apply her skills to the public she needs to be trained to apply her knowledge"</p>
Cognitive	Prevention	3	<p>"they however did not mention that nurses can prevent illnesses"</p> <p>"the educating element which is important to change or modify the unhealthy habits of health care users, the preventative element of nursing"</p> <p>"To me it lacks the preventative elements of nursing"</p>
	Art and science	3	<p>"Nursing is an art and science"</p>

THEMES	CATEGORIES	FREQUENCY OF APPEARANCE OF KEYWORDS TO THE CATEGORIES	SUB-CATEGORY "DIRECT QUOTES"
			"I see nursing as an art of care"  "is a professional body of art"
Social	Teamwork/ collaboration	2	"nurses work in conjunction with the multidisciplinary health team"  "my own understanding shows the direct team work necessary"

### 2.9.3 Ways to teach the definition of nursing

Only 176 participants provided suggestions on how the definition of 'nursing' should and can be taught to new student nurses. Table 2.5 illustrates the suggested techniques supported by participants' direct words from the raw data. The identified techniques included role-modelling, repetition, scenarios, simulation, role-play, guest lecturers, visual aids and consistent enforcement (see Table 2.5).

**Table 2.5: Techniques to support nurse educators in teaching the definition of 'nursing' to student nurses**

Techniques	DIRECT QUOTES
Role-modelling	"leading by example"  "nurses in clinical areas must teach by example"  "nurse educators must show how nurses should behave and

Techniques	DIRECT QUOTES
	<p>be proper role models for students in training”</p> <p>“action speaks louder than words. It’s better to see it than be taught”</p> <p>“they must be taught by practical example”</p> <p>“they can start by displaying care, compassion and passion for the profession”</p> <p>“ensure that it is a lived concept”</p>
Repetition	<p>“emphasize throughout the training”</p> <p>“the definition need to be repeated at all times”</p> <p>“always use examples to help students remember and truly understand the concept”</p> <p>“continuous update, training and mentoring on the definition of nursing”</p>
Scenarios	<p>“teach definition in the classroom, clinical areas so all nurses understand the concept with no distortions”</p> <p>“be included in nursing curriculum for all categories of nurses”</p>
Simulation	<p>“spend more time on practical’s with students making them practice nursing not just its theory”</p>
Role-play	<p>“demonstrations”</p> <p>“be more practical, use simulation as a method of teaching. Role plays should be done on how correct nursing is carried out”</p>
Guest lecturer	<p>“the nursing educator can also get guest speakers who are already in the nursing field to give a talk to the learners so they may get a clear and concise understanding of the concept of nursing”</p>
Visual aids (flow diagrams,	<p>“a nurse educator may also use flow diagrams to make the</p>



Techniques	DIRECT QUOTES
videos)	<p>process of the concept of nursing easier to understand“</p> <p>“role plays, case studies and videos to watch for better understanding”</p> <p>“the essence and ethics of what nursing entails must be discussed”</p> <p>“Define each key word -nurses understand better”</p>
Constant enforcement	<p>“continuous in service training at the workplace to be reminded about the concept including ethos of nursing”</p> <p>“Nursing should be emphasised as a caring, nurturing, treating, and promoting healing, and rehabilitation to the sick and needy”</p> <p>“Emphasize it is both caring and profession”</p>

Hunt (2017:198) supports those preceptors that act as role models play a pivotal role in the orientation of new and experienced nurses, and are especially helpful for novice nurses during their transition into the clinical setting since they teach concepts and skills. Repetition increases recall and comprehension, particularly if the message is complex (Wang 2016:108). Polger and Sheidlower (2017:52) also mention that repetition emphasises the importance of information.

Scenarios prepare students for clinical experiences, substitute unavailable or unpredictable clinical experiences, or enhance clinical experiences in a safe environment. Simulated experiences provide opportunities for students to integrate psychomotor, critical thinking, clinical reasoning, and decision-making skills, which are equally valuable in assisting students to critically evaluate their own actions and reflect on their abilities to apply theory to practice (Billings & Halstead 2016:284).

Bradshaw and Lowenstein (2014:183) contribute that role-play encourages participants to improvise behaviours that illustrate the expected actions of persons

involved in defined situations. Roleplaying allows students to engage their imaginations to explore scenarios that target potential issues, and it is an ideal way for participants to practice skills and experience ethically or culturally sensitive situations.

A guest lecturer can serve as a source of motivation and a role model (Billings & Halstead 2016:251). Bradshaw and Lowenstein (2014:183) highlight that we live in an environment ripe with moving images, and visual and aural media can be powerful tools for education. Kent (2016:200) states that visually interpreting procedures into a flow chart makes complex processes easy to understand at a glance. Moreover, constant reinforcement improves learning (Chapman, Garnett & Jervis 2011:19).

## **2.10 ETHICAL CONSIDERATIONS**

Ethics in nursing research is an act of moral principles that researchers follow to ensure the rights and welfare of individuals, groups or communities under study (Sharma 2015:48-49). Sharma (2015:49) highlights the importance of ethics in research as follows:

- Protecting vulnerable groups and other study participants from the harmful effects of experimental interventions.
- Safeguarding participants from exploitation by the researcher.
- Establishing the risk-benefit ratio for the study participants.
- Ensuring the fullest respect, dignity, privacy, disclosure of information and fair treatment for study participants.
- Building participants' capability to accept or reject participation in the study, and having access to informed or written consent for participation in the study.

Beneficence, justice and respect for human dignity are the major ethical principles that should be considered in research studies. These principles are discussed next.

### **2.10.1 Principle of beneficence**

The researcher must ensure a positive risk-benefit ratio, where the risk of the research should never exceed the expected benefits that can be gained from the knowledge generated by the research activity. Any potential risks related to the study must be assessed, and participants must be protected from all harmful effects. In addition, participants must be protected from expected adverse psychological consequences caused by the study. Research must be conducted by a scientifically qualified expert to avoid undue discomfort or distress to the participants. Participants must be provided with maximum physical, psychological, social and religious comfort, and undue disturbance and time commitments should be avoided (Sharma 2014:49-50).

The data collection tool was an online questionnaire and nurses, as members of DENOSA and registered with SANC, were invited and sent the web link address via DENOSA's communications department to access the questionnaire and decide whether to participate in the study. The online questionnaire required the participants to provide basic demographic data and answer three open-ended questions on their understanding and interpretation of the concept 'nursing', therefore no physical or psychological risks were imposed on the participants. The questionnaire took no longer than 10 minutes to complete. The participants were given a two-month timeframe to reply to the questionnaire; however, after every two weeks the web link address was re-sent to the participants via the DENOSA communications department.

### **2.10.2 Principle of justice**

This principle guides the researcher in abiding by the participants' right to fair treatment and maintenance of privacy. In this study, SurveyMonkey™ was the custodian of the collected data as per their privacy policy. Only the raw data, with no identifiable information of the participants, were made available to the researcher.

The DENOSA communications department sent out the web link address to all nurses on their database so there was a fair and non-discriminatory selection of

participants. All the nurses who were members of DENOSA had an equal opportunity to participate in the study (Dhivyadeepa 2015:70). Risks and benefits were equally shared by the participants, and their selection was based on research requirements and not convenience, gullibility, or the compromised position of certain types of people.

The researcher ensured non-prejudicial treatment of individuals who declined to participate or who withdrew from the study after agreeing to participate. The participants were provided with information about the study's aim, voluntary participation and withdrawal from the study at any time without any explanations or consequences (see Annexure 12).

The principle of justice also highlights that the anonymity of the participants and confidentiality of information must be maintained. Anonymity was assured as no identifying information of the participants was required. No information collected from the participants was used for any other purpose except for the research purpose.

### **2.10.3 Principle of respect for human dignity**

This principle emphasises freedom of choice, where participants have the right to accept or reject taking part in a study. Only when the participants clicked "NEXT" were they able to access the online questionnaire and voluntarily consented to be part of the study. Participants had the right to ask the researcher for additional information. The contact details of the researcher and supervisors were provided so that participants had access and could communicate with the relevant parties in the event of any questions or clarifications related to the study.

Participants had the right to decline participation in the study at any stage. The above principle was adhered to throughout the research process.

### **2.10.4 Ethical approval**

Ethical approval to conduct research must be sought and obtained prior to the collection of data. Ethical clearance to conduct this study was granted by the UNISA

Health Studies Higher Degrees Committee College of Human Sciences (see Annexure 1).

#### **2.10.5 Permission to conduct the study**

The researcher sought permission in writing from DENOSA prior to the collection of data for this phase (see Annexure 4). Data collection only commenced once permission was granted by DENOSA (see Annexure 3). All participants were well informed about the nature of the study and voluntarily agreed to be part of the study when they clicked on the web link address and took the online survey (see Annexure 12).

#### **2.10.6 Informed consent**

Informed consent protects the individual's freedom of choice and ensures respect for individuals' autonomy. Informed consent is given voluntarily when participants decide to participate in the research (Sharma 2015:50, 53). The researcher provided all the necessary information to the participants as they had the right to know about each aspect of the study (see Annexure 12). The participants were allowed to withdraw from the study at any time, even after they gave consent to participate, without any penalty.

#### **2.10.7 Confidentiality and anonymity**

Confidentiality is the assurance that information can be viewed only by those requiring access. Anonymity means that a person's identity or personal information is unknown (Yoost & Crawford 2016:181). Anonymity was assured as the online questionnaire did not require the participant's name. The participants were informed that all collected data were only used for the purpose of this study and would be included and published as part of the final results. Findings were reported in a thesis, and may be published in a journal or presented at a conference, but their names will be protected at all times. The collected data were stored on the researcher's personal computer hard drive, which was password-protected, and only the researcher could gain access to the data. The data that were backed-up on a CD

and USB were kept in a lockable cupboard to which only the researcher had a key. The participants were informed about their anonymity and confidentiality in the recruitment letter (see Annexure 12).

### **2.10.8 Privacy**

Privacy is the freedom people have to determine the time, extent and general circumstances under which their private information may be shared with or withheld from others. Private information includes a person's attitude, beliefs, behaviour, opinions and records. The research participants' privacy is protected if the participants were informed, consented to participate in the study, and voluntarily shared private information with the researcher (Grove *et al.* 2013:105). In this study, SurveyMonkey™ was the custodian of the collected data as per their privacy policy. The participants had the freedom to share their personal information and opinions when they voluntarily clicked on the web link address and took the online survey.

## **2.11 CONCLUSION**

The online questionnaire was analysed, and details of the results were presented in this chapter, together with the research design and methods. The following chapter will focus on Phase 2, the integrative review.

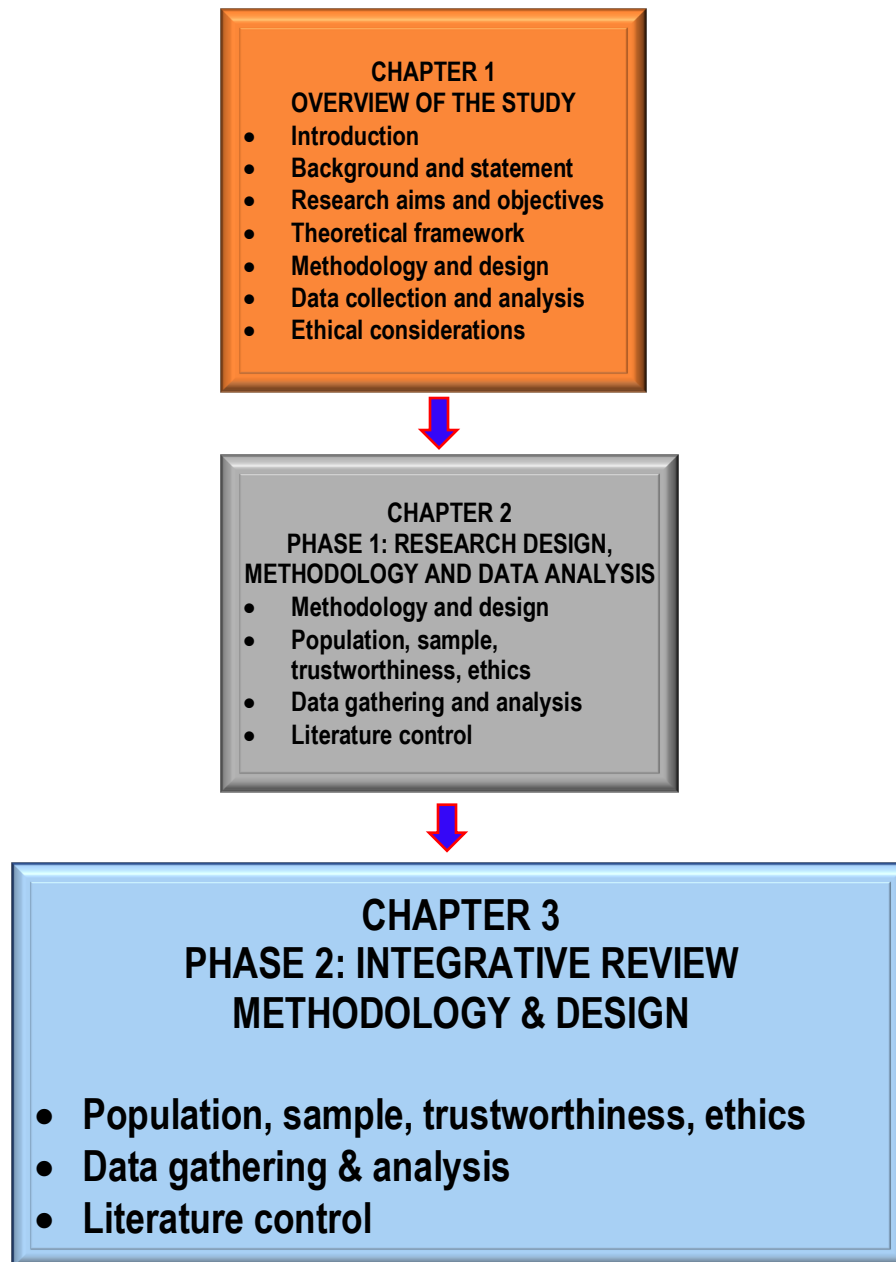
## **CHAPTER 3**

### **PHASE 2 INTEGRATIVE REVIEW: RESEARCH DESIGN, METHODOLOGY AND DATA ANALYSIS**

#### **3.1 INTRODUCTION**

The previous chapter discussed the research design, methodology, and data analysis of Phase 1 of the study. An online questionnaire in Phase 1 captured the various categories of nurses' understanding of the concept 'nursing'. This chapter focuses on an integrative review of the literature sources in order to obtain theoretical and empirical data on the definition of the concept of nursing. This data will be combined with the data from Phase 1 to develop a concept map of 'nursing'.

This chapter commences by discussing the research design, methodology, data collection and data analysis of the integrative review which was based on the steps for conducting integrative reviews as highlighted by Whitemore and Knaf (2005:550-551), Walker and Avant (2011:160-170). The purpose of the integrative review was to obtain a meaning of 'nursing' from various literature sources, to critically appraise and combine the available information and therefore provide a broader understanding of the concept (Holly 2013:125).



**Figure 3.1: Research path**

### **3.2 RESEARCH SETTING**

There was no physical setting for this phase, but the internet and available literature sources in this context are regarded as the setting.



### **3.3 RESEARCH DESIGN**

A qualitative, exploratory and descriptive approach was adopted, where various literature sources, namely online or hard copies of English books, encyclopaedias, journals, newspaper articles, published and unpublished theses and articles from any discipline that contained information regarding the definition of the concept 'nursing' were accessed, reviewed and used in providing a better understanding of the concept. The exploratory approach aimed to search for new insights into the concept and develop a better understanding of the concept. The descriptive nature of the study assisted the researcher in obtaining data that described the characteristics of the concept of nursing (Hair 2015:148-149). The researcher also had the opportunity, through the descriptive design, to discover new meaning related to the concept of nursing, describe what already existed, determine the frequency with which key attributes of the concept occurred, and categorise the information (Gray *et al.* 2017:28).

### **3.4 RESEARCH METHODOLOGY**

The research methodology was qualitative, explorative and descriptive. The process of concept analysis was chosen in this phase as a method to obtain in-depth information on the concept 'nursing'. The question that initiated the integrative review was: What is the meaning of the concept 'nursing'?

#### **3.4.1 Population**

The population is a particular group of elements which is the focus of the research. The target population is the entire set of elements that meet the sampling criteria (Grove, Gray & Burns 2015:250). The target population in Phase 2 was online or hard copies of English books, encyclopaedias, journals, newspaper articles, published and unpublished theses and articles that contained information on the definition of the concept 'nursing'. These literature sources had to be in the public domain from the years 2006 to 2016. The 10 year time frame from 2006 to 2016 was decided on based on the ethics approval date and then the 10 years prior to that.

### **3.4.2 Sampling technique and sample**

Fain (2017:135-147) highlights that sampling is the process of selecting individuals or elements for a study in such a way that there is representation of the larger group from which they were selected.

A non-random, purposive sampling technique was used to select a heterogeneous sample in this study. The sample was heterogeneous as multiple databases and different literature sources, like books, encyclopaedias, newspaper articles, magazines, theses and journal articles were searched for the definition of 'nursing'. These literature sources belonged to different disciplines, namely medical, nursing, law, psychiatry and social sciences. The electronic searches of the databases included: CINAHL, EBSCOhost, MEDLINE, MasterFile Premier, Health Source-Consumer Edition, Health Source- Nursing/Academic Edition, Newspaper Source, JSTOR, ProQuest, AfricaJournal, Sabinet Reference, SpringerLink and ScienceDirect. The literature sources were purposively searched from the years 2006-2016, and only English literature sources were included.

### **3.4.3 Inclusion criteria**

The inclusion criteria were:

- All literature sources from the years 2006-2016 containing English definitions of the concept 'nursing';
- Literature from empirical studies that met the quality appraisal requirements, stipulated by the Johns Hopkins Appraisal Instrument (2014:3); and
- High-quality articles. The strength of the evidence of the included articles had to meet the criteria of either level I or level II strength (see Table 3.1).

## **3.5 DATA COLLECTION**

The data collection process followed a pre-defined strategy to find comprehensive information on the concept of nursing. The first three steps of integrative reviews –

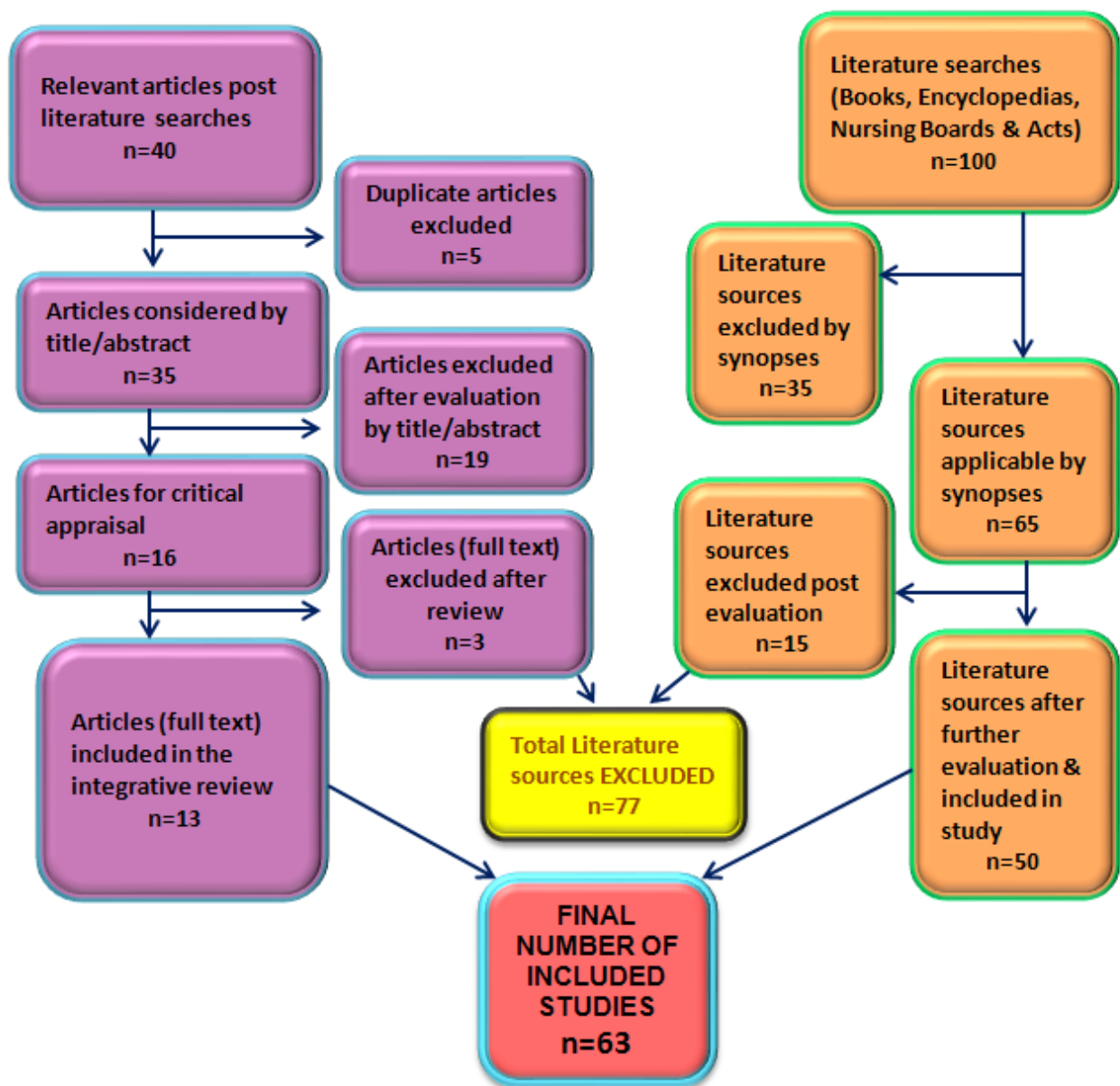
as highlighted by Whitemore and Knafl (2005:550-551), namely problem identification, literature search and data evaluation – were considered during the data collection stage. The remaining steps (data analysis and presenting the review) were also discussed, as it is more appropriate during data analysis (see Heading 3.7).

### **3.5.1 Literature search**

In order to access electronic data, the searches were conducted using specific search terms which included: 'define nursing', 'definition of nursing', 'nursing as a concept', 'the concept nursing', 'nursing as a verb', 'nursing as a noun', 'nursing', 'nurses and nursing'. The search was conducted between 1 April and 31 May 2017 by the researcher. Various literature sources from the years 2006-2016, which were written in English, and multiple databases were searched. The search strategy was further directed by a subject specialist librarian from UNISA, offering the researcher guidance in locating all relevant literature related to the definition of nursing. The subject specialist librarian from UNISA assisted the researcher in obtaining hard copies of books that contained the definition of nursing. The researcher visited the UNISA library and other local municipality libraries, including a nursing college library, to access hard copies of books that contained the definition of nursing.

### **3.5.2 Data evaluation**

The data collected from the searches were thoroughly screened to ensure the quality of the publications. The titles, abstracts and synopses of the literature were read by the researcher and co-coder. Further reading and critical assessment, using the Johns Hopkins Appraisal Instrument (see Annexure 2) of the eligible literature for inclusion in the study, was also conducted by the researcher and co-coder. Figure 3.2 illustrates the data collection process.



**Figure 3.2: Data collection process (Author’s own)**

To further discuss Figure 3.2 in terms of the articles identified from the literature searches by the researcher and the librarian, 40 relevant articles were considered.

Five of these articles were duplicated and therefore removed. The remaining 35 articles, abstracts and titles were read by the researcher and co-coder. The titles and abstracts were carefully read, and if they contained any information relating to the concept of nursing, the full-text articles were obtained for further quality appraisal.

Sixteen of the 35 articles were eligible for quality appraisal and possible inclusion in the study, and 19 articles were excluded as the abstracts did not indicate any information related to defining the concept of nursing.

Quality appraisals of the 16 selected articles were conducted by the researcher and co-coder using the Johns Hopkins Appraisal Instrument (see Annexure 2 and Table 3.1). There were 13, out of a possible 16 articles, eventually included in the study. Three were excluded after not meeting the stipulated criteria from the Johns Hopkins Appraisal Instrument for research and non-research.

Other literature sources, such as dictionaries, textbooks, newspaper articles and encyclopaedias were searched by the researcher with the assistance of the librarian. There were 100 of these sources identified that were applicable by title. Further reading of the synopses of these sources by the researcher and the co-coder resulted in 65 sources being applicable. Eventually, after further reading of the literature content of these 65 literature sources, only 50 were applicable and provided data on the definition of the concept 'nursing'.

Finally, the total number of literature sources included in the study was N=63, which consisted of n=13 full-text articles and n=50 other sources, namely dictionaries, textbooks, newspaper articles and encyclopaedias (see Figure 3.2). The researcher kept a strict audit trail of the entire data collection process and was assisted by the co-coder.

Table 3.1 reflects the quality appraisal of the articles initially considered for inclusion in the sample.

**Table 3.1: Quality appraisal of the selected publications according to the Johns Hopkins Appraisal Instrument**

No	Authors & Date	Applicable publication language & date	Level or strength of evidence	Quality rating	Publication included	Publication excluded
1.	Sapountzi-Krepia <i>et al.</i> (2007)	Yes	III	High	√	
2.	Beukes & Botha (2013)	Yes	III	High	√	
3.	Scott, Matthews & Kirwan (2014)	Yes	III	Good	√	
4.	Madsen & Frederiksen (2008)	No				X
5.	Downing & Hastings-Tolsma (2016)	Yes	III	High	√	
6.	Tayray (2009)	Yes	II	Good	√	
7.	Bagdonaite-Stelmokiene <i>et al.</i> (2016)	Yes	III	Good	√	
8.	Fitzgerald (2006)	Yes	III	Good	√	
9.	Shuh-Jen Sheu (2013)	No				X
10.	Rahim, Ruknuddin & Gramling (2016)	Yes	III	High	√	
11.	Guadalupe (2014)	Yes	II	Good	√	
12.	Rozzano & Marguerite (2015)	Yes	III	Good	√	
13.	Wyatt (2010)	Yes	I	Low		X
14.	Idczak (2007)	Yes	III	High	√	
15.	Shearer (2015)	Yes	III	Good	√	
16.	Adams (2016)	Yes	III	Good	√	

The 16 articles were appraised in terms of their quality, the strength of the evidence, and applicability as per the inclusion criteria of language and publication dates

(Johns Hopkins University 2014:1-3). The 13 articles that were finally considered for inclusion in the study were either rated as high or good quality, if the full article was in English text or published from 2006 to 2016. Quasi-experimental (level II) and non-experimental (level III) studies were included. Articles were rated as high or good quality if the study results were consistent and generalisable, the sample size was sufficient, it had fairly definitive conclusions, and recommendations were consistent based on a fairly comprehensive literature review that included some reference to scientific evidence (see Table 3.1). The three articles that were finally excluded either had an insufficient sample size for the study design, one was an experimental study with inadequate conclusions, and the full-text article was not available in English text, and therefore could not be further read or appraised by the researcher and co-coder.

## **3.6 RIGOUR**

### **3.6.1 Credibility**

Credibility entails establishing the trustworthiness and accurate representation of the data (Le May & Holmes 2012:89). Credibility was ensured during this phase by the researcher searching the various data resources related to the definition of the concept 'nursing'. Scholarly and academically approved literature was consulted using specific keywords. A librarian assisted with the literature search and the co-coder, and research supervisors assisted with the critical appraisal of the selected sources. Moreover, the final selection of the literature was included in the integrated review. The selection criteria used during the integrative review helped to ensure that the process was rigorous and prevented the inclusion of irrelevant information. The selection criteria used during the review was indicated so others could evaluate the process and decisions made during the review (Webb & Roe 2008:140-141).

### **3.6.2 Dependability**

Major and Savin-Baden (2012:75) define 'dependability' in research as the notion that the research can be trusted over time. It is derived from the more positivist perspectives of reliability and replicability. An integrative review process was used during literature searches and a detailed record of the search strategy and findings

were documented as it appeared in the text. A strict audit trail was kept of the data collection process as discussed under Heading 3.5.2. In this study, critical appraisal was a means to judge rigour (Grove *et al.* 2013:451).

The Johns Hopkins Appraisal Instrument was used (see Annexure 2) to critically appraise the literature sources. The definitions of the concept 'nursing' were written exactly as they appeared in the various texts.

### **3.6.3 Confirmability**

Confirmability refers to the extent to which the biases, motivations, interests or perspectives of the researcher influence interpretations (Gatrell & Elliott 2015:116). The data extracted during the integrative review were written as it was presented in the literature sources using the exact words and phrases in the text. The researcher reported on the findings as it was presented during thematic analysis, and the researcher remained objective while reporting on the results. An audit trail was kept of the entire data collection process during this phase. This audit trail helped the researcher in being consistent and showing consistency when the data were finally presented.

### **3.6.4 Transferability**

Transferability is defined as the appropriateness of the research findings outside of the specific study situation; thus, what was meaningful in one specific setting is also meaningful in a different setting (Gatrell & Elliott 2015:116). A detailed log of the literature that was excluded was kept, and the reason for exclusion was noted. The appraisal tool focused on adequately reporting on the data collection methods, appropriate data analysis, and whether key findings were suitably reported (Holly, 2013:130). Any disconfirming data sought by the researcher that defined what nursing was, was not used to develop more comprehensive and credible findings. Findings reflecting the breadth of ideas were more easily transferred to different settings (Macnee & McCabe 2008:172).



### 3.7 DATA ANALYSIS

Data analysis involves searching for patterns in the raw data, variation in the patterns, and the identification of themes (LoBiondo-Wood & Haber 2014:122) and categories. Step four of integrative reviews, as highlighted by Whittemore and Knafll (2005:550-551), was considered during this stage, as it involved the interpretation and synthesis of the data.

During the analysis, all included literature (n=13 full-text articles and n=50 dictionary, textbook, newspaper article and encyclopaedia sources) were reviewed for their definitions of the concept 'nursing' and keywords or attributes were extracted (see Table 3.2).

**Table 3.2: Keywords/Attributes**

No.	Definitions	Keywords/Attributes
1.	"Nursing provides opportunities for human connectedness" (Daly, Speedy & Jackson 2014:4).	Human connectedness
2.	"Nursing is an art and a science with a unique body of knowledge that draws from the social, the behavioural and the physical sciences. Nursing is a unique profession as it addresses responses of individuals and families to health promotion, health maintenance and health problems" (Funnell, Koutoukidis & Lawrence 2009:1).	An art A science A unique body of knowledge from peoples' responses to health promotion, maintenance and health problems A unique profession
3.	"Nursing is a dynamic activity and therefore constantly developing to meet the needs of people" (Peate 2016:3).	Dynamic activity Meet needs of people
4.	"Nursing provides service to help people meet the daily needs of life when they have difficulty satisfying these needs on their own. It is helping others prevent complications before they begin. Illness or injury may present a block or obstacle to the meeting of needs, nursing tries to help	Meeting people's needs by removing obstacles and preventing complications

No.	Definitions	Keywords/Attributes
	remove those obstacles” (Rosdahl & Kowalski 2008:9, 44).	
5.	“Nursing is without a question, a moral undertaking” (Johnstone 2009:5).	A moral undertaking
6.	“The first major source of duty in nursing stems from nurse’s collective implicit promise to society to meet its needs for nursing care” (Campbell & Lustig 2012:144).	Meeting needs for care
7.	“Nursing is the art and science of promoting, restoring and maintaining the health of clients founded on a knowledge base supported by evidence-based theory. Nursing has developed into a scientific profession resulting in change from mystical beliefs to sophisticated technology and caring. Nursing uses caring behaviours, critically thinking skills and scientific knowledge and focuses on the client’s response to illness rather than on the illness. Nursing promotes health and assists clients to move to a higher level of wellness, including assistance during a terminal illness with the maintenance of comfort and dignity during the final stage of life” (White, Duncan & Baumle 2011:45).	An art A science Promote, restore and maintain health Scientific knowledge and evidence-based theory Used caring behaviour Have critical thinking skills A scientific profession
8.	“Nursing is, has been and always will be a very private and intimate act performed in a particular place with its own imperative community norms and local values” (D’Antonio 2010:xiii).	A private and intimate act Comply to community norms and values
9.	“Nursing is both a science and an art. The science of nursing is based on information obtained from current research, whereas the art of nursing stems from a nurse’s experience and the unique caring relationship that a nurse develops with a patient” (McEwen & Wills 2013:28).	An art A science

No.	Definitions	Keywords/Attributes
10.	"Nursing is both an art and a science. It is associated with caring and helping. One aspect of the nurse's role is to help the patient achieve or carry out activities of living they are incapable of doing for themselves" (Peate 2006:9).	An art A science Helping and caring for people
11.	"Nursing is holistic, relational, spiritual and ethical caring that seeks the good of self and others in complex community, organisational and bureaucratic cultures" (Ray & Coffman 2014:105).	Holistic, ethical caring of others
12.	"Nursing is based on the ideal and beliefs of service to humanity. It is a value-based endeavor. As a discipline, a science, a profession, a value, nursing encompasses the complex interaction of technical skill and professional conviction with the welfare of other humans" (Callara 2008:248).	A service to humanity Welfare of other humans Using technical skills A profession
13.	"Nursing is a scientific art. Nursing as a basic science and the practice of nursing as the scientific art of using knowledge of unitary human beings who are in mutual process with their environments for the well-being of people" (Barrett 2006:158).	Scientific art of using knowledge
14.	"Nursing is more than just a job; it is a profession and requires serious commitments from its members" (Masters 2009:158).	A profession A commitment from nurses
15.	"Nursing, as a vocation, a calling to a certain type of work, guides us to care deeply for our patients and keep them in the centre of our work. Nursing as a vocation guides us to focus on comforting those in need. When we do nursing as a vocation, we inspire ourselves and those around us" (O'Lynn 2013:23-24).	A vocation, a calling Comforting of those in need Inspirational to nurses and others
16.	"Respect for persons and caring are ideally	Respect for people

No.	Definitions	Keywords/Attributes
	integral to nurse practice. If respect and caring are absent, nursing does not occur” (Brighid 2009:101-102).	Caring for people
17.	“Nursing often involves dealing with tremendous human suffering as well as hope and opportunity for improving the human condition” (Lundy & Janes 2014:763).	Dealing with human suffering, hope, chance to improve human condition
18.	“Nursing is a profession. Nursing care for patients perform designated services for a salary” (Gorman & Anwar 2014:33).	A profession Caring for patients
19.	“Nursing is a service to individuals, families or communities without any distinction between caste, creed, sex, or colour, rich or poor, age or religion. It is based upon an art and science, which mould the attitudes, intellectual competence and teaching skills of the individual nurse, to help the people who are sick or well to meet their health needs in medical direction. Nursing is a social institution where an organised group of people work together towards a common goal directly concerned with the welfare of the people. Nursing is concerned with human welfare; it acknowledges the uniqueness of each individual and is a process to attain an end which is the optimum level of wellness of health of the individual” (Neeraja 2011:10-11).	A service to people without bias An art and science Helping sick or well people to meet needs Collaborating with others to reach a common goal of human welfare
20.	“The essence of nursing is caring. In nursing, caring needs authentic altruism, titrated precisely, not to overwhelm on the one hand, nor be lost on the other” (Ross-Kerr & Wood 2014:61).	Caring Well balanced altruism
21.	“Nursing is a science as well as an art. The art of nursing has more to do with the compassionate care by nurses” (Mauffray	An art and science Caring compassionately

No.	Definitions	Keywords/Attributes
	2009:2).	
22.	"Nursing involves one human being helping another; the idea of humaneness has been associated traditionally with nursing" (Smith, Turkel & Wolf 2013:157).	Helping another Displaying humaneness
23.	"Nursing is concerned with modifying and changing client behaviours in order to reach a level of health compatible with the client's values, beliefs and attitudes. Nursing practice is based on knowledge, skills and competence of the practitioner in nursing" (Rodriguez 2014:xxx).	Modifying behaviours of clients to enhance health Knowledge, skills competence is required
24.	"In a Christian worldview, nursing is a ministry of compassionate care for the whole person, in response to God's grace, which aims to foster optimum health (shalom) and bring comfort in suffering and death. Nursing includes the comprehensive, physical, psychosocial and spiritual care of individuals in the context of families and communities" (Shelly & Miller 2009:299).	Compassionate care Comprehensive care to foster optimum health
25.	"Nursing involves not only doing things which are traditionally assigned to females and learning to do them by experience and practice but also crossing social boundaries, breaking taboo's and doing things for people which they would normally do for themselves in private if they were able" (Lawler 2006:31-32).	Doing things for people which normally, independently and privately they do for themselves
26.	"Caring is central to nursing combined with the relevant knowledge, technical skills, interpersonal approaches and professional behaviours combined in such a way as to make the patient central to the process of nursing" (Aston, Wakefield & McGowan 2010:20).	Caring Knowledge, technical skills interpersonal approaches and professional behaviours required
27.	"Nursing is a scientific process founded on a	A scientific process

No.	Definitions	Keywords/Attributes
	<p>professional body of knowledge; it is a learned profession based on an understanding of the human condition across the lifespan and the relationship of a client with others and within the environment; and it is an art dedicated to caring for others. The practice of nursing means assisting clients to attain or maintain optimal health, implementing a strategy of care to accomplish defined goals within the context of a client centred health care plan and evaluating responses to nursing care and treatment. Nursing is a dynamic discipline that increasingly involves more sophisticated knowledge, technologies and client care activities” (National Council of State Boards of Nursing 2006:3).</p>	<p>A learnt profession  Requires understanding the human condition holistically  An art  Caring for others  Assisting clients to attain or maintain optimal health  A dynamic discipline  Involves sophisticated knowledge</p>
28.	<p>“Nursing is a dynamic discipline which includes the assessing, caring, counselling, teaching, referring and implementing of prescribed treatment in the maintenance of health, prevention and management of illness, injury, disability or the achievement of a dignified death. It is ministering to, assisting, sustained, vigilant and continuous care of those acutely or chronically ill, supervising patients during convalescence and rehabilitation, the supportive and restorative care given to maintain the optimum health level of individuals, groups and communities, the supervision, teaching and evaluation of those who perform or are preparing to perform these functions and the administration of nursing programs and nursing services” (Nursing Practice Act, State of North Carolina 2009:3).</p>	<p>A dynamic discipline involving assessing, caring, counselling, teaching, referring and implementing of prescribed treatment, ministering to, assisting, continuous care, supervising patients, supportive/ restorative care to maintain optimum health</p>
29.	<p>“Nursing is a unique profession concerned with all variables affecting clients in their</p>	<p>Retain, attain and maintain optimal health and wellness, unique</p>

No.	Definitions	Keywords/Attributes
	environment. Nursing actions are initiated to best retain, attain, and maintain optimal client health or wellness using the three preventions (primary, secondary, tertiary) as interventions to keep the system stable” (Fresnostate School of Nursing 2017).	profession
30.	“Nursing, the profession of a nurse. The tasks or care of a nurse. The act or practice of breast-feeding” (Harcourt 2013:2112).	A profession A task
31.	“As its core, nursing is nurturative, generative, and protective. Preventative care is a part of every nurse’s practice” (Mosby 2016:1246-1247).	Nurturative, generative, protective, preventative care
32.	“Nursing is the profession of performing the functions of a nurse. To provide services that is essential to or helpful in the promotion, maintenance and restoration of health and wellbeing” (Weller 2014:289).	A profession To help promote/maintain/restore health
33.	“Nursing is concerned with human responses and is based on assumption that humans are holistic and embedded in history and various environments” (Phillips cited in Fitzpatrick & Kazer 2012:64).	It is holistic human responses
34.	“The art of nursing verbally and or non-verbally conveys caring, an interpersonal connection, and human touch, a presence that calms the fears and soothes the soul of a hurting person” (Smith, Carpenter & Fitzpatrick 2015:30).	Caring verbally and non-verbally An interpersonal connection, human touch
35.	“Nursing – the provision at various levels of preparation, of services that are essential to or helpful in the promotion, maintenance and restoration of health and well-being or in the prevention of illness as of infants, of the sick and injured or of others for any reason unable to provide such services for themselves.	Various levels of services, promotion, maintenance and restoration of health

No.	Definitions	Keywords/Attributes
	Sometimes designated according to the age of the patients being cared for e.g. paediatric, or geriatric nursing or their particular health problems or the setting in which the services are provided e.g. Office, school, occupational health nursing” (Dorland 2012:1306).	
36.	“As a noun – the work or profession of being a nurse. Care for the sick people provided by a nurse” (Bloomsbury 2009:205).	A profession Caring for the sick
37.	“The profession of performing the functions of a nurse” (King & Hawley 2016:450).	A profession
38.	“Nursing as a verb – it is to give medical and other attention to a sick person; he was gradually nursed back to health. Try to cure or alleviate (an injury, injured part or illness by treating it carefully and protectively e.g. he has been nursing a cold). Take special care of, especially to promote development or well-being” (Stevenson 2010:1219).	Medical and other attention to the sick, alleviate or cure illness, protective treatment, special care, promote wellbeing
39.	“Nursing is the job of being a nurse or the act of a women feeding a baby with breast milk” (Cambridge Dictionary 2017:n.p.)	A job
40.	“Nursing – the profession or practice providing care for the sick and infirm” (Oxford Online Dictionary 2017:n.p.)	A profession Providing care for the sick
41.	“Nursing – verb – to tend or minister to in sickness, infirmity, etc. To try to cure (an ailment) by taking care of oneself. To bring up, train or nurture. To clasp or handle carefully or fondly. Tend the sick or infirm. To suckle a child. To look after carefully so as to promote growth and development. To treat or handle with adroit care in order to further one’s own interest” (Dictionary.com 2017:n.p.)	Minister to the sick Try to cure, care, nurture, and handle carefully To promote growth and development
42.	“Nursing is the job or skills of a nurse, or	A job,



No.	Definitions	Keywords/Attributes
	professional training that nurses receive. Skilled care” (Macmillan Dictionary 2017:n.p.)	Skilled care Professional training received
43.	“The profession of a nurse. The duties of a nurse. The job of taking care of people who are sick, injured or old” (Merriam Webster Dictionary 2017:n.p.)	Job of caring for sick A profession
44.	“Nursing – noun – the job or skill of looking after people who are ill, injured or old” (Longman Dictionary of contemporary English 2017:n.p.)	A job A skill Look after the ill, injured and old
45.	“Nursing – noun – profession or tasks of a nurse” (Livosoft Online Dictionaries 2017:n.p.)	A profession A task
46.	“Nursing – noun- the profession of a nurse. The tasks or care of a nurse. The practice or profession of caring for the sick and injured” (The Free Dictionary 2017:n.p.)	A profession A task Caring for the sick and injured
47.	“Nursing- noun- the work of caring for the sick or injured or infirm. The profession of a nurse” (Thesaurus 2017:n.p.)	Caring for sick A profession
48.	“Nursing is feeding an infant at the breast, tendering and caring for a child. The scientific application of care related to prevention of illness and care during illness” (Medical Dictionary 2017:n.p.)	The scientific application of care
49.	“Nursing is the profession concerned with the provisions of services essential to the maintenance and restoration of health by attending the needs of sick persons” (Medicine net 2017:n.p.)	A profession Services to maintain and restore health
50.	“Nursing – noun- The practice or profession of caring for the sick and injured” (Collins Dictionary 2017:n.p.)	A profession Caring for the sick and injured
51.	“Nursing is a crucial element in care delivery and in the existence of a safe, effective, humane health service. Nursing is important for the compassionate treatment of patients,	Delivery of care Compassionately treating patients A humane health service Emotional/psychological support of

No.	Definitions	Keywords/Attributes
	inclusive of emotional, psychological support of patients where necessary” (Scott, Mathews & Kirwan 2014:31).	patients
52.	“Nursing is a science and art as well as an occupation and a service. Is also an offering of care including the provision of physical and psychological support to patients and their relatives. Nursing is also provided to healthy people through activities of prevention and health promotion” (Sapountzi-Krepia, Psychogiou, Sakellar, Kostandinidou & Dimitriadou 2007:7).	A science An art An occupation A service An offering of care Physical/psychological support to patients and relatives Health prevention and health promotion
53.	“Caring forms the core component of nursing” (Downing & Hastings-Tolsma 2016:214).	Caring
54.	“Nursing is known as a scientific profession based on research, theory and concepts centred in the art of caring and focused on health care outcomes. Nursing is composed of a diverse set of practices and functions, each requiring specialized knowledge and skills” (Tayray 2009:415).	A scientific profession The art of caring Diverse practices and functions Specialised knowledge and skills, based on research, theory and concepts is required
55.	“Nursing is a noble profession. Nursing is a calling for those who feel they want to contribute and aid those in need of healthcare” (Beukes & Botha 2013:1, 7).	A noble profession A calling
56.	“Nursing is a uniquely human service for human beings” (Rozzano & Marguerite 2015:53).	A human service
57.	“The science of nursing is a combination of performance, skills, knowledge and attitudes” (Guadalupe 2014:247).	A science involving performance, skills, knowledge and attitudes
58.	“Nursing is considered both science and art. Artful nursing has been essential for holistic nursing practice” (Rahim, Ruknuddin & Gramling 2016:202).	A science An art Holistic
59.	“Caring is the art and science of nursing’s	Caring

No.	Definitions	Keywords/Attributes
	essence through time and into today's practice" (Adams 2016:6).	
60.	"Love in nursing is a self-sacrificing intuitive act of responding to the helplessness of fellow human beings without expectation of self-gain" (Fitzgerald 2006:54).	A self-sacrificing intuitive act of responding to the helplessness, without expectation of self-gain
61.	"Nursing is a caring profession, providing care in different ways" (Bagdonaite-Stelmonkiene, Zydziunaite, Suominen & Astedt-Kurki 2016:352).	Caring A profession
62.	"Nursing is nurturing persons living, caring and growing in caring" (Shearer 2015:46).	Nurturing patients Caring
63.	"Nursing is both an art and science and the essence of nursing" (Idczak 2007:66).	An art A science

The adapted eight-step concept analysis process by Walker and Avant (2011) was used to analyse the meaning of the concept 'nursing' from the various definitions. These steps are highlighted in Figure 1.3, and will further be discussed as follows:

Step 1: Select a concept – The researcher selected the concept of interest, which is 'nursing'. The concept selected for analysis was relevant for practice and the research of the discipline, which was nursing (Coughlan & Cronin 2017:22).

Step 2: Determining the aims or the purpose of the analysis – This included the analysis of all the available definitions or information on the concept of nursing, from 2006 to 2016. The aim of the analysis was to refine and redefine the concept of nursing in order to develop a visual conceptual map which could be used in nursing curricula so that student nurses could be provided with a similar meaning and interpretation of the concept.

Step 3: Identify all uses of the concept – This step identified all the uses of the concept 'nursing', and the concept analysis process where the researcher viewed various literature sources. A clear search strategy was used as discussed under

Heading 3.5, to locate the literature sources and obtain in-depth information on the concept of nursing.

Step 4: Determine the defining attributes – This step of the concept analysis process determined the characteristics of the definitions which were written exactly as they appeared in the literature sources and were then analysed. Qualitative content analysis, quantitative content analysis, and thematic analysis were utilised to eventually determine the defining attributes of the concept of nursing (see Table 3.2).

### **3.7.1 Qualitative content analysis and thematic analysis**

Qualitative content analysis is a systematic method that requires the examination of every single part of the data that are related to the research question (Flick 2014:171). Thematic analysis assisted the researcher in examining, identifying and developing categories and themes within the data in greater depth (Glasper, Rees & Peate 2017:101). The researcher and co-coder engaged in the data by transcribing the definitions exactly as presented in the various literature sources. The content of the definitions was read and re-read by the researcher and co-coder, and the keywords/attributes were extracted as they were more noticeable and meaningful in the definitions (Klippendorff 2013:10, 24) and formed the sub-categories. The extracted keywords were combined to form categories which were further refined. The data were finally merged to identify the themes. It was evident that the themes identified from the categories fit into the three cognitive domains, namely the (1) affective, (2) cognitive, and (3) social domains, which were then described as the themes (see Table 3.3). The frequencies of the keywords, as indicated in Table 3.3, are fully explained in Heading 3.7.2.

**Table 3.3: Data coding**

THEMES	CATEGORIES	FREQUENCY OF APPEARANCE OF KEYWORDS/ ATTRIBUTES RELATED TO THE CATEGORIES	SUB-CATEGORIES (DIRECT WORDS/ CONCEPTS UNDERPINNING THE CATEGORY)
Affective	Caring	46	“human connectedness” “comforting” “nurture and handle carefully” “holistic, care delivery” “nursing is care”
	Meeting needs	5	“helping people to meet needs”
	Dedication	4	“commitment” “service to humanity” “source of duty”
	Dignity	3	“respect” “private, intimate act”
	Compassionate	3	“compassionate care and treatment” “compassionate”
	Altruism	2	“love-self-sacrificing intuitive act”
	Support	2	“emotional and psychological support”
	Noble	2	“moral undertaking” “ethical caring”
	Unbiased	1	“no distinction between caste, creed, sex, colour, rich or poor, age or religion”
Cognitive	Cognitive abilities	41	“critical thinking” “scientific knowledge” “art” “science, scientific”

			<p>application of care”</p> <p>“unique body of knowledge”</p> <p>“technical skills”</p> <p>“knowledge and skills, sophisticated knowledge”</p> <p>“competence”</p> <p>“skilled care”</p> <p>“specialized knowledge and skills”</p> <p>“scientific process”</p>
	Profession	30	<p>“Vocation”</p> <p>“unique profession”</p> <p>“scientific profession”</p> <p>“job of caring for the sick”</p> <p>“task, occupation”</p> <p>“learned profession”</p>
	Health promotion	19	<p>“prevent complications”</p> <p>“restore and maintain health”</p> <p>“promote growth and development”</p> <p>“alleviate or cure illness, promote well-being”</p> <p>“optimum wellness of health”</p>
	Research	3	<p>“evidence-based theory, “nursing is based on information from current research”</p> <p>“nursing is based on research, theory, concepts of caring”</p>
	Dynamism	3	<p>“dynamic activity”</p> <p>“diverse practices and functions”</p>

			“dynamic discipline (assessing, caring, teaching, referring, implement treatment, continued care, supervise patients)”
Social	Collaboration	1	“people working together and directing a common goal to welfare of people”

The frequency of the appearance of the keywords/attributes formed part of the numerical data for phase 2.

### 3.7.2 Numerical data – Phase 2

Once the keywords/attributes were identified from the definitions, the researcher took note of the number of times the keywords/attributes appeared in the total number of definitions on the concept of nursing (see Table 3.3). This was done to identify the words that were used more often to define ‘nursing’ compared to those words that were not so commonly used, thus emphasising the occurrence of concepts. In Table 3.3, the frequency of the appearance of the keywords related to the categories are highlighted, namely: keywords related to the category ‘caring’ appeared 46 (n=46) times in the definitions, to the categories ‘cognitive abilities’ (n=41), ‘profession’ (n=30), ‘health promotion’ (n=19), ‘meeting needs’ (n=5), ‘dedication’ (n=4), ‘compassionate, dignity, research and dynamism’ (n=3), ‘support, altruism and noble’ (n=2), and ‘collaboration and unbiased’ (n=1). This provided insight into the use of specific words and phrases to define ‘nursing’ (Saunders 2011:75). The frequency in the appearance of certain words provided information on the importance of these particular words attached to the concept ‘nursing’. This assisted the researcher in comparing the word usage in the definitions, and the categories and themes emerged, as indicated in Table 3.3.

### 3.7.3 Presentation of the review

Whittemore and Knafel's (2005:550-551) fifth step of the integrative review entailed presentation. The researcher thereby highlighted the findings of the review, which were discussed and presented. Once all the definitions of the concept 'nursing' were viewed and keywords/attributes were identified, logical reasoning assisted as the concept was carefully examined in parts, and the relationship among each part was considered (Gray *et al.* 2017:7).

The process of using inductive and deductive reasoning strategies was useful to understand and organise the concept (Brink *et al.* 2012:5; Treas & Wilkinson 2014:139). Inductive reasoning involves concluding after the evaluation of facts; reasoning occurs from specific facts to a general conclusion and allows for inference. Deductive reasoning moves from the general principle to one that is more specific, and is based on accepted truths (Crowder, Carbone & Friess 2014:138).

Klopper (2010:300) highlighted the inductive and deductive logic evidence (IDLE) method whereby logic reasoning is used with deductive or inductive reasoning to develop conclusions from the empirical data or literature. Figure 3.3 highlights the application of IDLE.

In the applications of IDLE (see Figure 3.3) during the deductive reasoning process, all the definitions of the concept 'nursing' were examined, and key attributes were extracted. The antecedents, which were the items that had to occur before the concept emerged (see Heading 3.7.7, Figure 3.5) and consequences, as the events that occurred due to the presence of the concept (see Heading 3.7.8, Figure 3.6), were identified. Eventually, conclusions were drawn in terms of a theoretical and operational definition of the concept 'nursing' in light of the highlighted main characteristics.



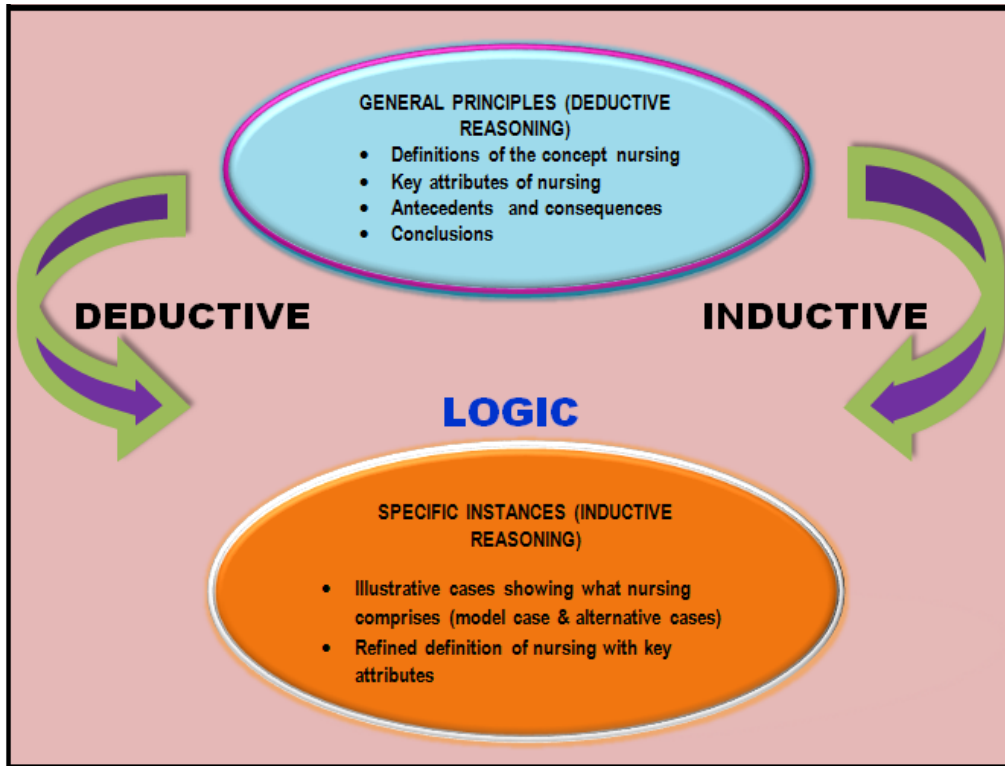


Figure 3.3: Application of IDLE (Klopper 2010:300)



Figure 3.4: Mind map of main characteristics of nursing (Author's own)

To further present the findings of the review, Figure 3.4 illustrates the main characteristics of the concept, together with their respective domains which correlate with Table 3.3's themes (domains) and categories. The primary characteristics were identified after data collection and analysis during Phase 2, the integrative review.

#### **3.7.4 Theoretical/Connotative definition of 'nursing'**

The inductive and deductive reasoning methods that were used assisted the researcher in theoretically defining the concept of nursing. The IDLE method allowed for the logic application during qualitative content analysis of the data and the formulation of the concluding statements.

The concept of nursing is characterised by a combination of themes and the three different domains related to nursing, namely professional, ethical and legal practice, care provision and management, and personal development and quality of care. The person in the work environment must possess certain qualities that must be demonstrated to illustrate that nursing is being performed. In nursing, there must be a demonstration of the attributes of caring, altruism, promoting health, showing compassion, collaborating, providing support, meeting people's needs, being dedicated, noble, unbiased and respecting dignity. A demonstration of cognitive abilities, participating in research, and being able to perform dynamic practices and functions within this profession is essential to provide a service to humanity that is of a high standard and quality.

The concluding statements demonstrate that the concept of nursing possesses different characteristics, but through the reduction process, specific defining characteristics were identified. This contributed immensely to the formulation of a theoretical definition of nursing.

#### **Concluding statement 1**

Nursing is the demonstration of a set of expertise that is shown by the professional individual, the nurse. The nurse demonstrates their special skills and sophisticated, unique, professional knowledge in the workplace. Nursing is an art and a scientific process based on research and evidence-based theory, requiring critical thinking for

effective, quality care to be rendered and for nursing activities to be performed. The nurse has to possess the skills and knowledge to assess the healthcare user's needs, to know when to make appropriate referrals, and teach and educate the healthcare user to ensure health status is adequately maintained. Cognitive abilities are fundamental in nursing, thus ensuring that nursing interventions are performed effectively by making proper decisions, efficiently, safely and with great quality. In Table 3.2, the keywords related to the characteristics of cognitive abilities are denoted in the definitions numbered 2, 7, 13, 23, 26, 27, and 54.

### **Concluding statement 2**

The core of nursing is caring. The keywords related to the main characteristic of caring appeared 46 times in the definitions (see Table 3.3).

### **Concluding statement 3**

Nursing involves the promotion of health. The activities in nursing are all eventually directed to promoting, preventing, restoring and maintaining health. Keywords related to the characteristic of promoting health presented 19 times in the definitions (see Tables 3.2 and 3.3).

### **Concluding statement 4**

Nursing entails helping individuals meet their needs when they are unable to do so on their own. Nursing requires the nurse to possess qualities that demonstrate an attitude of wanting to assist individuals in need. Characteristics that highlighted these qualities are: compassionate, dignity, support, altruism, unbiased and collaborating to achieve these goals (see definitions in Table 3.2, numbers 4, 6, 16, 19, 20, 21, 22, 28, 24, 51, 52 and 60).

### **Concluding statement 5**

Nursing is a unique, noble, scientific profession and a dynamic discipline requiring specialised knowledge and skills. The characteristics of the profession featured 30 times in the definition (see Table 3.3). The definitions numbered 2, 3, 5, 7, 12, 14, 18, 26, 27, 28, 30, 43, 44, 47, 48, 49, 50, 54, 55, 57, 58, 61 and 63 in Table 3.2 mentioned the characteristic of a profession.

### **Concluding statement 6**

Nursing requires dedication, a commitment, and a sense of duty to the welfare of other humans who need healthcare assistance. This attribute is exposed in definitions numbered 1, 6, 12, 14, 17, 19, 22, 51 and 56.

### **Concluding statement 7**

Nursing is a private intimate act requiring the demonstration of respect and dignity for the healthcare user. This is indicated in definitions numbered 8, 16 and 25.

### **3.7.5 Model case**

Step 5 of the concept analysis process entails identifying a model case in order to further clarify and define the concept of nursing. During this step, a model case was constructed to annotate the presence of the key attributes of the concept. According to Walker and Avant (2011:163-165), a model case is a real-life example of the use of the concept that includes all the critical attributes; no attributes or any other concept can be seen as a pure case of the concept. The example that follows is set within the context of nursing and shows the meaning of nursing to provide deeper insight into the concept.

Angelica is a registered nurse and unit manager in the critical care unit of a busy private hospital. She has been a trained nurse for the past 35 years, has specialised in critical care nursing for the past 13 years, and has since started working in the critical care unit. Angelica has a basic nursing degree and a master's degree in critical care nursing science. Six months ago, she attended a critical care nursing research conference hosted by the private hospital group in the province. Her specialised knowledge and skills, which she continuously updates, assist her in effectively performing her nursing and management functions in the unit.

The busy unit is a very stressful work environment with the type of nursing care that is required for critically ill patients. Angelica has to be focused and alert at all times as patients' conditions can deteriorate at any time and she has to use her skills and expertise as a unit manager and trained professional,

think critically and make important decisions, act immediately and direct her staff appropriately to ensure quality, safe, service delivery is rendered.

The scientific process is followed when patients are nursed. Angelica and her staff are continuously assessing, planning, implementing and evaluating dynamic nursing activities to promote wellness and maintain the best health status for the patient as possible. The patient is nursed holistically, taking their physical, psychosocial and spiritual needs into consideration.

Since Angelica has a wealth of knowledge, skills and experience in her specialty of critical care nursing, which she continuously updates by reading research articles and attending conferences, she is able to teach and supervise her staff appropriately and thus passes on her knowledge to her colleagues. She also teaches and educates patients about their condition and lifestyle modification to help promote and maintain better health status.

Angelica and her staff are providing a service to humanity with all the nursing activities that are performed daily. They work together towards the wellbeing of their patients.

Nursing is said to be an art and a caring profession. The art of nursing is when nurses show compassionate care and dignity to people. A patient in the unit moaned due to pain experienced in her lower limbs. Angelica approached the patient calmly and gently touched the patient's hand. With a loving, warm and gentle smile, in a soft-toned voice, she asked the patient how she could help her. Tears rolled down the patient's face, and Angelica gently stroked the patient's forehead as the patient verbalised that she experienced pain in her lower limbs. Angelica reassured the patient that she was going to try to assist her and make her more comfortable. She carefully placed a pillow under the patient's limbs and helped her to change her position to relieve the pressure on her limbs. She then informed the patient that she would contact the doctor to order pain medication for her. Angelica communicated with the patient in a very heartfelt manner and listened to the patient's verbal and non-verbal communication. Since Angelica maintained good interpersonal relations with

all members of the multidisciplinary team, she collaborated with the doctor and was able to promptly obtain the pain medication order, which she administered to the patient, who verbalised her relief an hour after Angelica's interventions.

On many occasions when the unit is busy and there is a shortage of staff, Angelica would sacrifice her tea or lunch breaks or even leave the unit later than her scheduled time off duty, just to ensure that all nursing activities are completed, that the unit is settled and all the essential tasks are done. This act of altruism, displayed by Angelica, assists immensely in ensuring that patients obtain quality nursing care despite the busy nature of the unit.

Some patients, because they are ill, verbalise that they wish they could die peacefully and end their suffering. Angelica takes time out of her busy schedule, sits at the patient's bedside, and talks to and counsels the patient and offers her support. She will discuss the patient's condition, reassure them that everything is being done to help, and make them comfortable. She sometimes even prays with the patient, and with all these interventions, she tries to instil some hope in the patient to have a positive outlook over their situation. Angelica also suggests to the patient to call their religious leader to visit them and pray, and offer counselling during a difficult time in their life. She makes all attempts to assist the patient in meeting their needs.

In nursing, nurses at all levels of training and practice are bound by certain rules and regulations that govern their practice and professional conduct. Angelica had an incident in her unit, where she noticed that a staff member was using offensive names when addressing patients. Other staff members complained and reported that they had noticed this same, unacceptable behaviour. Angelica had a moral obligation to protect her patients and immediately called in the staff member and addressed this issue. She ultimately took the incident further; an inquiry was held, and the staff member was given a final written warning for this unacceptable behaviour.

### 3.7.6 Contrary case

Step 6: Identifying additional cases, such as borderline, related, contrary, invented and illegitimate cases. An additional case is used to help clarify and provide a better understanding of the concept of nursing. During step 6 of the concept analysis process, the researcher used a contrary case as an example to show that none of the defining attributes of nursing is present (Fitzpatrick & McCarthy 2016:198).

Demonica, a registered nurse for the past 12 years, works in the busy medical ward in a public hospital. She qualified as a general nurse, completing her diploma at a private nursing college 16 years ago. She has never attempted to update her skills and knowledge. Despite many short courses and training opportunities being offered to her, she always refuses to attend. Over the past 5 years, she has only attended 3 of the 10 compulsory workshops hosted by the employing hospital.

She is always late for duty, never takes over the ward patients, and is the first staff member to leave the ward as soon as her shift is over. On one occasion there was a major train accident at a neighbouring railway station, resulting in many casualties, which led to an influx of admissions to the ward. The ward was extremely busy, and due to a lack of beds, even surgical patients had to be admitted in the medical ward. Demonica did not wait to offer nursing interventions to any of the casualties once her shift was over, despite the busyness of the ward. No sense of altruism or service to humanity is ever demonstrated by her.

When she is involved in admitting a patient to the ward, she does not smile, welcome or orientate the patient. She merely takes the patient to the allocated bed, informs them to sit on the bed and wait until she returns. She then chats with other medical personnel while the patient is sitting on the bed and waiting for her. Demonica then goes to the patient and starts completing her admission documentation, tells the patient to change if he/she wants to, and wait for the junior nurses to take the vital observation (blood pressure,

temperature, pulse and respiration) and then to be seen by the doctor. She displays no care or respect for the individual.

Mrs Peter was a patient admitted in the ward with a respiratory condition. On day three of her admission, she complained to Demonica that she was having indigestion, discomfort in the centre of her chest, and was nauseous. Demonica informed the patient that it could be the lunch she ate that afternoon causing her to have these symptoms. She told the patient that she would inform the doctor, but she never did. Later that evening, the patient's condition deteriorated, and the patient was transferred to the intensive care unit of the hospital as she suffered a major heart attack and was due for surgery. Demonica's lack of knowledge, not collaborating with the doctor, and not following the scientific process to nurse the patient could have resulted in the death of the patient. She did not assess the patient; no vital signs (blood pressure, pulse, respiration, temperature readings) were taken, further data were not collected as to the nature of the chest discomfort, the onset or the duration, and no nursing interventions were planned or implemented. If she assessed the patient, collected data and interpreted the data, for example, the blood pressure reading or the pulse rate, she could have diagnosed that the patient's cardiac system was compromised and immediately informed the doctor to initiate further management.

Mrs Pepper complained of having a headache three days after being admitted and effectively treated for an upper respiratory tract infection. Demonica took her blood pressure, which was within the normal range, and informed the patient that she should just rest. Over the next few days, Mrs Pepper became rather quiet and was sometimes even tearful, yet Demonica ignored these signs. Mrs Pepper had been informed by a visiting relative that her niece was involved in a motor vehicle accident and was critically ill in hospital. Mrs Pepper's niece was also the breadwinner of the family home where she lived. Demonica failed to view her patient's needs holistically and offer holistic nursing care. She only looked at the physical needs of the patient, yet the patient was emotionally troubled due to her ill niece and the repercussions of that on her personally.



### 3.7.7 Antecedents

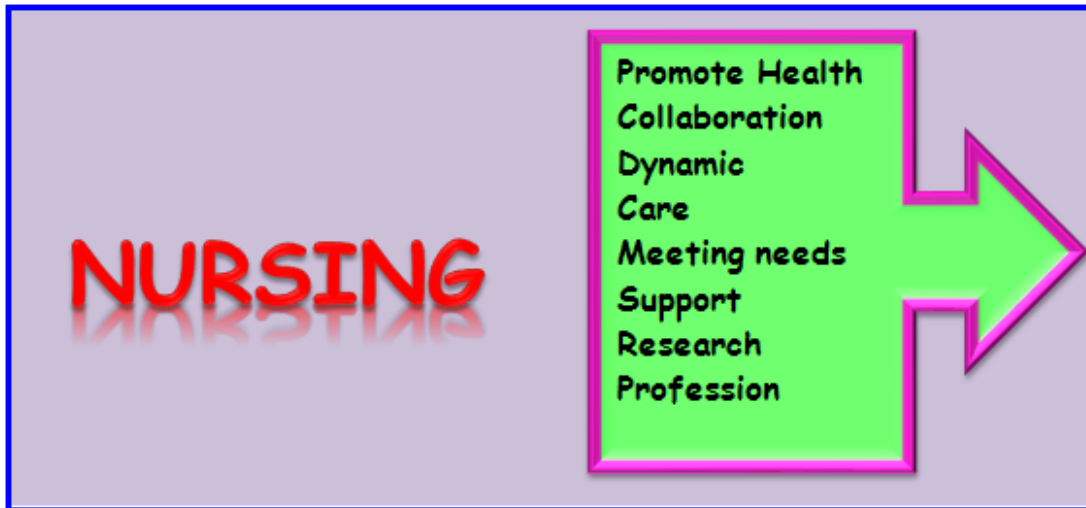
Step 7 of the concept analysis process: Identifying antecedents and consequences. Antecedents are things that led up to the concept or what occurred before the concept appeared (McKenna, Panjkihar & Murphy 2014:250). In this step of the concept analysis process, the aim of identifying the antecedents was to pinpoint the underlying assumptions about the concept and to help further refine the critical attributes of the concept. The researcher viewed the following (see Figure 3.5) as antecedents for the concept of nursing.



**Figure 3.5: Antecedents of the concept nursing (Author's own)**

### 3.7.8 Consequences

Consequences are events that occur as a result of the concept (McKenna *et al.* 2014:250). Consequences assist with further refining of the defining attributes of the concept. The consequences of nursing, as extracted from the definitions and the cases that were discussed, are highlighted in Figure 3.6.



**Figure 3.6: Consequences of the concept ‘nursing’ (Author’s own)**

### 3.7.9 Empirical referents

Step 8: Defining empirical referents. Empirical referents are categories of the actual phenomenon; their presence demonstrates the occurrence of the concept, and they indicate that the concept is present (Fitzpatrick & McCarthy 2016:104). Empirical referents answer the question of how one would measure the concept or determine its existence in reality, thus supporting the concept validity. They are observable, measurable facts that contribute to the operational definition (Wang 2013:512; Firth, Smith, Sakallaris, Bellanti, Crawford & Avant 2015:48). Table 3.4 shows the main attributes and the related empirical referents for the concept of nursing.

**Table 3.4: Empirical referents of the concept ‘nursing’**

ATTRIBUTES OF THE CONCEPT ‘NURSING’	EMPIRICAL REFERENTS OF THE CONCEPT ‘NURSING’
Altruism	<ul style="list-style-type: none"> <li>• Shows concern for the welfare of healthcare users</li> <li>• Demonstrates an understanding of different cultural beliefs</li> <li>• Advocates (speak on behalf of) for the healthcare user, especially those who are most vulnerable</li> </ul>
Support	<ul style="list-style-type: none"> <li>• Provides reassurance</li> <li>• Provides interventions to relieve both emotional and physical pain and discomfort</li> <li>• Speaks kindly</li> </ul>

ATTRIBUTES OF THE CONCEPT 'NURSING'	EMPIRICAL REFERENTS OF THE CONCEPT 'NURSING'
Compassion	<ul style="list-style-type: none"> <li>• The nurse verbalises understanding of the healthcare users' concerns, pain or feeling</li> <li>• The nurse shows understanding from the healthcare users' perspective</li> <li>• Provides distractions from pain and discomfort</li> </ul>
Cognitive abilities (knowledge & skills)	<ul style="list-style-type: none"> <li>• The nurse possesses authentic certification of completed training</li> <li>• The nurse requires no help to complete allocated tasks that are within the scope of practice</li> <li>• Demonstrates the ability to make correct and effective decisions</li> <li>• Makes reasonable conclusions</li> <li>• Prioritises cases when performing nursing interventions and prescribes treatment plans</li> </ul>
Caring	<ul style="list-style-type: none"> <li>• Monitors the health status of the healthcare user</li> <li>• Listens attentively to the needs of the healthcare user</li> <li>• Speaks kindly</li> <li>• Gives help to the healthcare user, to assist in meeting their needs</li> <li>• Demonstrates sensitivity to the feelings of others</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• Demonstrates the ability to work effectively with others on a common task</li> <li>• Listens and respects the needs and contributions of others</li> <li>• Is accepting of the ideas and contributions of others, especially if it results in positive changes to situations</li> </ul>
Dignity	<ul style="list-style-type: none"> <li>• Demonstrates acceptance of the healthcare users' decisions, even if it is not a recommended decision</li> <li>• Speaks politely</li> <li>• Includes the healthcare users in decisions regarding their health</li> <li>• Shows respect for individuals' cultural, social and personal boundaries</li> </ul>
Promoting wellness	<ul style="list-style-type: none"> <li>• Provides appropriate health education or information to</li> </ul>

ATTRIBUTES OF THE CONCEPT 'NURSING'	EMPIRICAL REFERENTS OF THE CONCEPT 'NURSING'
	<p>promote wellness</p> <ul style="list-style-type: none"> <li>• Monitors the healthcare users' health status</li> <li>• Provides appropriate nursing interventions to improve the health status of the healthcare user</li> </ul>
Dedication	<ul style="list-style-type: none"> <li>• Shows confidence in skills</li> <li>• Contributes significantly to group tasks</li> <li>• Collaborates with members of the healthcare team</li> <li>• Always punctual to work</li> <li>• Practices according to policies and follows the rules and regulations governing the profession</li> <li>• Shows an initiative often to assist other people</li> </ul>
Noble	<ul style="list-style-type: none"> <li>• Follows the ethical rules and regulations governing the profession</li> <li>• Always displays consideration for others</li> <li>• Shows responsibility and accountability for actions performed</li> <li>• Demonstrates honesty in all nursing activities performed</li> </ul>
Unbiased	<ul style="list-style-type: none"> <li>• Treats all healthcare users equally, irrespective of differences in terms of their age, culture, race, religion etc.</li> </ul>
Meeting needs	<ul style="list-style-type: none"> <li>• Assists and guides the healthcare users in daily activities of living if they are unable to perform these tasks on their own, to help them meet their needs</li> </ul>
Research	<ul style="list-style-type: none"> <li>• Reads updated literature on current research studies and their findings</li> <li>• Participates in nursing research studies</li> <li>• Uses the evidence gathered and implements these results to improve care delivery to the healthcare user, when practicing in the clinical area and also as the basis for further research in nursing</li> </ul>

### 3.7.10 Operational (Denotative) definition of 'nursing'

The operational definition provides precise indicators as to what the fundamental characteristics of a concept are, and how to observe or measure the characteristics.

Essential characteristics of an operational definition are:

- Stated in measurable and observable terms: the operational definition must denote the distinctive characteristics of a variable in measurable and observable terms.
- Non-ambiguous language: an operational definition should be stated positively, expressing the properties possessed by the variable rather than characteristics lacked by the variable.
- Clear and precise: the operational definition should be stated precisely and clearly, in unequivocal terms to avoid different interpretations.
- Valid: the operational definition should be valid as per the fact.
- Reliability: the operational definition must also have reliability characteristics so that there will be consistency in interpretations of the operational definition in the same way by all who use it (Sharma 2014:74-76).

The operational definition of the concept 'nursing' is:

*Nursing is a noble profession practiced by a nurse who has successfully and authentically completed a recognised programme in nursing and has been registered with a nursing council and is currently practicing. Nursing is demonstrated by a nurse when they physically perform interventions to the healthcare user to help meet their basic needs, relieving discomfort, assessing and monitoring their health status, with the objective of promoting a state of wellness. Nursing also encompasses the nurse verbalising understanding of the healthcare user's concerns, demonstrating the ability to train and educate others, listening attentively to people's needs, speaking politely and kindly, and showing sensitivity to the feelings of others. Nursing is working together with others to effectively meet goals, make reasonable conclusions, and demonstrate a sense of integrity, responsibility or commitment and accountability in all actions and undertakings.*

### **3.8 ETHICAL CONSIDERATIONS**

The entire process of data collection was clearly explained for this phase (see Heading 3.5). There was transparency throughout the analysis process. The concept analysis steps were strictly followed. The strict audit trail demonstrated the resources used for the study, and all authors were duly acknowledged. The researcher extracted the data from the various literature sources accurately, in terms of how the authors presented the information. The information was cited, and the risk of plagiarism was therefore reduced. Scholarly and academically approved literature was accessed with the assistance of a specialist librarian. The researcher and the co-coder reviewed all the literature included in the study. All articles that were included were appraised using the Johns Hopkins Appraisal Instrument (see Annexure 2 and Table 3.1), thus ensuring that other researchers' work was considered fairly. Duplicate publications were excluded.

### **3.9 INTEGRATION AND SUMMARY OF DATA ANALYSIS FROM PHASES 1 AND 2**

Finally, the data analysed from both Phase 1 and Phase 2 highlighted the following:

The category of caring/caring holistically featured most commonly in the analysis of data from both phases, followed by the categories of 'meeting needs', 'dedication', 'dignity', 'compassionate', 'support', 'collaboration', 'unbiased', 'research' and 'dynamism'. However, the category of 'altruism' appeared in Phase 2 of the analysis (see Table 3.3) but not in Phase 1, and the category 'legislature' appeared in Phase 1 (see Table 2.1) but not in Phase 2 of the data analysis. The themes formulated in both Phase 1 and Phase 2 were: (1) affective, (2) cognitive and (3) social. It appears that most of the categories developed in both phases were similar, except for altruism and legislature. Therefore, the main characteristics of the concept of nursing, after data analysis of both phases, can be summarised as being; (1) 'altruism', (2) 'caring holistically', (3) 'cognitive abilities', (4) 'collaboration', (5) 'compassionate', (6) 'dedication', (7) 'dignity', (8) 'dynamism', (9) 'health promotion', (10) 'legislature', (11) 'meeting needs', (12) 'noble', (13) 'profession', (14) 'research', (15) 'support', and (16) 'unbiased'.

A comparison was made with the identified main characteristics of the concept 'nursing' during Phase 1 (the online questionnaire) and Phase 2 (the integrative review) to the SANC definition of nursing. The aim was to further clarify the concept (see Table 3.5). The SANC defines 'nursing' as: *"Nursing is a caring profession practiced by a person registered with SANC, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death"* (South Africa 2005: s 1).

**Table 3.5: Comparison of the main characteristics of the concept 'nursing' to the SANC definition of 'nursing'**

Main characteristics identified from SANC definition	Main characteristics identified from data analysis from Phases 1 and 2
<ul style="list-style-type: none"> <li>• Cares for health care user to live in comfort</li> <li>• <b>Caring</b></li> <li>• <b>Cares for health care user to live with dignity until death</b></li> <li>• Practiced by registered person</li> <li>• <b>Profession</b></li> <li>• <b>Supports</b></li> <li>• <b>Treats health care user to achieve or maintain health</b></li> </ul>	<ul style="list-style-type: none"> <li>• Altruism</li> <li>• <b>Caring holistically</b></li> <li>• Cognitive abilities</li> <li>• Collaboration</li> <li>• Compassionate</li> <li>• Dedication</li> <li>• <b>Dignity</b></li> <li>• Dynamism</li> <li>• <b>Health promotion</b></li> <li>• Legislature</li> <li>• Meeting needs</li> <li>• Noble</li> <li>• <b>Profession</b></li> <li>• Research</li> <li>• <b>Support</b></li> <li>• Unbiased</li> </ul>

The similar characteristics identified in both the SANC definition of the concept 'nursing' to the analysed data from Phases 1 and 2 were colour coded to match similar characteristics as defined within the SANC definition. It is also highlighted in

Phase 1 and Phase 2 of the analysed data, which revealed dissimilar characteristics to those featured in the SANC definition of the concept, namely; (1) 'practiced by a registered person', (2) 'altruism', (3) 'cognitive abilities', (4) 'collaboration', (5) 'compassionate', (6) 'dedication', (7) 'dynamism', (8) 'meeting needs', (9) 'noble', (10) 'research', and (11) 'unbiased'. Generally, there appears to be more characteristics to the concept of nursing derived from the data analysis from Phases 1 and 2 compared to the definition provided by SANC.

In step 7 of the concept analysis process (see Heading 3.7.7), the antecedents of the concept 'nursing' are emphasised. Since the characteristic 'legislature' was identified after an analysis of Phase 1's data, it is appropriate to add this as part of the antecedents of the concept (see Figure 3.5).

### **3.10 CONCLUSION**

In this chapter, the concept analysis process by Walker and Avant (2011:160-170) and the steps for integrative review by Whitemore and Knafl (2005:550-551) were employed for data analysis. The concept of nursing was further clarified using a model case and a contrary case from which antecedents and consequences of nursing were obtained. The identified empirical referents made the concept of nursing more measurable.

In Chapter 4, a summary and integration of data analysis from both phases are presented. The collected data from Phases 1 and 2 were used to develop the visual concept map of 'nursing' which was validated by the nurse educators from STTI, Africa Region Chapters (see Figure 4.1).



## CHAPTER 4

### PHASE 3 - DEVELOPMENT OF VISUAL CONCEPT MAP

#### 4.1 INTRODUCTION

This chapter focuses on the development of the visual concept map using the analysed data from the previous two phases, as illustrated in Figure 4.1.

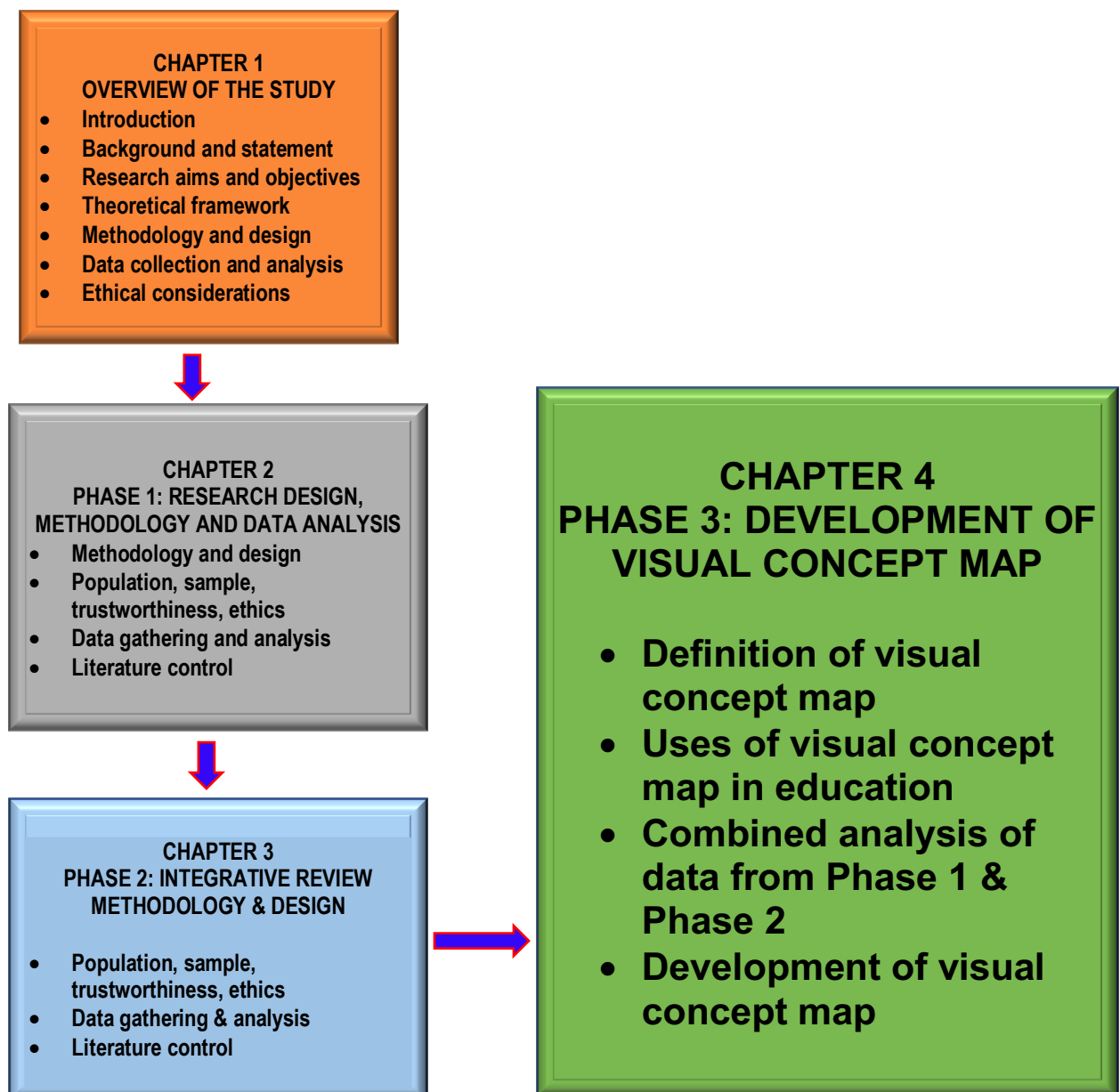


Figure 4.1: Presentation of the flow of the thesis

## **4.2 DEFINITION OF VISUAL CONCEPT MAP**

A visual concept map is a graphical tool that is visual in nature, used to organise and represent knowledge. Concept maps include concepts, usually enclosed in circles or boxes, and the relationships between concepts, which are indicated by connecting lines linking the concepts (Brem & Viardot 2015:81).

## **4.3 PURPOSE OF CONCEPT MAPS**

The purpose of concept maps is to illustrate the conceptual and propositional nature of knowledge and its relation to human understanding. It can therefore be used as a teaching resource or tool to develop a teaching sequence (Canas & Novak 2016:56).

Concept maps are tools used to design and communicate complex ideas and structures. They serve as meaningful teaching and learning tools that can be used to schematically represent a conceptual understanding of the concept. Concept maps promote meaningful and effective learning and help students develop abstract and critical thinking and problem-solving skills (Mills, Durepos & Wiebe 2010:197).

## **4.4 BENEFITS OF CONCEPT MAPPING**

According to Keengwe (2017:52), Watkins, Meiers and Visser (2012:221) and Neeraja (2011:379), the benefits of concept mapping are:

- There is a demonstration of cognitive synthesis skills with minimum writing.
- Various ideas are categorised.
- The relationships between ideas/concepts are illustrated. These ideas are depicted visually, and it is therefore easier to understand and remember the ideas.
- Shared knowledge and information are generated.
- Meta cognitive learning abilities are enhanced to learn and think about knowledge.
- Concept maps show specific inter-relationships and their strategic priority at a glance.

- Concept mapping uses a structured process that can be replicated easily and reliably.

In this study, the development of the visual concept map occurred in a structured manner. The researcher used the collected data and followed a four-step structured process to formulate the map (see Heading 4.8) (Novak & Canas 2006:1-2). This enables the reader to easily follow the process, thereby contributing to the reliability of the map's development. The visual concept map facilitated clear categorisation of the different ideas related to the concept of nursing. The ideas, namely the sub-categories, categories and themes related to the concept 'nursing' were shown visually to enable the student nurse to understand and remember them more easily. The linking lines and arrows attempted to display the relationships between the various ideas and promoted thinking about the information visualised. The concept map process was structured to display what was most important. Therefore, the concept 'nursing' featured at the centre of the map and all the other ideas related to the central concept is directed from the periphery towards the centre. Overall, the user of the map can visualise the relationship and inter-relationships of the ideas to the core concept, 'nursing'.

#### **4.5 CHALLENGES OF CONCEPT MAPPING**

There are also challenges when using concept maps. Seel (2012:731), Jonassen, Beissner and Yacci (2013:162) and Neeraja (2011:379) discuss these as follows:

- If several concepts are included, it will be difficult for beginner students to understand and comprehend the entire meaning and inter-relationships between the facts.
- Ambiguity may be a limitation, as concepts are usually presented by one or two keywords only. Therefore, the justifications for certain connections may not be explicit.
- Generating concept maps that depict all-important relationships clearly and neatly require several re-drawings of the map; this is a time-consuming process.

- The maps can sometimes be difficult to interpret because of the multiple lines and labels included on the maps.

The researcher reduced these challenges as only the concept 'nursing' was included and placed in the centre of the spider map in order for student nurses to focus on the one concept, thus preventing misunderstanding. The inter-relationships between the facts were denoted using a few linking arrows so that it is easy for the student nurse to follow the information and clearly justify the relationships between different parts of the spider map. In this way, an easy understanding of the provided information will be facilitated.

Different types of concept maps exist, and these are described in the sections that follow.

#### **4.6 TYPES OF CONCEPT MAPS**

There are various types of concept maps, as discussed by Neeraja (2011:378-379) and Azwer (2007:99):

**Hierarchy concept map** – The information is presented in descending order of significance, and distinguishing factors determine the placement of the information. The most important information is placed at the top, and as a result of this placement, this map style is used to show organisational structure or the organisation of a body system.

**The map flow chart** – It organises information in a linear format using arrows, and the arrows are often in the same direction. This map style shows a sequence of events presenting relationships, like cause-effective relations or decision-making strategies.

**Systems concept map** – It is similar to the map flow chart with the addition of 'inputs' and 'outputs'. This map style is suitable to describe physiological processes, for example, blood circulation in humans.

**Picture landscape concept map** – The information is presented in a landscape format. This map depicts pictures of the content being presented. Features like rivers or mountains are clearly illustrated.

**Multidimensional/three-dimensional concept map** – These maps organise and present information in a simple two or three-dimensional flow. It is used to show complex structures with several interactive components.

**Mandala concept map** – Information is presented within a format of interlocking geometric shapes. These abstract, intricate geometric patterns are usually associated with religious symbolism, depicting circles, wholeness and unity. A ‘telescoping’ factor creates compelling visual effects which focus the attention and thought processes of the viewer.

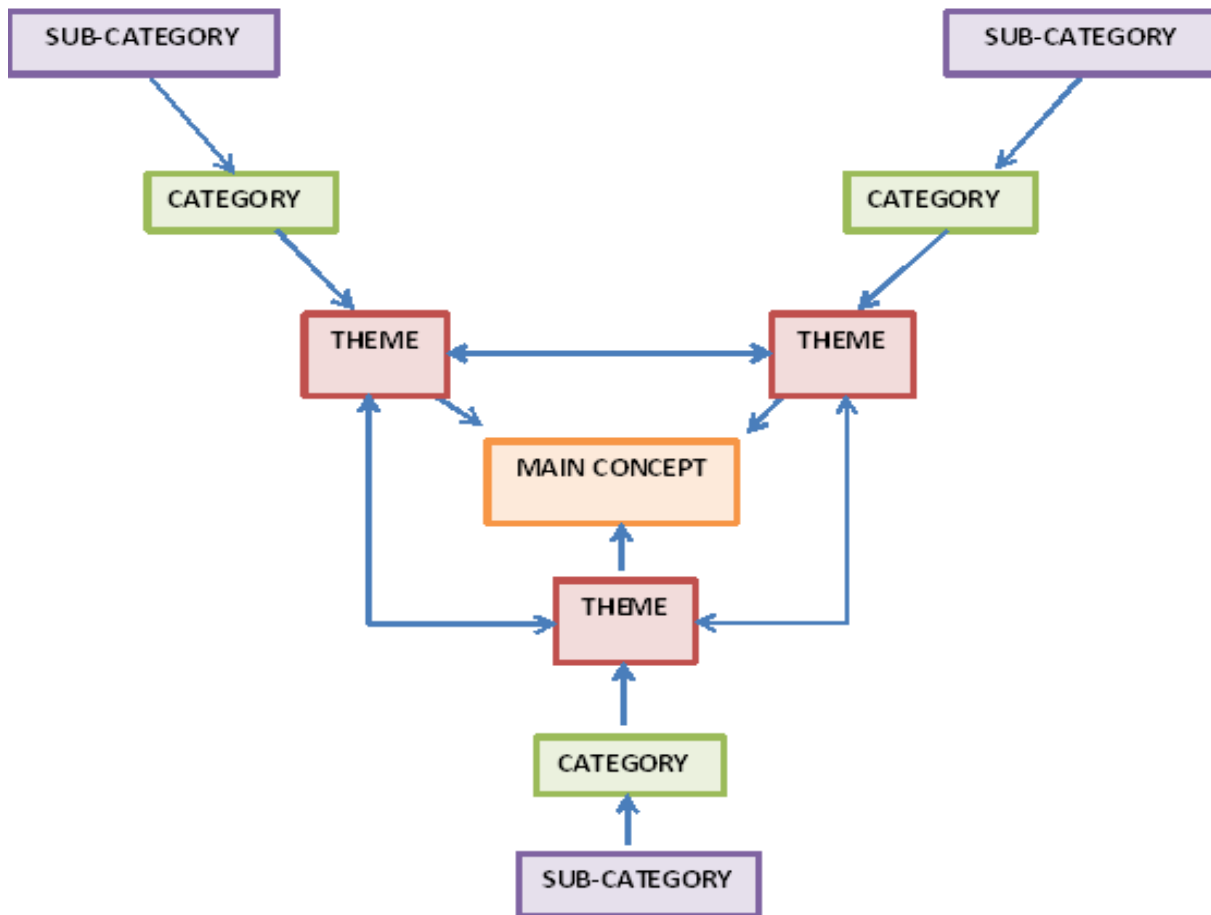
**Spider concept map** – Spider maps are used to summarise key points related to a theme, used in brainstorming exercises and presenting categories. The centre theme or unifying factor is placed in the centre of the map. The sub-themes radiate outward to the centre.

The researcher viewed the different types of concept map styles and chose the most appropriate one for this study, which was the spider map style. This map style allowed the researcher to illustrate how the concept of nursing was a priority, placed at the core of the map. This style also easily facilitated the illustration of all related sub-categories, categories and themes that were related and inter-related to the main concept ‘nursing’, which would not have been easily achieved if other map styles were chosen.

#### **4.7 CLARIFICATION OF CONCEPT MAP OF NURSING – SPIDER MAP STYLE**

The researcher chose the spider map style to illustrate the analysed data on the concept of nursing. This map style was chosen as spider maps are organised, starting with a central idea at the centre and related subordinate concepts are the branches, with linking arrows drawn to connect these to the central idea (Jonassen

*et al.* 2013:213). In Figure 4.2, the schematic presentation illustrates the clarification of the visual concept map of nursing using the spider map style. Clarification and a discussion follow after Figure 4.2 (refer to Figure 4.3).



**Figure 4.2: Clarification of concept map**

The main concept ('nursing') was placed in the centre so it would be easily identified by the user, namely the student nurse within this study's context. Waugh and Clements (2015:50) indicate that placing the main concept in the centre focuses the user on visualising what is most important.

In nursing education, the spider map style used in the concept map will help the nurse educator to organise information on the concept 'nursing'. The use of keywords, linking lines and arrows will facilitate the teaching of the concept, making it easier for the nurse educator to show the relationships between the sub-categories, categories and themes to the concept. The teaching process is

enhanced as the visual concept map allows more time for the nurse educator to advocate active thinking and promote discussion on the concept. The nurse educator will now be able to adopt the role of a facilitator and guide the teaching and learning process as the concept map will be used as a tool to stimulate thinking and further discussion.

The student will benefit as this map style requires recalling, organising and structuring concept relationships, thereby improving future recall. Key information is provided in a simple, easy to follow manner, thus enhancing the students' memory of the information and helping them to see critical relationships and guide their thinking (Jonassen *et al.* 2013:219). The student nurse will be assisted to gain a greater understanding of the whole concept of nursing. Student nurses can actively engage in their learning as the concept map creates an opportunity of thinking, discussing, and sharing ideas and information.

#### **4.8 STEPS TO DEVELOP THE CONCEPT MAP**

Novak and Canas (2006:1-2) highlighted the steps to develop a concept map, namely; choosing one concept as a focus, listing the related concepts, arranging concepts in a hierarchy, and adding links using lines and arrows. These steps were used and are further discussed as follows:

Step 1: Choose one concept as a focus

The concept 'nursing' was chosen as a point of focus for this study. The combined analysed data from Phases 1 and 2 (as described in Chapter 2, Table 2.2 and Chapter 3, Table 3.3) were used and enabled the researcher to continue to step 2.

Step 2: List related concepts

The same categories appearing in both Phase 1 and Phase 2 were annotated. The categories that only appeared either in Phase 1 or Phase 2 was noted. Finally, all the categories identified from both Phases 1 and 2 were: altruism, caring holistically, cognitive abilities, collaboration, compassionate, dedication, dignity, dynamism, health promotion, legislature, meeting needs, noble, profession, research, support and unbiased. The categories were then adopted as the key attributes of the concept

of nursing (these categories were developed from the sub-categories, which were the direct words expressed in the collected data).

#### Step 3: Arrange concepts in a hierarchy

Hierarchical relationships between the concepts were depicted as a spider map style was used. The most important concept ('nursing') was placed in the centre of the spider map, and then the other concepts (themes and categories and sub-categories) branched to the centre in order of importance to the main concept.

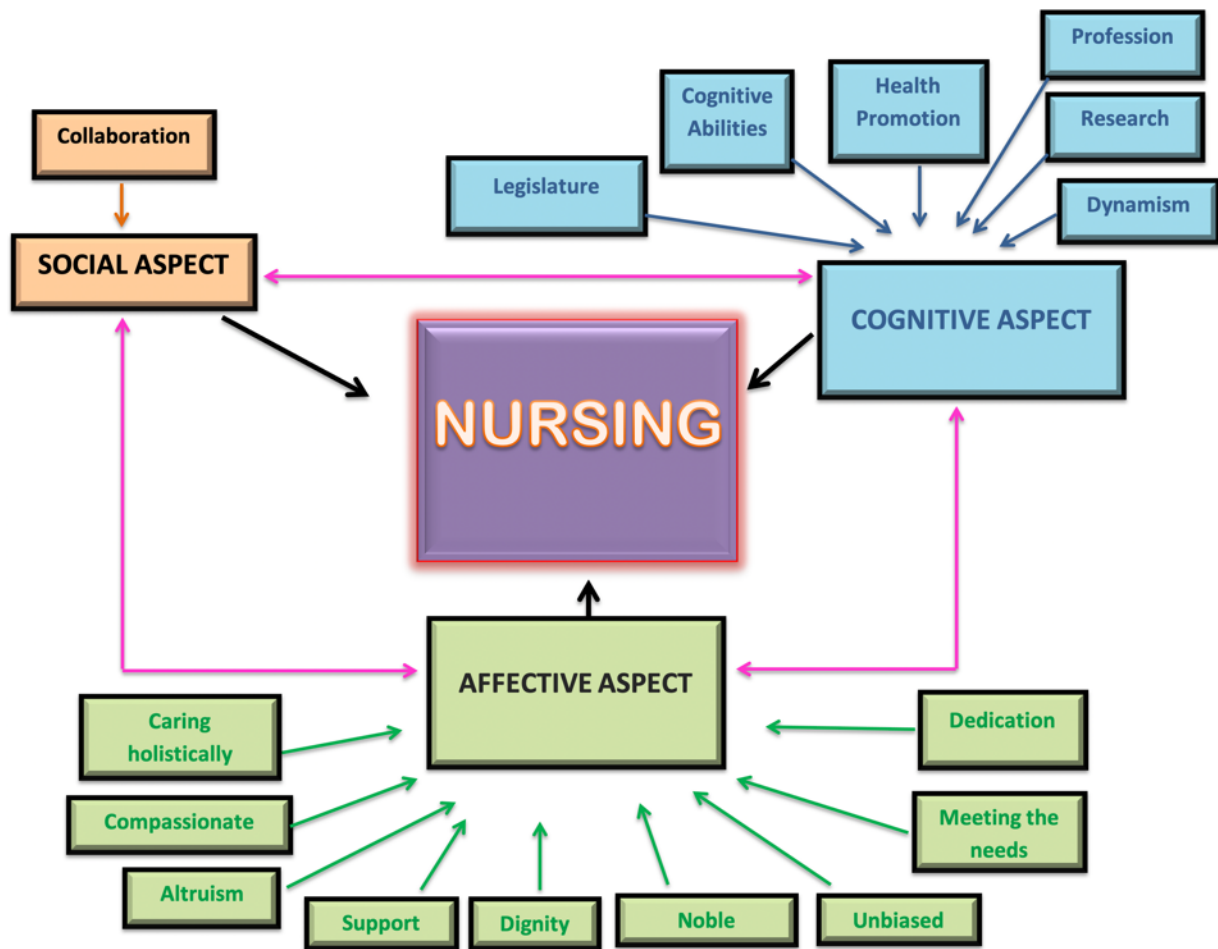
#### Step 4: Add links using lines and arrows

In the final step, linking arrows were used to connect the key attributes (categories) of nursing and show the relationships between the themes (affective, cognitive and social aspects) and the categories to the main concept, 'nursing'. This would assist the user of the concept map to have a clearer, easier and more commonly accepted understanding of the concept.

### **4.9 THE DEVELOPMENT OF VISUAL CONCEPT MAP OF NURSING**

In Figure 4.3, the developed concept map for the concept 'nursing' is depicted in a spider mapping style. The linking arrows visually connect important words and attributes that are related to the main concept of nursing, and arrange the relationships between the concept, the sub-categories, categories and themes identified. All concepts, linked with arrows, are based on the findings from Phases 1 and 2.





**Figure 4.3: Visual concept map of nursing (Author's own)**

The linking arrows from each theme to the categories denoted the themes' relationship to the categories. The themes showed how the data relate, the patterns found in the information, and the categories described in the collected data. The colourful presentation of the concept map demarcates the themes and categories, thus making it easy to remember the information.

Each primary branch from the main concept – namely social, cognitive and affective aspects (which are clearly discussed in Chapter 3, number 3.7.1 as the themes) – are directly related to the main concept. The highlighted themes were closer to the main concept, 'nursing'.

The connections between the different cognitive, social and affective aspects can be visualised since the linking arrows show the inter-relationships between these aspects to student nurses. Nursing comprises social, cognitive and affective aspects,

each depending on the other and affected by the other. These aspects are highlighted in the concept map to emphasise to the nurses that, for nursing to occur comprehensively and successfully, the nurse must possess and acquire all these aspects. These aspects are described as follows:

#### **4.9.1 Cognitive aspect**

The cognitive aspect involves the mind and thinking. It includes knowledge, comprehension, application, analysis, synthesis and evaluation. When the meaning and relationship of a series of facts are grasped, cognitive learning is experienced (Billings & Halstead 2013:179; Allender *et al.* 2014:363). The student nurse requires the cognitive capacity to understand and continuously learn what nursing entails and what the concept means. The cognitive aspect will also allow the student nurse to make appropriate observations when nursing patients and understand the reasons for the specific actions performed during nursing interventions. They will gain the ability to impart information to patients and other healthcare consumers to promote and enhance their health status. Crick, Stringher and Ren (2014:36) claim that the cognitive aspect involves the acquisition of academic knowledge, which the student nurse must acquire and understand to perform nursing interventions. The student nurse focuses on acquiring and recalling specific facts, concepts and principles. In higher levels of learning, there is the ability to understand the meaning of new information, apply this information to a new situation, break down the information into its component parts, put together elements to form a new whole, and make judgments about information and ideas (Billings & Halstead 2013:179).

#### **4.9.2 Affective aspect**

The affective aspect encompasses attitudes, beliefs and values, feelings and emotions (Billings & Halstead 2013:179). The student nurse needs to understand that nursing involves the feelings, emotions and values of both the patient and the nurse, which continuously influence both parties during the nursing process. The nurse displays the affective aspect by listening to the patient, being attentive, and having a warm, open relation towards the patient. Lacking in this area will have a negative effect on nursing care. Utley, Henry and Smith (2018:105-106) mention that

the affective aspects describe the inner processes involved in re-organising our thoughts, feelings, and ultimately changing our actions. It also involves the acquisition of academic knowledge. Affective learning is essential for the social integration of students and novice nurses into professional nursing practice. Lilley, Collins and Synder (2017:75) highlight that affective behaviour is conduct that expresses feelings, needs, values, beliefs and opinions. Moreover, they claim individuals view events from different perspectives and choose to internalise feelings rather than express them. Nurses must be willing to approach patients in a non-judgmental manner, listen to their concerns, recognise the non-verbal messages being shared, and assess their needs with an open mind.

#### **4.9.3 Social aspect**

This aspect involves interaction with social objects, which are people (Crick *et al.* 2014:36). The student nurse is constantly interacting with people, healthcare consumers, nursing colleagues and other members of the multidisciplinary health team. Through these interactions, the student nurse constantly increases their knowledge, skills and values to become a more competent and successful nurse practitioner. Smith and Parker (2015:69) state that nursing cannot occur if there is no relationship or connection between the patient and the nurse. To engage fully in the nurse–patient relationship, the nurse must possess intellectual, interpersonal and social skills. Nurses collaborate with colleagues and other healthcare professionals to optimise individuals' needs (Berman, Snyder, Kozier, Erb, Levett-Jones, Dwyer *et al.* 2015:139).

The nurse educator plays a pivotal role in the cognitive, affective and social aspects by involving the student nurse in activities that stimulate critical thinking and the integration of information. They also promote the enhancement of affective behaviour, using roleplaying and simulation, and encourage social cohesion during the teaching and learning process. This enables the student nurse to have a better understanding of what nursing means and involves.

The categories portray what the student nurses already possess or still need to acquire, and these categories are linked to the themes which were developed. The

student nurse may be compassionate in nature, dedicated to the profession and unbiased, but may still need to enhance their cognitive abilities to perform nursing interventions effectively and efficiently. The themes reflected the patterns that were found to describe and organise the categories so that aspects of the concept of nursing could be easily interpreted and understood.

The identified themes correlate with important teaching and learning processes. Potter, Perry, Stockert and Hall (2017:338) highlight that the receiver in the teaching and learning process is the student, and their attitudes, anxiety and values influence their ability to understand the message being conveyed. Moreover, their ability to learn depends on factors like emotional and physical health, education, cultural perspectives, and previous knowledge. Effective interpersonal communication and application of the elements of the communication process are important when providing information to student nurses, since educators and students become involved in the teaching process; this increases the student nurses' knowledge and skills.

Using the visual concept map to teach the concept of nursing will be beneficial in nursing education institutions as it may support nurse educators to merge information related to the concept 'nursing' and visually present and explain how the themes, categories and sub-categories are related and linked to the main concept. Furthermore, the definition of nursing will be better understood and commonly used by all nurse educators in nursing education institutions in South Africa, and possibly internationally. The map is simple and easy to follow. In this way, the student nurses will be stimulated to ask questions which will encourage discussion, critical thinking and understanding of nursing.

The concept map may be used as an alternative teaching and learning strategy, where students can engage in group activity and be allocated both the themes and categories to discuss within their individual groups. Each student will present and share their thoughts with all other students, with the nurse educator facilitating the process. The facilitator will thus guide students to link the different aspects and view its relationship to the main concept, thus promoting deeper understanding.

The concept map serves as a symbol that will guide the nurse educators in teaching the concept of nursing, so the definition is understood in the same way by different student nurses. The concept map may be printed out as a wall chart and placed in the classroom or at strategic points in the nursing education institution. This will serve to reinforce what nursing entails, as it will be a constant written and visual reminder.

#### **4.10 CONCLUSION**

A visual concept map – validated and agreed upon by nurse educators within the South African context – might be of great benefit for nurse educators in explaining the meaning and interpretation of the concept ‘nursing’ to student nurses in their institutions. This concept map, as a teaching tool, might assist in ensuring that student nurses have the same understanding of the concept. The validation of this concept map is discussed in Chapter 5 by nurse educators inaugurated in STTI, Africa Region Chapters, based on their expertise in Africa.

# CHAPTER 5

## VALIDATION OF VISUAL CONCEPT MAP

### 5.1 INTRODUCTION

In Chapter 4, the visual concept map's development was discussed using the collected and analysed data from Phase 1 and Phase 2. This chapter addresses Phase 4 of the study, namely the validation process, data collection, data analysis, and the description of the findings, as illustrated in Figure 5.1.

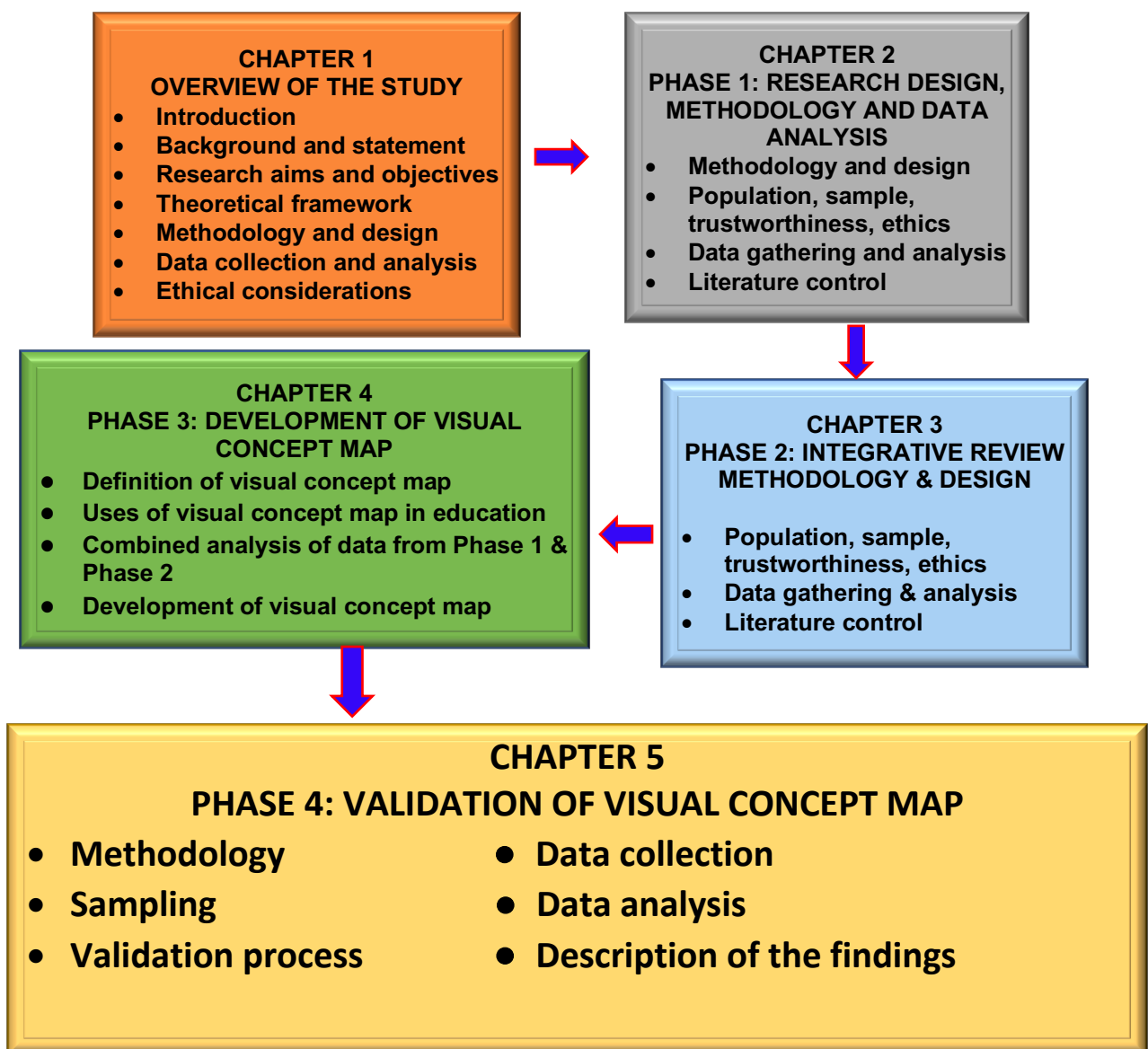


Figure 5.1: Presentation of the flow of the thesis

## **5.2 METHODOLOGY**

A descriptive methodological approach was adopted to provide a better understanding of the concept of nursing. The descriptive methodology offered the researcher an avenue to describe what information already existed on the concept, determine the frequency with which it occurred, and categorise the information in a visual concept map (Gray *et al.* 2017:28). The nurse educators from STTI, Africa Region Chapters, had the opportunity to review the developed visual concept map with an open mind. They then provided further thoughts and explanations, and shed more light on the concept map, thereby providing a validated visual concept map based on their expertise in Africa.

### **5.2.1 Population**

The total population of members inaugurated in STTI, Africa Region Chapters, are 310 (Tau Lambda-at-Large - 86 members, Chi Omicron-at-Large - 117 members and the Chi Xi-at-Large Chapter - 107 members) (STTI The Circle 2020). The researcher, after consultation with the research supervisors, agreed that 10% of this population should be invited to participate in the validation process. The final population included 30 nurse educators inaugurated in STTI, Africa Region Chapters. The nurse educators were chosen as they were involved in updating and improving nursing and nursing education within the African context, and were involved in teaching the concept of nursing to student nurses enrolled in nursing programmes.

### **5.2.2 Sampling and sampling size**

The nurse educators registered with the Africa Region Chapters (Tau Lambda-at-Large, Chi Omicron-at-Large and the Chi Xi-at-Large Chapter) of STTI were selected using non-random purposive sampling. The researcher was interested in this particular group of individuals participating in validating the visual concept map due to their special expertise in the field of nursing education, as explained by Beins and McCarthy (2017:100).

The researcher contacted the heads of departments of the schools of nursing at the respective universities belonging to the Africa Region Chapters from the STTI Chapter Directory on their website via email.

There are 19 African universities that fall under the Africa Region Chapters, being South Africa, Malawi, Ghana, Kenya, Tanzania and Nigeria (see Table 5.1). To ensure representation of nurse educators from the different countries validating the visual concept map, the researcher emailed a letter of request, on 31 March 2019, to the heads of departments of all 19 schools of nursing at the universities (see Annexure 7). The heads of departments were asked to randomly request three of their nurse educators who belong to STTI (see Annexure 7) to participate in the validation process. A recruitment and information letter accompanied the letter of request to ensure that the heads of departments could provide potential participants with the necessary information to allow for informed consent.

The recruitment and information letter included a web link address to allow access to the visual concept map of 'nursing', and the assessment rubric. The participants who were willing to participate in the validation process would voluntarily click on the link address to access the visual concept map and validation assessment rubric.

A total of 30 nurse educators were invited to participate in validating the concept map. Table 5.1 shows the number of universities and nurse educators invited during Phase 4 of the study.

**Table 5.1: Sampling of nurse educators – Phase 4**

<b>Name of African Chapters</b>	<b>Number of universities under each Chapter</b>	<b>Number of nurse educators invited to participate from the universities – African Chapters</b>
Tau Lambda-at-Large (x5 SA, x2 Kenya, x1 Botswana, x1 Tanzania)	9	x3 SA – University of Pretoria x3 Botswana – University of Botswana in Gaborone x3 Kenya – University Nairobi



Name of African Chapters	Number of universities under each Chapter	Number of nurse educators invited to participate from the universities – African Chapters
		x3 Tanzania – Muhimbili University in Dar-es-Salaam
Chi Omicron-at-Large (x1 SA, x1 Nigeria, x1 Ghana)	3	x3 SA – University of Western Cape x3 Nigeria – Babcock University in Ilishan x3 Ghana – University of Ghana in Accra
Chi-Xi-at-Large (x5 SA, x1 Malawi)	7	x3 SA – University of South Africa in Pretoria x3 Malawi – University of Malawi in Blantyre x3 Nelson Mandela University
<b>Total</b>	<b>19</b>	<b>30</b>

The researcher faced several challenges in sourcing participants for the validation process. Initially, the researcher asked the presidents of the STTI, Africa Region Chapters, to identify participants for this data collection phase. This request was initially made on 5 December 2018, and repeated requests were made until 7 February 2019. The researcher was unsuccessful in receiving any response from the presidents of the STTI, Africa Region Chapters. The heads of departments of the schools of nursing at different universities were then considered to assist the researcher in obtaining participants for this data collection phase, as members in those schools were involved in STTI activities.

The researcher, after consultation with her research supervisors, communicated with the heads of departments of the schools of nursing of the different universities, as highlighted in Table 5.1. This request was made from 31 March 2019 to 17 July 2019. Four participants responded in April 2019, and one participant each responded

in the months of May, June and July 2019. The researcher continued to send reminder emails (see Annexure 14) to remind the nurse educators to respond to the email invitation to participate in the validation process. Finally, no new nurse educators responded and the seven participants who had initially responded to the email invitation were therefore accepted as the sample size for this phase of data collection.

### **5.3 ETHICAL CONSIDERATIONS**

Ethical considerations were adhered to in terms of informed consent, confidentiality and anonymity of participants.

To ensure that confidentiality was maintained, the researcher asked participants not to discuss their input with anyone else who might have been a participant (see Annexure 11). Once participants clicked on the link address that was provided, they voluntarily consented to participate in the validation process. The participants' input was provided online, therefore only the researcher had access to view all the participants' contributions during the validation process. Participants' contributions were considered and used to adjust and improve the visual concept map. The revised concept map was then sent to the participants to validate in the second and third rounds of the validation process.

There were no physical or psychological risks involved with participation as they only provided their expert feedback on the visual concept map. Anonymity was assured as the researcher informed the participants that any identifying information, such as their email address, would be kept in confidence and would only be known to the researcher (see Annexure 11). The researcher created an email address, which was password-protected, to communicate with the participants; only the researcher had the password to access the information provided by the participants. The researcher committed to reporting and publishing the research findings and conclusions in a way that would not expose any identifying information of a participant (see Annexure 11).

No identifying information of participants was divulged to any other person. The nurse educators were informed that their participation was voluntary and refusal to participate or withdrawal from the study at any point resulted in no negative consequences for them (see Annexure 11).

#### **5.4 E-DELPHI**

E-Delphi is a type of Delphi method similar to the classical Delphi type. An open first round is used to elicit the opinions among a panel of experts on an important issue, and systematically gain consensus (Glasper & Rees 2017:88). This technique allows a wide variety of experts to express their opinions and provide feedback nationally and internationally without meeting, and their feedback was provided using email. With the e-Delphi technique, the individuals' opinions cannot be altered by the persuasive behaviour of a few people at a meeting.

The researcher identified a panel of experts, who had a variety of perceptions, personalities, interests and demographics to reduce bias in the process. The panel members were anonymous to one another as responses were presented via email. Various rounds of participation were undergone until the collected data reflected consensus among panellists (Gray *et al.* 2017:417). Participants' views from round to round were refined, and a record of the participants' opinions was kept and could be reviewed at any time. The anonymity of Delphi participants was assured to facilitate free expression of opinions without social pressure. Moreover, the quality of responses was improved as participants had some time to consider their answers before responding (Glasper & Rees 2017:89).

Nurse educators (as experts in nursing education) from the universities and inaugurated in STTI from the different countries in Africa, who were identified by the head of the department of the school of nursing, were invited to participate in the e-Delphi technique during this phase. The researcher emailed each participant the recruitment and information letter with a web link address to access the visual concept map of 'nursing'. The link included the validation assessment rubric. The communication asked participants to voluntarily participate and freely express their views without being known to other participants. All collected data were automatically

saved as part of the software where the assessment rubric and concept map were uploaded. There was a two-week timeframe for participants to respond; thereafter, a reminder email was sent, thus ensuring that participants had adequate time to provide their input for each validation round of the visual concept map.

## **5.5 VALIDATION ASSESSMENT RUBRIC**

Concept maps are generally evaluated with rubrics which are scoring tools using a set of standards. The researcher used a concept map evaluation rubric – an adaption from Bartel’s (1995:545) scoring rubric for concept maps – as a tool to enable the participating nurse educators to validate the visual concept map. The visual concept map of ‘nursing’ and the validation assessment rubric (see Annexure 8) were accessed by the participants using the link address (see Annexure 11). Once the validation assessment rubric was accessed, clear instructions were provided to guide the participants on the use of the rubric in terms of the rating scales, for each of the three criteria. The participants had to view the visual concept map of ‘nursing’ (which was also available using the link address), follow the instructions on the use of the assessment rubric, and validate the visual concept map. The instructions also asked that participants provide comments or suggestions to assist the researcher in improving the concept map of ‘nursing’. The example of the validation assessment rubric and the instructions of its use are clearly outlined in Table 5.2.

**Table 5.2: Instructions, criteria for validation and the imbedded assessment rubric**

**Instructions**

1. Please view the concepts and terminology used in the concept map.
2. Use the explanations of each rating in each criterion, as a guide to rate the concepts and the terminology used in the concept map, examine the relationships among the concepts in the map and assess if the concept map is able to communicate the concept of nursing.
3. Choose the most appropriate rating by making an "X" in one of the columns, which best illustrates your opinion.

**Criteria 1: Concepts and Terminology**

<b>Rating</b>			
<b>6 Points</b>	<b>4 Points</b>	<b>2 Points</b>	<b>0 Points</b>
Indicates an understanding of the concepts in nursing and the principles, or uses appropriate terminology to describe the concept	Indicates a few misunderstandings of the concepts in nursing, or uses some inappropriate terminology to describe the concept	Indicates a lack of understanding of many concepts in nursing and the principles, and uses many inappropriate terminology to describe the concept	Indicates no understanding of the concepts in nursing or the principles

**Total Score:**

**Comments if scored below 6 points**

**Criteria 2: Knowledge of the relationships among concepts**

Rating			
6 Points	4 Points	2 Points	0 Points
Identifies all the important concepts and illustrates an understanding of the relationships among concepts	Identifies important concepts but makes some incorrect connections	Makes many incorrect connections	Fails to use any appropriate concepts or appropriate connections

**Total Score:**

**Comments if scored below 6 points**

**Criteria 3 - Ability to communicate through the concept map**

Rating			
6 Points	4 Points	2 Points	0 Points
Constructs an appropriate and complete concept map that includes: <ul style="list-style-type: none"> <li>• concepts in an appropriate hierarchy</li> <li>• linking words on all connections</li> <li>• a concept map that is easy to interpret</li> </ul>	<ul style="list-style-type: none"> <li>• Places almost all concepts in an appropriate hierarchy</li> <li>• Assigns linking words to most connections</li> <li>• Produces a concept map that is easy to interpret</li> </ul>	<ul style="list-style-type: none"> <li>• Places only a few concepts in an appropriate hierarchy</li> <li>• Uses only a few linking words</li> <li>• Produces a concept map that is difficult to interpret</li> </ul>	Produces a final product that is not a concept map

**Total Score:**

**Comments if scored below 6 points**

After receiving the data from each participant, the researcher calculated the final score from each of the individual participants, as illustrated in the example in Table 5.3. A rating would be placed in the appropriate column for each criterion assessed by the participant. Only one rating could be given for each criterion. The total score was out of 18 points after adding the points allocated for criterion 1, 2 and 3, as indicated in Table 5.3.

**Table 5.3: Example of final rating of individual participant – Round 1**

<b>Participant 1</b>	<b>6 Points</b>	<b>4 Points</b>	<b>2 Points</b>	<b>0 Points</b>
Criterion 1	6			
Criterion 2		4		
Criterion 3	6			
<b>Total Score</b>	16/18			
<b>Score Interpretation</b>	6 points – Maximum requirements for each criterion met 4, 2, 0 points – Deficits in requirements in specific criterion			

The rubric was designed, asking the participant to give points under each criterion when validating the visual concept map of ‘nursing’. Thereafter, the points from the different criteria would be added to obtain a total score out of 18 points. A total rating score of 18 points would indicate that the participant totally approved and agreed that the concept map met the maximum requirements for each specific criterion. A total score of less than 18 points would indicate that the concept map of nursing had some deficits in terms of meeting certain requirements and amendments to the map must occur to improve the rating.

The researcher viewed all the points given by each participant, for all three criteria, added them together, and a total rating score out of 18 was calculated. The total score out of 18 indicated the final rating given by an individual participant after validating the concept map of ‘nursing’ during round 1 of the process. The final rating score would indicate whether consensus was reached between participants. Consensus would have been reached if 75% of the participants provided a final rating score of 18 out of 18 points.

## **5.6 VALIDATION PROCESS**

The recruitment letter with the link to access the assessment rubric and the visual concept map was distributed via the heads of departments of the schools of nursing of the universities to the nurse educators belonging to their universities and as members of STTI. The findings were analysed, taking into consideration that consensus is reached when 75% agreement is met between participants, whereby 75% of the participants obtain a score of 18 out of 18, as per Table 5.3. The comments and suggestions were incorporated, and a new version of the visual concept map was prepared for distribution and validation. This process continued until 75% agreement could be reached between participants in the next round of the validation process.

## **5.7 FINDINGS: ROUND 1**

The demographic results from the seven participants and the validation results of the visual concept map (using the validation rubric) are described next.

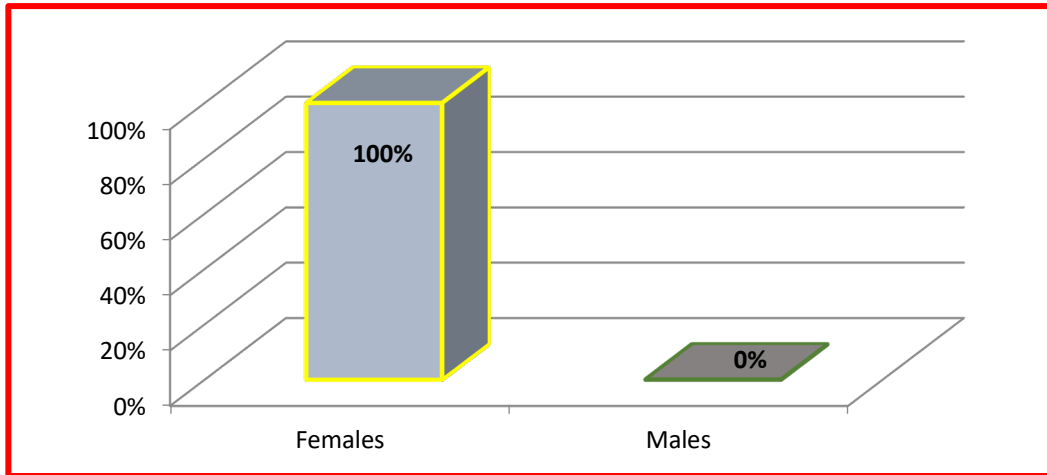
### **5.7.1 Demographic results**

The demographic data were obtained to provide a brief background of the participants of the validation process. The results of the demographic data are discussed next.

#### **5.7.1.1 Gender (N=7)**

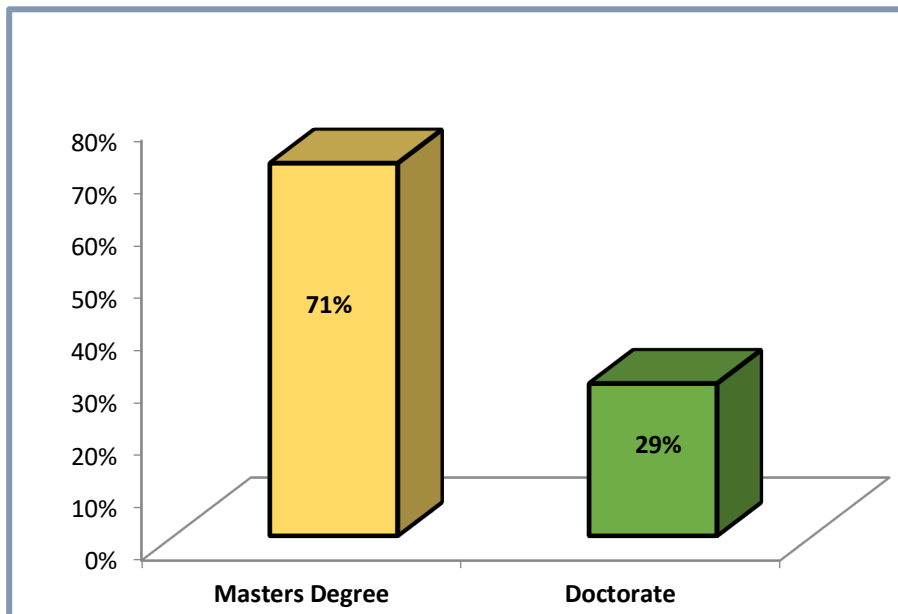
All panellists (N=7, f=100%) were female (see Figure 5.2). This is likely because, in South African and many other countries, nursing remains a female-dominated profession (Buthelezi, Fakude, Martin & Daniels 2015:1). Over the last 20 years, more men have started pursuing careers in nursing, but they remain a minority in the nursing workforce (Ndou & Moloko-Phiri 2018:1).





**Figure 5.2: Gender**

**5.7.1.2 Highest qualification in nursing (N=7)**



**Figure 5.3: Highest qualification in nursing (N=7)**

As illustrated in Figure 5.3, five panellists (f=71%) had a master’s degree, and two panellists (f=29%) were in possession of a doctorate in nursing. All panellists had postgraduate degrees. This finding is indicative of the advanced knowledge of the named subject (Biggam 2015:13), thus the panellists had the expertise to validate the concept map.

### 5.7.1.3 Main responsibility at the employed institution (N=7)

Each panellist indicated their main area of responsibility in their institution at the time of data collection. Panellists were involved in lecturing to students, co-ordinating and managing student activities, and curriculum development. The panellists were involved in student activities and engaged with students, to whom they teach the concept of nursing. Thus, the panellists were the appropriate experts to validate the concept map of nursing. De Boer, du Toit, Scheepers and Bothma (2013:xxi) indicate that lecturers' responsibilities involve facilitating learning, curriculum development and assessment, thus facilitating students' learning and understanding of concepts.

### 5.7.1.4 Lecturer level (N=7)

The illustration in Figure 5.4 denotes the panellists' lecturer level. There were two panellists (f=29%) who were first-year lecturers, two panellists (f=29%) were second-year lecturers, one panellist (f=14%) was a third-year lecturer, one panellist (f=14%) lectured undergraduate students, and one (f=14%) panellist lectured postgraduates. It was apparent that the panellists were engaging with students from the first year of training to post basic programmes. Thus, they had a broad spectrum of experience in teaching different levels of students and were suited to validate the concept map of 'nursing'.

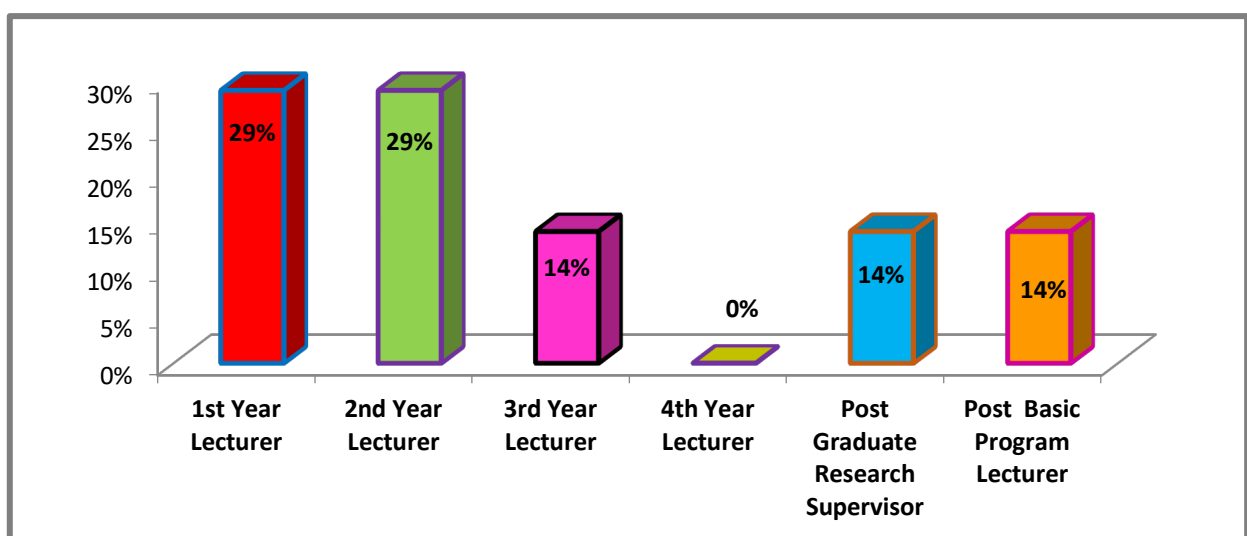
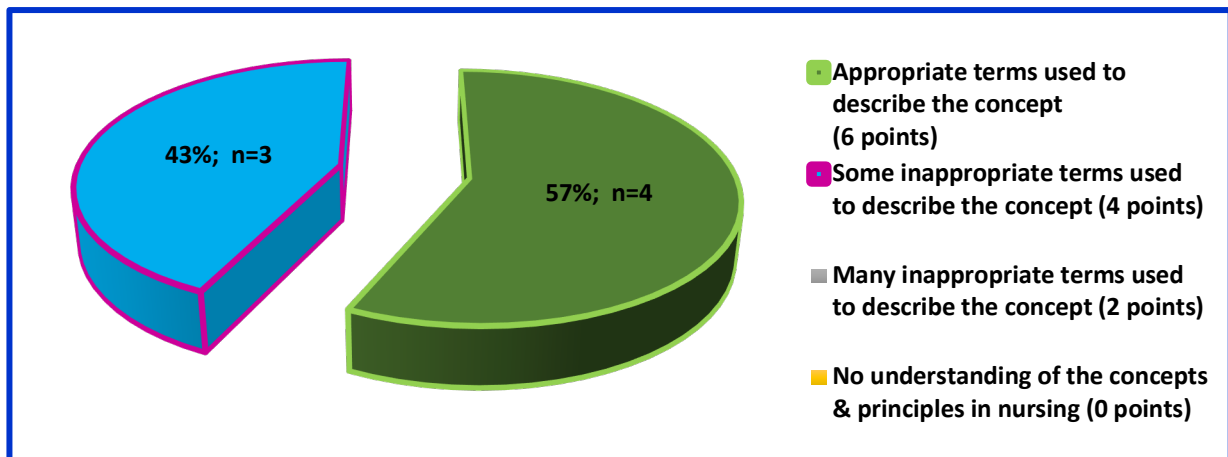


Figure 5.4: Lecturer level (N=7)

### 5.7.2 Criterion 1 - Concepts and terminology

As illustrated in Figure 5.5, four panellists (f=57%) rated this criterion with 6 points, three panellists (f=43%) rated 4 points, and zero panellists rated the criterion with 2 or 0 points, as per the assessment rubric (see Annexure 8).



**Figure 5.5: Criterion 1 - Concepts and terminology**

The panellists, who indicated that some inappropriate terms were used to describe the concept of nursing, highlighted the uncertainty of the word “dynamism”.

*“Not sure about the concept dynamism”*

It was also noted that the behaviour aspect was deficient.

*“On the behaviour aspect add the two concepts of self-concept and emotional labour”*

Panellists expressed concern about the psychomotor skills aspect not being adequately addressed.

*“Also wondering about psychomotor skills component as nursing has a strong clinical aspect usually part of the knowledge, practices and attitude algorithm”*

*“The psychomotor aspect of nursing practice is not clearly highlighted when regarding the dimensions of health, unless it is clearly indicated that it overlaps or are integrated with all or some of three main aspects”*

The affective component in the concept map of ‘nursing’ highlighted the area of meeting needs; however, one panellist indicated that meeting needs should also be emphasised in the social and cognitive components of the concept map as it is fundamental to nursing.

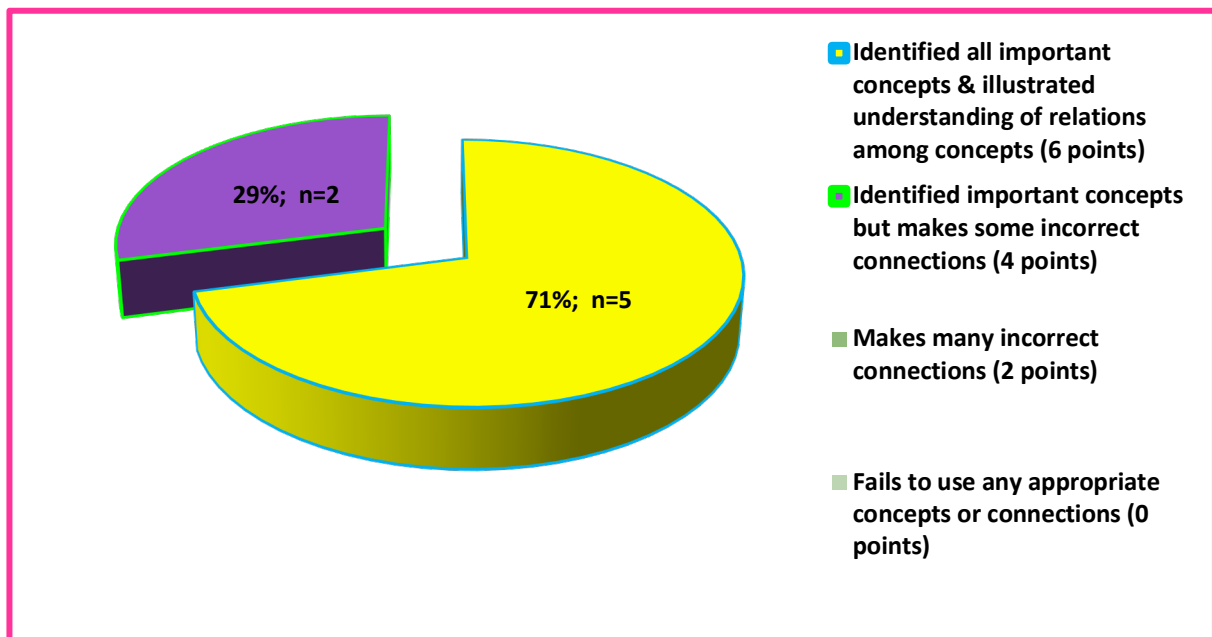
*“Meeting the needs is very broad and is that part of only the affective aspect, to me it is the almost a circle around nursing as it is the basis of the profession- nursing exists as a response to the need of human beings”*

The ethical code of conduct was another area, according to a panellist, that was incomplete in the concept map.

*“What about ethical code of conduct? - Again this is an integral part of nursing to do good, not to harm is a main part of what makes nursing, nursing”*

### **5.7.3 Criterion 2 – Knowledge of relationships among concepts**

There were five panellists (f=71%) who rated this criterion with 6 points, two panellists (f=29%) rated 4 points, and zero panellists rated 2 points or 0 points, as illustrated in Figure 5.6.



**Figure 5.6: Criterion 2 - Knowledge of relationships among concepts**

A few panellists (n=2; f=29%) indicated that there were some incorrect connections among the concepts in the concept map. The researcher read the comments several times and used content analysis to examine the noticeable content from the participants' narrative data. This reflected what the participant was literally saying (Allen 2017:243).

Panellists expressed that self-concept and emotional labour had to be part of the concept map in order to enhance the meaning of the map:

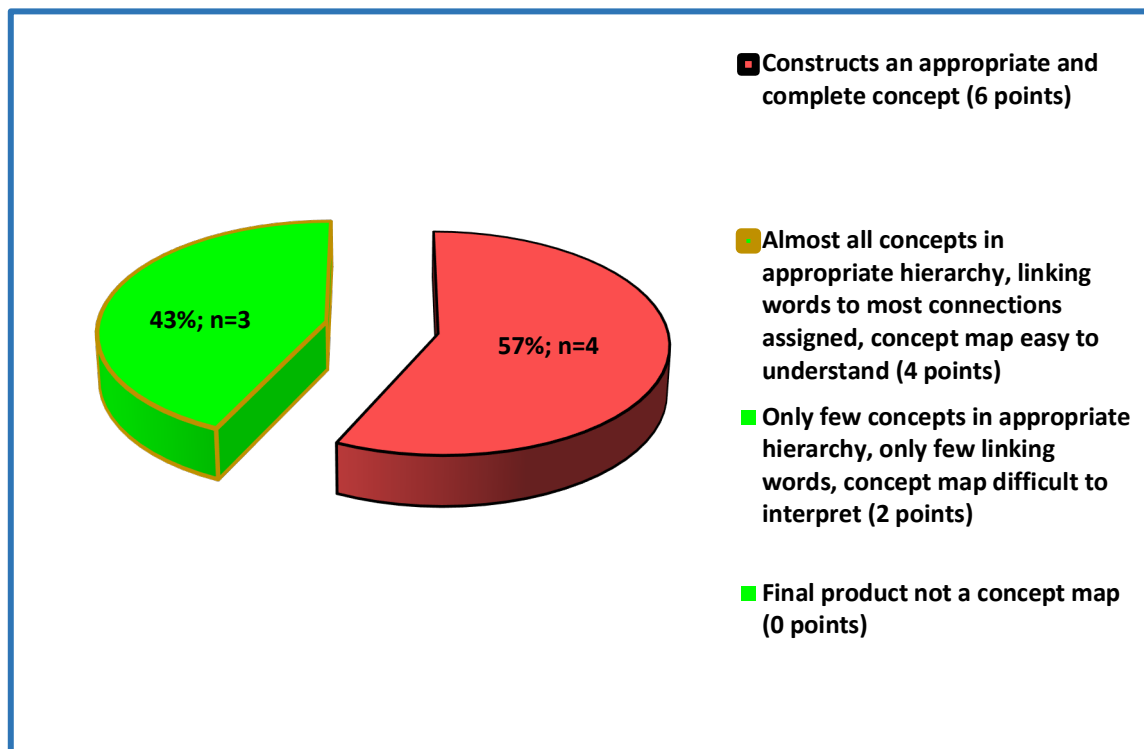
*"The addition of self-concept and emotional labour would improve the meaning."*

The social aspect in the map was, according to a panellist, insufficient.

*"Social aspects in my view should be more than just collaboration- unless collaboration is further broken down to include...etc."*

### 5.7.4 Criterion 3 – Ability to communicate through the concept map

In Figure 5.7 it is illustrated that four of the panellists (f=57%) rated this criterion with 6 points, three panellists (f=43%) provided a rating of 4 points, and none of the panellists rated the criterion with 2 or 0 points.



**Figure 5.7: Criterion 3 – Ability to communicate through the concept map**

Those participants who rated this criterion 4 points provided the following information:

*“The addition of self-concept and emotional labour would improve the meaning.”*

*“Not sure about the concept dynamism. Also wondering about psychomotor skills component as nursing has a strong clinical aspect usually part of the knowledge, practices and attitude algorithm. Meeting the needs is very broad and is that part of only the affective aspect, to me it is the almost a circle around nursing as it is the basis of the profession- nursing exists as a response to the need of human beings. What about ethical code of conduct? - Again this is an integral part of nursing to do good, not to harm is a main part of what makes nursing, nursing.”*

*“Consider my overall view of nursing and my frame of reference about nursing – there are gaps if I compare this map to what currently exists. I am not sure if nursing comprises these 3 aspects alone, otherwise if this is the new proposed concept map for nursing then the links for the cognitive and affective aspects are clear but lack the social aspect”*

The qualitative data from participants were considered and analysed qualitatively. The researcher adopted the guidelines by Tesch (1992:142-145) to code and analyse the qualitative data provided by the participants. The guidelines for this type of analysis are:

Get a sense of the whole by reading carefully through all the data. Write topics in the margin of the document. Make a list of all the topics, one column per data document, placing all the columns on the same sheet. Compare all the topics and group similar topics together. Write these groups in columns, perhaps with headings that represent the major topics, the unique topics and leftovers. Abbreviate these topics as codes. Be open for new categories and codes that may emerge. Find the most descriptive words for the topics, which have begun to turn into categories. Try to reduce the categories by grouping those that relate to each other. Try to look for sub-categories. Make a final decision on the abbreviation of each category, ensuring that no duplication occurs. A segment of data can fit in two or three categories. Put the data belonging to each category together and perform preliminary analysis, looking at all the material in one category at a time. Each of the participants’ comments for each criterion was carefully read and re-read to obtain a sense of all the provided data. The keywords in each of the comments were extracted as they were more evident in the data that were obtained (see Table 5.4).

**Table 5.4: Analysis of participants’ qualitative data according to the three criteria**

Criteria	Direct quotes of participants’ comments	Keywords/phrases extracted
Criterion 1	<i>“Not sure about the concept dynamism”</i>	Dynamism – not sure,

Criteria	Direct quotes of participants' comments	Keywords/phrases extracted
	<p><i>“On the behaviour aspect add the two concepts of self-concept and emotional labour”</i></p> <p><i>“Also wondering about psychomotor skills component as nursing has a strong clinical aspect usually part of the knowledge, practices and attitude algorithm”</i></p> <p><i>“The psychomotor aspect of nursing practice is not clearly highlighted when regarding the dimensions of health, unless it is clearly indicated that it overlaps or are integrated with all or some of three main aspects”</i></p> <p><i>“Meeting the needs is very broad and is that part of only the affective aspect, to me it is the almost a circle around nursing as it is the basis of the profession- nursing exists as a response to the need of human beings”</i></p> <p><i>“What about ethical code of conduct? - Again this is an integral part of nursing to do</i></p>	<p>Self-concept, emotional labour</p> <p>Psychomotor skills – part of knowledge, practices and attitude</p> <p>Meeting needs – basis of profession</p> <p>Ethical code of conduct – to do good, not to harm – main part of nursing</p>



Criteria	Direct quotes of participants' comments	Keywords/phrases extracted
	<i>good, not to harm is a main part of what makes nursing, nursing"</i>	
Criterion 2	<p><i>"The addition of self-concept and emotional labour would improve the meaning."</i></p> <p><i>"Social aspects in my view should be more than just collaboration- unless collaboration is further broken down to include...etc."</i></p>	<p>Self-concept, emotional labour</p> <p>Social aspect lacking,</p> <p>Collaboration – further broken down</p>
Criterion 3	<p><i>"The addition of self-concept and emotional labour would improve the meaning."</i></p> <p><i>"Not sure about the concept dynamism. Also wondering about psychomotor skills component as nursing has a strong clinical aspect usually part of the knowledge, practices and attitude algorithm."</i></p> <p><i>"Meeting the needs is very broad and is that part of only the affective aspect, to me it is the almost a circle around nursing as it is the basis of the profession- nursing exists as a response to the need of human beings."</i></p>	<p>Self-concept, emotional labour</p> <p>Dynamism – not sure</p> <p>Meeting needs – basis of profession</p>

Criteria	Direct quotes of participants' comments	Keywords/phrases extracted
	<p><i>"What about ethical code of conduct? - Again this is an integral part of nursing to do good, not to harm is a main part of what makes nursing, nursing"</i></p> <p><i>"Consider my overall view of nursing and my frame of reference about nursing – there are gaps if I compare this map to what currently exists. I am not sure if nursing comprises these 3 aspects alone, otherwise if this is the new proposed concept map for nursing then the links for the cognitive and affective aspects are clear but lack the social aspect"</i></p>	<p>Ethical code of conduct – to do good, not to harm – main part of nursing</p> <p>Social aspect lacking</p>

The extracted keywords formed the sub-categories. The sub-categories were then analysed together to develop the categories. The most descriptive words were chosen to identify the categories (see Table 5.5), which were ultimately merged to formulate the themes, namely 'affective', 'cognitive', 'social' and 'behaviour'.

**Table 5.5: Qualitative data coding according to the three criteria**

Criterion	Initial Data from Phase 1 and Phase 2	SUB-CATEGORIES (“DIRECT QUOTES”)	CATEGORIES	THEMES
1		<p><i>“The addition of self-concept and emotional labour would improve the meaning.”</i></p> <p><i>“On the behaviour aspect add the two concepts of self-concept and emotional labour”</i></p>	<p>Self-concept</p> <p>Emotional labour</p>	<p>Social and behaviour</p> <p>Affective</p>
2	<p><i>“Nursing is a dynamic concept of care characterized by nurturing, consultation and feedback, though continuous in nature till the end of life for the care user”</i></p> <p><i>“Missing is dynamic”</i></p> <p><i>“Nursing is a dynamic activity and therefore constantly developing to meet the needs of people”</i></p> <p><i>“Nursing is a caring profession for the sick, injured and those in need of physical, psychological, and emotional needs till to the last office”</i></p> <p><i>“Taking care of sick</i></p>	<p><i>“Not sure about the concept dynamism.”</i></p> <p><i>“Psychomotor aspects of nursing practice is not clearly highlighted when regarding the dimensions of health, unless it is clearly indicated that it overlaps or are integrated with all or some of three main aspects”</i></p> <p><i>“Meeting the needs is very broad and is that part of only the affective aspect, to me it is the almost a circle around nursing as it is the basis of the profession- nursing exists as a response to the need</i></p>	<p>Dynamism – constantly developing</p> <p>Psychomotor skills- part of knowledge and skills practices</p> <p>Meeting needs</p>	<p>Cognitive</p> <p>Affective, cognitive, social and behaviour</p> <p>Affective, cognitive, social and behaviour</p>

Criterion	Initial Data from Phase 1 and Phase 2	SUB-CATEGORIES ("DIRECT QUOTES")	CATEGORIES	THEMES
	<p><i>people emotional and their spiritual needs"</i></p> <p><i>"Nursing is about caring of people in need of assistance with meeting their health care needs"</i></p> <p><i>"Assessment of the patient's emotional &amp; physical needs"</i></p> <p><i>"To provide basic care to a patient in order to meet his needs"</i></p> <p><i>"Concept of nursing exists out of different elements. They include: Nursing Ethics"</i></p> <p><i>"Nursing is a caring profession and also a professional job that requires ethics to do your utmost best"</i></p>	<p><i>of human beings."</i></p> <p><i>"What about ethical code of conduct? - Again this is an integral part of nursing to do good, not to harm is a main part of what makes nursing, nursing".</i></p>	<p>Ethical code of conduct</p>	<p>Social and behaviour</p>
3	<p><i>"A scientific approach to the holistic care of a person with an illness or health problem, in conjunction with the other members of the health team. To communicate and collaborate with each member for the best health, physical and mental, care of an</i></p>	<p><i>"Consider my overall view of nursing and my frame of reference about nursing – there are gaps if I compare this map to what currently exists. I am not sure if nursing comprises these 3 aspects alone, otherwise if this is the new proposed concept map for nursing then the links for the cognitive and affective</i></p>	<p>Collaboration – teamwork</p>	<p>Social and behaviour</p>

Criterion	Initial Data from Phase 1 and Phase 2	SUB-CATEGORIES (“DIRECT QUOTES”)	CATEGORIES	THEMES
	<p><i>individual in need”</i></p> <p><i>“Concept of nursing exists out of different elements. They include: Team Nursing”</i></p>	<p><i>aspects are clear but lack the social aspect”</i></p> <p><i>“Social aspects in my view should be more than just collaboration- unless collaboration is further broken down to include...etc.”</i></p>		

After careful consideration of the participants’ input, the researcher reverted to the initial data that were collected during Phases 1 and 2 of the study to improve the concept map. The data were read and re-read, and the following areas were addressed:

The word ‘dynamism’ was further sub-categorised with the words ‘constantly developing’, extracted from the initial data (see Table 3.2), to provide a clearer understanding.

In terms of the psychomotor aspects of nursing practice, these are integrated within the affective, cognitive and social facets and therefore not shown separately (see Heading 4.9). Since it is integrated, it addresses all the dimensions of health, namely the physical, mental, emotional, spiritual, and social dimensions.

A code of ethics is a statement about expected standards of behaviour, used to guide ethically sound professional nursing conduct and practice (Koutoukidis *et al.* 2017:149). Nursing is also a social practice, and its ethics are founded in social concerns with deep connections to social ethics (Lipscomb 2017: 54). Therefore, the researcher linked the ethical code of conduct to the social and behavioural aspects in the concept map.

Recognising and addressing the social, emotional and educational needs of patients, as well as their physical needs, are important (Odom-Forren 2013:647). Thus, 'meeting needs' was included in the cognitive and social aspects of the concept map to facilitate exposure to these aspects and enhance understanding of the concept 'nursing'.

The collected data related to the term 'collaboration' (see Annexure 19, No. 110) were reviewed and the sub-heading 'teamwork' was derived and added. This sub-heading provided more substance to the term 'collaboration' in the concept map of nursing, and minimised the term 'collaboration' further to provide a clearer understanding of how it fits into the social and behavioural aspect of the concept 'nursing' (see Table 5.5).

Emotional labour and self-concept were not initially provided in the data collected during Phase 1 and Phase 2 of the data collection process. However, the researcher found it interesting that during round 1 of the validation process, these vital aspects were revealed. As a result, these important terms formed a significant link and were thus included as part of the concept map of nursing, as discussed next.

Hochschild (2012:x, xii) mentions that emotional labour requires managing a wide range of feelings. Aspects or activities that constitute emotional labour include encouraging a patient to eat, listening to a patient's story, or helping a patient bathe. In service occupations, like nursing, work is considered emotional labour, whereby workers need to control their feeling in undertaking their functions and responsibilities (Clarke, Broussine & Watts 2015:15). Nurses are constantly dealing with different patients, with different conditions, problems and needs, and they must therefore constantly control their emotions while performing their duties, despite being personally and emotionally affected by these daily activities. Emotional labour is related to 'feelings', and was thus linked to the affective aspect of the concept map.

The researcher considered including 'self-concept' in the concept map. Potter *et al.* (2018:624) indicate that 'self-concept' includes a complex mixture of beliefs, opinions and attitudes, and influences the way in which you care for others. It is the basis for

all motivated behaviour. In view of this, 'self-concept' was linked to the social and behavioural aspect to provide more meaning to the concept map.

### 5.7.5 Final score – Round 1

The final rating score for each participant was annotated, using the format highlighted in Table 5.3. The illustration in Table 5.6 presents the final score given by each participant after assessing the concept map according to the specified criteria.

**Table 5.6: Final rating and total score of all participants – Round 1**

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7
<b>Criteria 1</b>	6	6	6	4	4	4	6
<b>Criteria 2</b>	6	6	6	4	6	4	6
<b>Criteria 3</b>	6	6	6	4	4	4	6
<b>Total Score</b>	18/18	18/18	18/18	16/18	14/16	16/18	18/18

The total score for all the criteria was 18 points. It was evident that four participants (N=4, f=57%) provided a total score of 18 points, indicating that they fully approved and agreed that the concept map met the maximum requirements for each specific criterion. The remaining participants (N=2, f=29%) provided a total score of 16 points, and one participant (N=1, f=14%) provided a total score of 14 points, thus indicating that the concept map of nursing had some shortfalls in terms of meeting certain requirements for some of the criteria.

In round 1 of the process, a 75% consensus was not reached between the participating panellists for criteria 1, 2 and 3 of the concept map of nursing (see Figures 5.4, 5.5, 5.6). The participants provided valuable input, and all their data were considered, analysed, and the visual concept map was amended after consultation with the research supervisors. The revised document was re-sent to the participants for validation in round 2 of the process. The draft second round visual

concept map (see Figure 5.8) and assessment rubric for criteria 1, 2 and 3 (see Table 5.2) was emailed to the panellists for validation. The second draft of the visual concept map of nursing, for round 2 of the validation process, has the amendments highlighted in pink blocks to clearly reflect the changes that were made after round 1 of the validation was completed (see Figure 5.8).

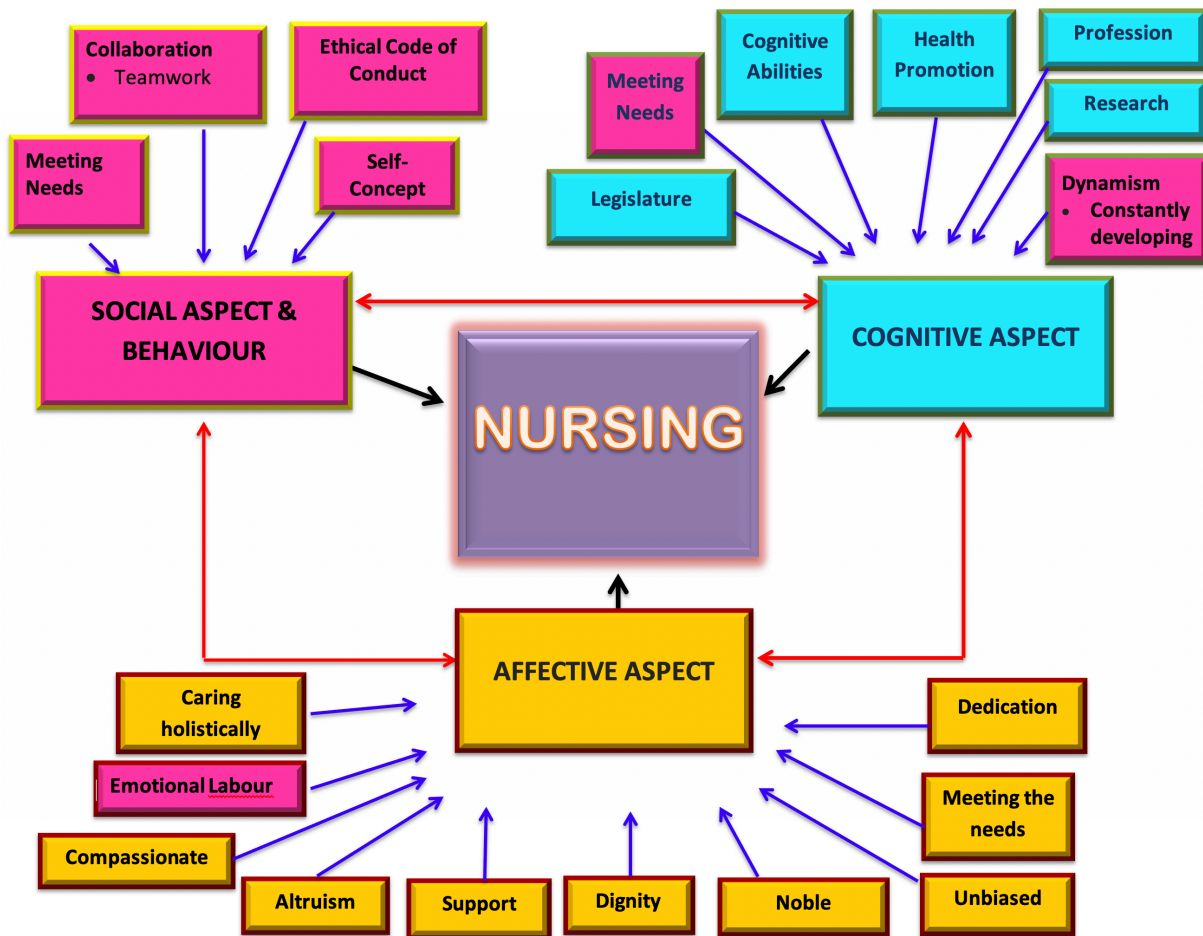


Figure 5.8: Draft second round visual concept map

## 5.8 FINDINGS: ROUND 2

All the comments and suggestions which were indicated in round 1 were considered for the new visual concept map. The revised concept map (see Figure 5.8) was circulated to the same seven panellists who participated in round 1, between 3 February 2020 and 21 February 2020. The panellists were given two weeks to respond, thereafter a reminder email (see Annexure 15) was sent as a follow-up to

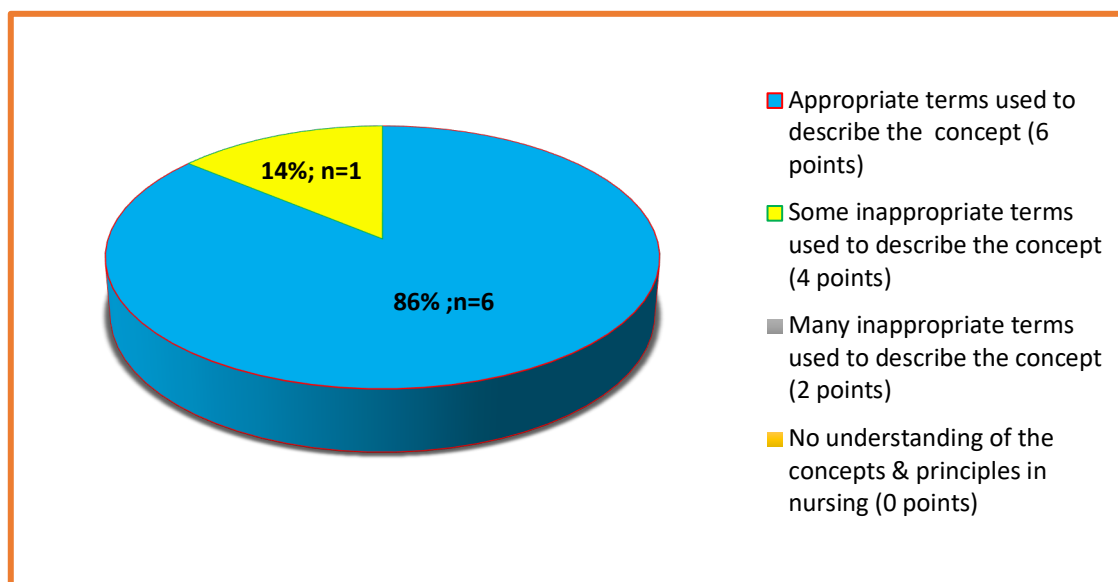


those who did not respond to the second round of the validation process. Four panellists initially responded and completed the assessment rubric for round 2. The remaining three panellists responded after the first reminder email was sent; thus, a 100% response rate was achieved. Data collection for round 2 of the validation process was completed by 21 February 2020. All panellists who participated in round 2 of the process and provided their input were sent a thank you email for their prompt response and participation (see Annexure 13).

The same process of data analysis performed in round 1 was followed, and the findings were as follows:

### 5.8.1 Criterion 1 - Concepts and terminology

As illustrated in Figure 5.9, six panellists (f=86%) rated this criterion with 6 points, one panellist (f=14%) with 4 points, and zero panellists rated the criterion with 2 or 0 points as per the assessment rubric (see Annexure 8).



**Figure 5.9: Criterion 1 - Concepts and terminology (N=7)**

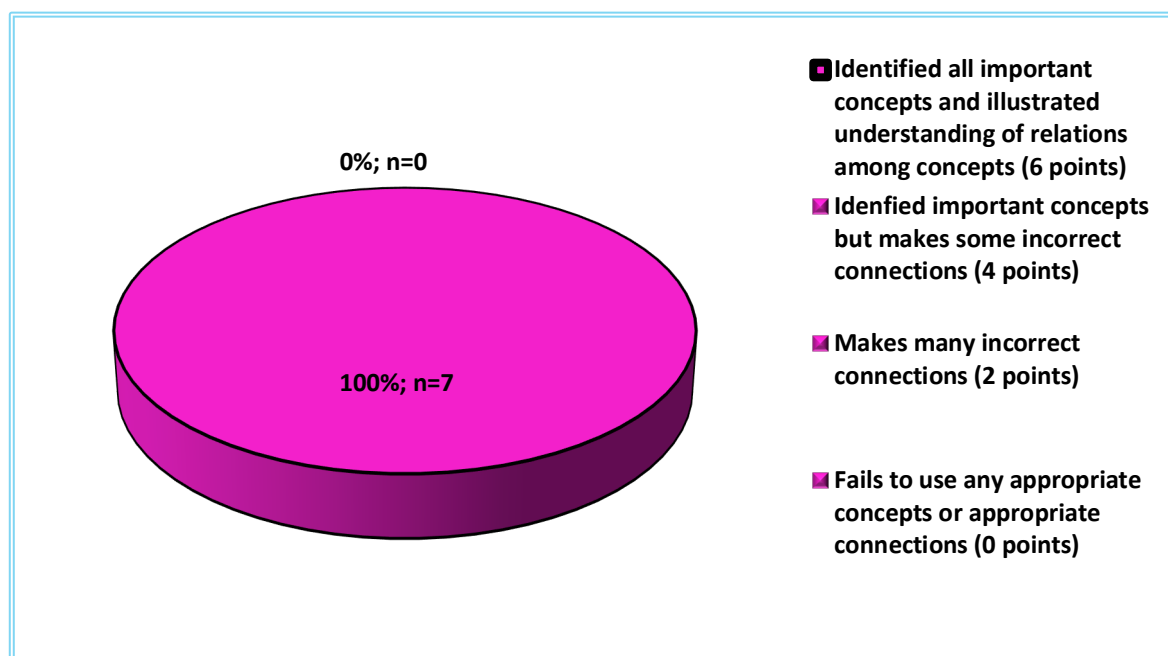
The panellist who provided a rating of 4 points for this criterion indicated the following:

*“Perhaps it should be: Meeting the care needs, it is a bit more specific to nursing as meeting needs could be referred to the need for work or a house for example, adding the word care could be more specific to the nurse who cares for a patient.”*

The other six panellists provided a rating of 6 points, thus reflecting their agreement that appropriate terms were used to describe the concept map.

### 5.8.2 Criterion 2 – Knowledge of relationships among concepts

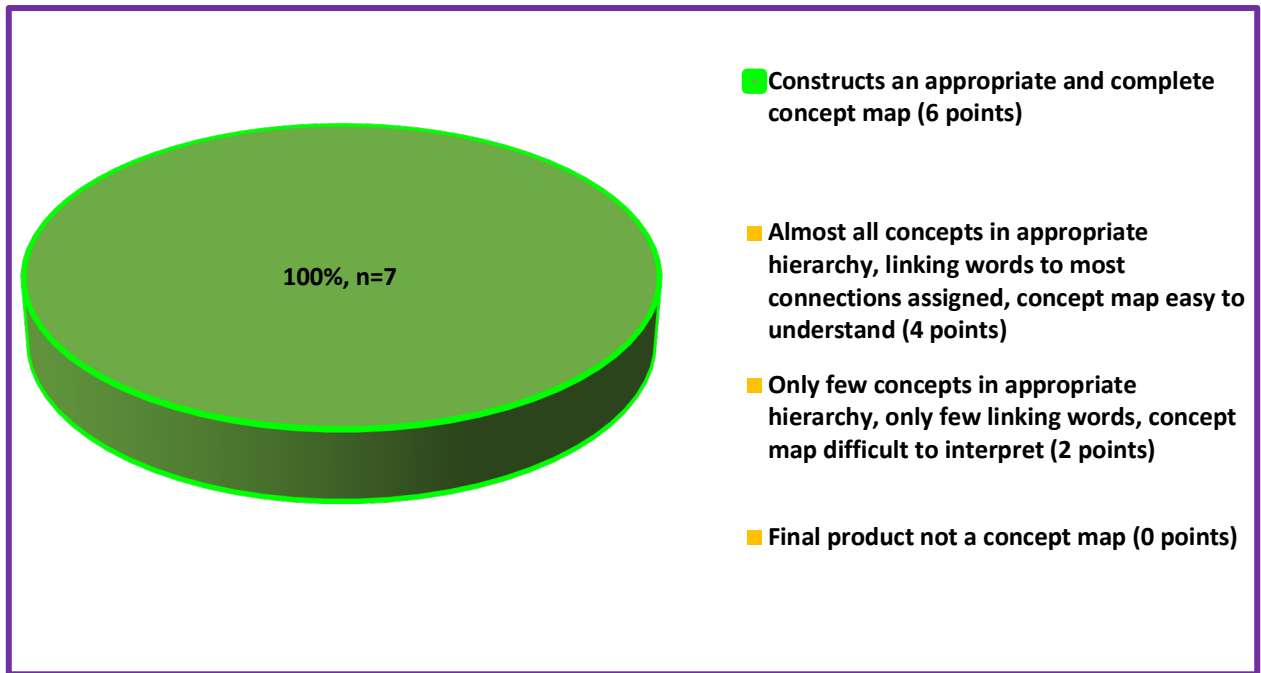
All seven panellists (f=100%) rated this criterion with 6 points, thus 100% consensus was reached, as illustrated in Figure 5.10.



**Figure 5.10: Criterion 2 - Knowledge of relationships among concepts**

### 5.8.3 Criterion 3 – Ability to communicating through the concept map

In Figure 5.11, it is illustrated that seven of the panellists (f=100%) rated this criterion with 6 points, indicating that 100% consensus had been reached.



**Figure 5.11: Criterion 3 – Ability to communicating through the concept map**

All panellists agreed that the concept map of nursing was able to communicate the concept of nursing.

In criterion 1, the consensus reached among the panellists was 86%. There was 100% consensus reached by all panellists for criteria 2 and 3.

The narrative comment received from the one panellist, regarding criterion 1, was reviewed and qualitatively analysed using the adopted guidelines of Tesch (1992:142-145). The comment was read carefully and re-read by the researcher to attain a sense of the complete data provided. The keywords from the narrative comment were extracted as it was more distinct in the panellist’s comment (see Table 5.7).

**Table 5.7: Analysis of participant’s narrative comment according to criterion one**

Criteria	Direct quotes of participant’s comments	Keywords/phrases extracted
Criterion 1	<i>“Perhaps it should be: Meeting the care needs, it is a bit more specific to nursing as meeting needs could be referred to the need for work or a house for example, adding the word care could be more specific to the nurse who cares for a patient”</i>	Meeting the care needs
Criterion 2 and Criterion 3	There were no narrative comments received from panellists for criterion 1 and criterion 2 as all panellists reached 100% consensus for these criteria	

During the coding of the qualitative data for criterion 1, the panellist’s narrative comment was directly quoted and formed the sub-category. This comment was carefully read and re-read, and the most descriptive words, “meeting care needs”, were extracted to form the category (see Table 5.8). Finally, the category was merged to create themes, namely; affective, cognitive, social and behaviour.

**Table 5.8: Qualitative data coding according to criterion 1**

CRITERION	SUB-CATEGORY (“DIRECT QUOTES”)	CATEGORY	THEMES
Criteria 1	<i>“Perhaps it should be: Meeting the care needs, it is a bit more specific to nursing as meeting needs could be referred to the need for work or a house for example, adding the word care could be more specific to the nurse who cares for a patient”</i>	Meeting care needs	Affective, cognitive, social and behaviour

The researcher considered adding the word “care” to “meeting needs”; nursing means providing care to meet the needs of patients or clients. Potter *et al.* (2017:8)

highlight that nurses provide care and comfort for patients in all healthcare settings. Their concern with meeting patients' needs remains the same whether care focuses on health promotion and illness prevention, disease and symptom management, family support or end-of-life care.

#### 5.8.4 Final score – Round 2

The final rating score for each participant was annotated, using the format highlighted in Table 5.3. In Table 5.9, the final score given by each participant is reflected after assessing the concept map of nursing according to the specified criteria.

**Table 5.9: Final rating and total score of all participants – Round 2**

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7
<b>Criteria 1</b>	6	6	6	6	6	4	6
<b>Criteria 2</b>	6	6	6	6	6	6	6
<b>Criteria 3</b>	6	6	6	6	6	6	6
<b>Total Score</b>	<b>18/18</b>	<b>18/18</b>	<b>18/18</b>	<b>18/18</b>	<b>18/18</b>	<b>16/18</b>	<b>18/18</b>

The total score for all the criteria was 18 points. Six of the panellists (N=6, f=86%) provided a total score of 18 points, indicating that they agreed that the revised concept map met the maximum requirements for each specific criterion. One panellist (N=1; f=14%) provided a total score of 16 points, indicating that the revised concept map of nursing had some deficit in terms of meeting certain requirements for a criterion. This panellist provided input related to the category “meeting needs”. This feedback was carefully considered and, together with consultation with the research supervisors, the researcher made the amendment to the visual concept map of nursing for the final time (see Figure 5.12).

As indicated earlier in this chapter, consensus would have been reached if 75% of the participants provided a final rating score of 18 out of 18 points. Despite initially

indicating that there would be three rounds of the validation process, after round 2 of the process, 86% of the panellists provided a final rating score of 18 out of 18 points, signifying that consensus between panellists had been reached in verifying the concept map. There was no further need to progress to round 3 of the validation process.

## 5.9 FINAL VALIDATED CONCEPT MAP

The final concept map of nursing (see Figure 5.12) was accepted after the validation was completed, and 86% consensus between panellists was reached.

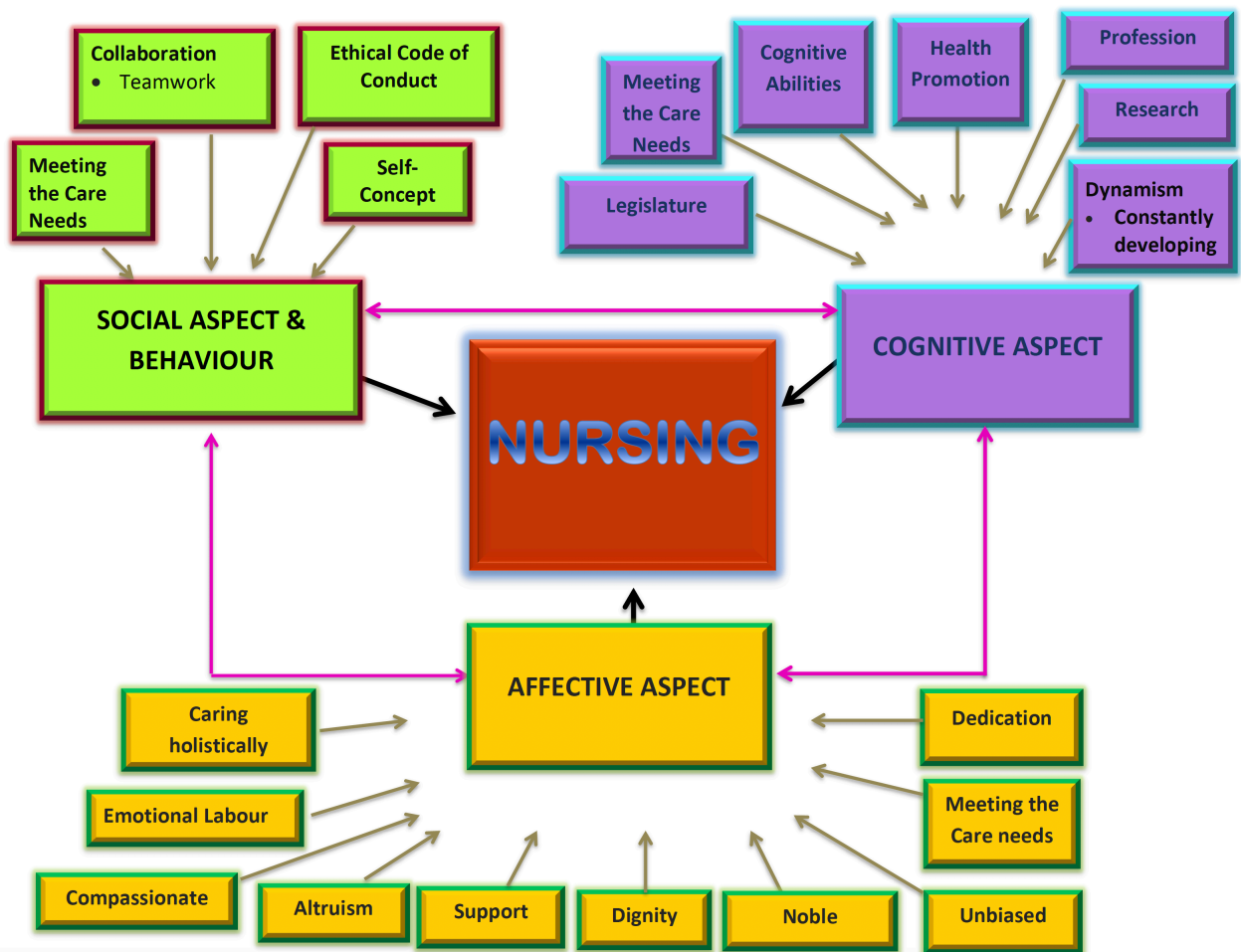


Figure 5.12: Final validated concept map of the concept of nursing

This concept map would be beneficial for nurse educators to utilise in teaching the meaning of the concept 'nursing' to student nurses, to ensure that student nurses have a similar understanding of the meaning of 'nursing'.

## **5.10 CONCLUSION**

The focus of validating the concept map of nursing was achieved during Phase 4's data collection when panellists provided their valuable contributions to enhance the visual concept map through their expertise in the field of nursing education. The careful analysis of the data resulted in a final validated concept of nursing, which is now available to be used as a tool to teach the concept of nursing to student nurses.

# CHAPTER 6

## CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

### 6.1 INTRODUCTION

Chapter 6 presents the conclusions, limitations and recommendations related to the analysed data collected as illustrated in Figure 6.1.

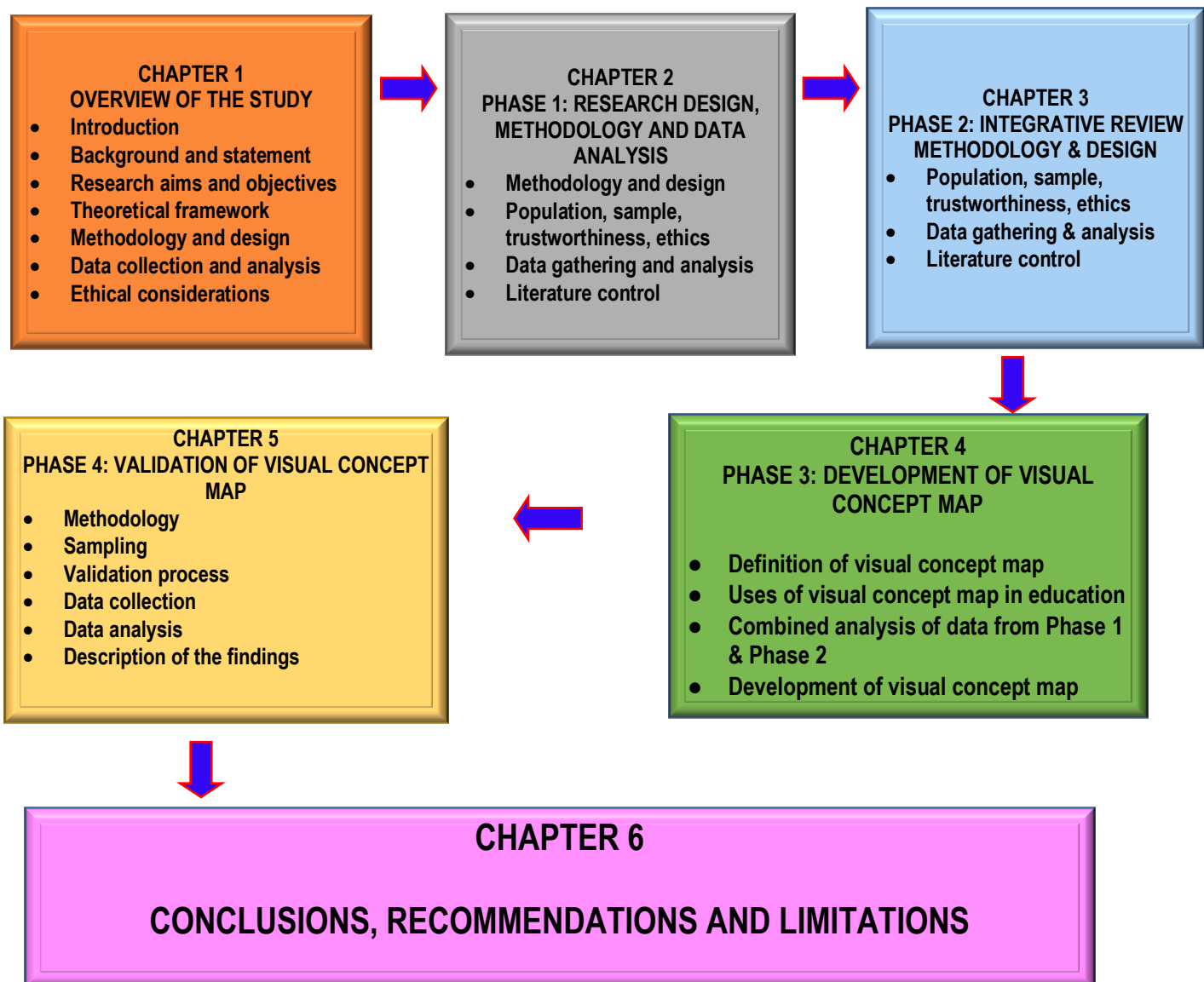


Figure 6.1: Presentation of the flow of the thesis



## 6.2 CONCLUSIONS

The purpose of this study was to develop a visual concept map that could assist nurse educators in explaining the concept 'nursing' so that students have a similar understanding, meaning and interpretation thereof.

The conclusion focused on a summary of the main findings of the four phases of this study, as illustrated in Figure 6.1.

### **6.2.1 Objective 1: Explore and explain the meaning and interpretation of the definition of 'nursing' from different categories of nurses registered with SANC and as members of the DENOSA**

An online open-ended questionnaire was used to gather data. Different categories of nurses contributed valuable narrative data (see Annexure 19 – question 6), which were thematically analysed, and provided direction to the development of the visual concept map of nursing. The quantification of keywords extracted from the definitions provided by the nurses emphasised certain words were used more often in the definitions of the concept 'nursing' over others that were used less often (see Table 2.2). The definitions that were provided were compared to the SANC definition of the concept, and similarities and differences were noted. It was evident from the thematic analysis that various categories of nurses expressed their understanding of the definition of 'nursing' differently (see Table 2.3).

All the data analysed in this phase contributed to the development of the concept map of nursing (see Figure 5.12). Findings in this phase highlighted the various strategies that may be implemented to teach the concept of nursing to new students, namely role-modelling, repetition, scenarios, simulation, role-play, guest lecturers, visual aids and constant enforcement (see Table 2.5).

### **6.2.2 Objective 2: Analyse the definitions of the concept ‘nursing’ as described in the literature**

An integrative review of relevant literature and documentation, from 2006 to 2016, was conducted. Qualitative content analysis, thematic analysis, and deductive and inductive reasoning strategies contributed to the management and analysis of the data, aiming to achieve Objective 2.

The integrative review of theoretical and empirical literature containing the definition of ‘nursing’ employed the steps dictated by Whittemore and Knafl (2005:550-551), Walker and Avant (2011:160-170). The analysis of the data also exposed words used more often in the definitions to those not so commonly used (see Table 3.3). The concept of nursing was connotatively defined following inductive and deductive reasoning methods (see Heading 3.7.4), and it was denotatively defined with the use of empirical referents (see Heading 3.7.10). The empirical referents showed the concept of nursing in the real world. The denotative and connotative meaning of ‘nursing’ provided a richer description of the concept from the findings in this phase.

### **6.2.3 Objective 3: Develop a visual concept map that will illustrate the definition of ‘nursing’ as a tool that can be used in nursing education institutions to assist all student nurses in gaining a similar meaning and interpretation of the concept ‘nursing’**

All the collected data were used to develop a visual concept map of nursing using the steps indicated by Novak and Canas (2006:1-2). The visual concept map was validated by seven expert nurse educators inaugurated in STTI, Africa Region Chapters. The developed visual concept map that illustrates the definition of nursing is now available to teach the concept to student nurses.

As mentioned, the process described by Novak and Canas (2006:1-2) guided the development of the visual concept map. A spider map style was used to arrange the data obtained from Phase 1 and Phase 2 to visually illustrate the concept map (see Figure 4.3).

In the last phase of the study (Phase 4), the developed visual concept map was validated using an assessment rubric (see Table 5.2) that was adapted from Bartel's (1995:545) scoring rubric. The seven nurse educators who were identified, validated the visual concept map of nursing. Only two rounds of the e-Delphi technique were needed before 86% consensus was reached that the visual concept map could be used as a tool to teach the concept of nursing to student nurses in nursing education institutions (See Figure 5.12).

### **6.3 CONTRIBUTION OF THE STUDY**

The study contributed to the existing body of knowledge by presenting a visual concept map that can be utilised as a tool to assist nurse educators. The concept map gives insight into what nursing is and projects the meaning of nursing to be similarly understood and interpreted by student nurses. The intended interpretation of the definition of nursing, outlined by the concept map, affords the opportunity for nurses to apply and practice the contents of the concept map in the real world. The formulation of a denotative and connotative definition of the concept 'nursing' and the empirical referents provided a refined meaning of the concept and promoted an easy understanding of the definition.

The nurse educator can thus use the concept map to express how the meaning of the concept 'nursing' has been established, discussing the key attributes and linking it to the different aspects and showing the inter-relationships of the different aspects to each other and the concept 'nursing'. Nurse educators can use parts of the concept map when planning assignments and tests. Questions can be formulated related to the key attributes of nursing or the various aspects, namely cognitive, affective or social and behavioural aspects.

### **6.4 RECOMMENDATIONS**

The recommendations are described as they pertain to nursing practice, nursing education and future research.

#### **6.4.1 Recommendations for nursing practice**

The clinical preceptor plays a pivotal role in integrating theoretical and clinical nursing knowledge when they are involved in student nurses' training (Phuma-Ngaiyaye, Bvumbwe & Chipeta 2017:167). It is therefore vital that the developed concept map of nursing must be shared with as many preceptors as possible.

The concept map must be readily available to be accessed and referenced when teaching students in the clinical environment. The researcher will therefore formulate a pre-recorded guideline on the use of the concept map of nursing, in the form of a link address to access the pre-recorded file and provide contact details for further enquiries related to the use of the concept map. Academic institutions and heads of departments will be electronically contacted by the researcher by accessing email addresses from academic institutions' web sites. This communication will express the availability of the concept map of nursing to enhance teaching of the concept to students enrolled in nursing programmes. The concept map of nursing should be available for use by student nurses, clinical preceptors and nurse educators. A poster of the concept map, designed by the researcher (electronically and saved in a PDF format), will be made available via the web link address for training institutions to access and print if required when explaining the meaning and interpretation of the concept of nursing to student nurses.

The researcher will submit an abstract to the Nursing Education Association (NEA)/FUNDISA (Forum of University Nursing Deans of South Africa) annual conference to present a paper as an invited speaker. This conference is attended by various stakeholders involved in nursing education and nursing, nationally and internationally. The presentation may be done verbally, with the use of PowerPoint or as a poster presentation, accompanied by handouts of the concept map and clear guidelines on the use of the concept map in teaching the concept of nursing. Attendees can take the information back to their respective institutions and further disseminate the concept map of nursing and implement it during their teaching. The researcher will provide permission for an electronic copy of the presentation, via a web link address, to be made available to all interested attendees at the conference. The researcher will also ask for an opportunity to present the concept map at

FUNDISA's quarterly meeting. By using these two platforms, the research findings can be presented and shared, and the concept map can be introduced to key stakeholders at higher education and nursing institutions, including different categories of nursing personnel.

Student nurses introduced to the concept map of nursing during teaching sessions will be able to access the concept map and the guidelines explaining its use, via the web link sent to the academic institutions.

A memorandum will be developed by the researcher, explaining how to use the concept map, its application in the clinical environment and classroom, and how to access the concept map. This memorandum will be shared with academic and clinical institutions where student nurses are training and practicing.

#### **6.4.2 Recommendations for nursing education**

The purpose of the developed visual concept map of nursing was to enable nurse educators to use it as a tool or instrument when explaining the meaning and interpretation of the concept 'nursing' and to direct them to have a similar interpretation of the concept. Any tool or instrument developed as a teaching aid will only be used if educators are aware of it. Therefore, the tool must form part of the study material, and educators must be able to see the advantages thereof and find it acceptable for use.

The researcher will communicate virtually or physically with key individuals involved in curriculum development or the formulation of course study material, present the visual concept map of nursing, explain how it must be used, and engage with the curriculum team, advocating the importance and the best way for the concept map to form part of the nursing curriculum or course study material, as a tool to teach the concept of nursing. Nurse educators should be invited to a virtual presentation of the concept map, where they will obtain training on the use thereof when engaging with student nurses in the classroom. Trained nurse educators can disseminate the information on the concept map of nursing to other nursing personnel in the clinical environment, new student nurses enrolling for upcoming nursing programmes,

colleagues within the institution, and even those with whom they are in communication internationally. Networks will be established with authors and publishers of nursing books and literature to promote the use of the concept map of nursing and propose the inclusion of the concept map as part of the literature when the concept of nursing is introduced or discussed.

Images and information on the visual concept map of nursing will be shared by the researcher through other electronic platforms, and authorisation will be given for the dissemination of the data. Platforms might include Google images, where the concept map of nursing can be uploaded, or SlideShare, where concise information on the application of the concept map can be highlighted.

The researcher will apply to publish an article on the research findings in renowned scientific journals found in university libraries and other nursing education institutions. Once the article is accepted and published in the scientific journal, all interested individuals will have access to utilise the information. The thesis, after examination and approval, will be uploaded by the library on the UNISA institutional repository for access by interested individuals. Nurse educators in nursing education institutions and students registered in nursing programmes will then have access to the concept map for use in the classroom, clinical skills laboratory, and clinical learning environment.

Nursing magazines publishers, like *DENOSA – Update*, will be approached by the researcher requesting to submit an article on the research findings. If successful, many nurses will have access to the concept map of nursing and the information related to the use of the map to teach the concept 'nursing'.

### **6.4.3 Recommendations for research**

The following are recommended for further nursing research:

- Use the visual concept map of nursing as a fundamental tool to design a detailed audit tool to assess nursing practice and ascertain if nurses are demonstrating the meaning of nursing, as discussed theoretically, during their daily nursing practice.

- Explore the correlation between the theoretical meaning of the concept ‘nursing’ with nursing practice in reality.

## **6.5 LIMITATIONS**

During Phase 1 of data collection (the online questionnaire), the researcher envisioned including all nurses registered with SANC to be part of the study population. This was, however, unsuccessful despite several attempts to achieve this goal; thus, the study population for Phase 1 of data collection only included all categories of nurses registered with SANC and members of DENOSA. DENOSA was the only organisation that agreed to assist in Phase 1 of the data collection process by allowing their communications department to send the web link address to the nurses registered with them, via their social media application, to access the online questionnaire. A further contribution to this limitation was that 84 000 nurses registered with DENOSA were invited to participate, and only 415 participants responded to the online questionnaire, limiting the input of the larger population of nurses. It also took three months to obtain the data from these participants registered with DENOSA.

## **6.6 CONCLUDING REMARKS**

The concept ‘nursing’ was analysed during this study, and a validated visual concept map of nursing was developed. Concept maps can be used by teachers, students and postgraduate professionals to enable meaningful learning for themselves, their students, and their colleagues (Bradshaw & Hultquist 2017:434). The visual concept map of nursing is now available as a teaching and learning tool for implementation by all stakeholders involved in nursing education to empower nurses with knowledge and skills.

In the evolving digital era in which we are currently living, visual stimulation is a great tool to assist in the education process. Previously, written literature had to be extensively read to obtain information to enhance our knowledge and skills. Now, with the use of visual tools like concept maps, teaching and learning have moved to

a higher order of efficiency to learn and retain information and assist individuals in becoming critical thinkers.



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**Annexure 1: Ethical Clearance Certificate – UNISA Health Studies Higher Degrees Committee College of Human Sciences**



**UNIVERSITY OF SOUTH AFRICA  
Health Studies Higher Degrees Committee  
College of Human Sciences  
ETHICAL CLEARANCE CERTIFICATE**

**REC-012714-039**

**HS HDC/486/2015**

Date: 9 December 2015 Student No: 3368-875-3

Project Title: The concept nursing: A conceptual framework for teaching.

Researcher: Sundira Devi Mottian

Degree: D Litt et Phil Code: DPCHS04

Supervisor: Dr KA Maboe

Qualification: D Litt et Phil

Joint Supervisor: Prof L Roets

**DECISION OF COMMITTEE**

**Approved**

**Conditionally Approved**

**Prof L Roets  
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

**Prof MM Moleki  
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

**PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES**

## Annexure 2: Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool

Evidence Level and Quality: \_\_\_\_\_

Article Title:		Number:	
Author(s):		Publication Date:	
Journal:			
Setting:		Sample (Composition & size):	
Does this evidence address my EBP question?		<input type="checkbox"/> Yes	<input type="checkbox"/> No Do not proceed with appraisal of this evidence

### Level of Evidence (Study Design)

A. Is this a report of a single research study? *If No, go to B.*

1. Was there manipulation of an independent variable?
2. Was there a control group?
3. Were study participants randomly assigned to the intervention and control groups?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If Yes to all three, this is a Randomized Controlled Trial (RCT) or Experimental Study** →

LEVEL I

**If Yes to #1 and #2 and No to #3, OR Yes to #1 and No to #2 and #3, this is Quasi Experimental** (some degree of investigator control, some manipulation of an independent variable, lacks random assignment to groups, may have a control group) →

LEVEL II

**If No to #1, #2, and #3, this is Non-Experimental** (no manipulation of independent variable, can be descriptive, comparative, or correlational, often uses secondary data) **or Qualitative** (exploratory in nature such as interviews or focus groups, a starting point for studies for which little research currently exists, has small sample sizes, may use results to design empirical studies) →

LEVEL III

**NEXT, COMPLETE THE BOTTOM SECTION ON THE FOLLOWING PAGE, "STUDY FINDINGS THAT HELP YOU ANSWER THE EBP QUESTION"**

<p>B. Is this a summary of multiple research studies? <i>If No, go to Non-Research Evidence Appraisal Form.</i></p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>1. Does it employ a comprehensive search strategy and rigorous appraisal method (<b>Systematic Review</b>)? <i>If No, use Non-Research Evidence Appraisal Tool; if Yes:</i></p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>a. Does it combine and analyze results from the studies to generate a new statistic (effect size)? (<b>Systematic review with meta-analysis</b>)</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>b. Does it analyze and synthesize concepts from qualitative studies? (<b>Systematic review with meta-synthesis</b>)</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b><i>If Yes to either a or b, go to #2B below.</i></b></p>			
<p>2. For Systematic Reviews and Systematic Reviews with meta-analysis or meta-synthesis:</p>			
<p>a. Are all studies included RCTs? →</p>	<input type="checkbox"/> LEVEL I		
<p>b. Are the studies a combination of RCTs and quasi-experimental or quasi-experimental only? →</p>	<input type="checkbox"/> LEVEL II		
<p>c. Are the studies a combination of RCTs, quasi-experimental and non-experimental or non-experimental only? →</p>	<input type="checkbox"/> LEVEL III		
<p>d. Are any or all of the included studies qualitative? →</p>	<input type="checkbox"/> LEVEL III		
<p><b>COMPLETE THE NEXT SECTION, "STUDY FINDINGS THAT HELP YOU ANSWER THE EBP QUESTION"</b></p>			

**STUDY FINDINGS THAT HELP YOU ANSWER THE EBP QUESTION:**

**NOW COMPLETE THE FOLLOWING PAGE, "QUALITY APPRAISAL OF RESEARCH STUDIES", AND ASSIGN A QUALITY SCORE TO YOUR ARTICLE**

Quality Appraisal of Research Studies			
Does the researcher identify what is known and not known about the problem and how the study will address any gaps in knowledge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the purpose of the study clearly presented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the literature review current (most sources within last 5 years or classic)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was sample size sufficient based on study design and rationale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If there is a control group:			
o Were the characteristics and/or demographics similar in both the control and intervention groups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
o If multiple settings were used, were the settings similar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
o Were all groups equally treated except for the intervention group(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are data collection methods described clearly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were the instruments reliable (Cronbach's $\alpha$ [alpha] $\geq 0.70$ )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Was instrument validity discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
If surveys/questionnaires were used, was the response rate $\geq 25\%$ ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Were the results presented clearly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If tables were presented, was the narrative consistent with the table content?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Were study limitations identified and addressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were conclusions based on results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Quality Appraisal of Systematic Review with or without Meta-Analysis or Meta-Synthesis			
Was the purpose of the systematic review clearly stated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were reports comprehensive, with reproducible search strategy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
o Key search terms stated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
o Multiple databases searched and identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
o Inclusion and exclusion criteria stated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was there a flow diagram showing the number of studies eliminated at each level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were details of included studies presented (design, sample, methods, results, outcomes, strengths and limitations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were methods for appraising the strength of evidence (level and quality) described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were conclusions based on results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
o Results were interpreted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
o Conclusions flowed logically from the interpretation and systematic review question	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the systematic review include both a section addressing limitations and how they were addressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
QUALITY RATING BASED ON QUALITY APPRAISAL			
<b>A High quality:</b> consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence			
<b>B Good quality:</b> reasonably consistent results; sufficient sample size for the study design; some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence			
<b>C Low quality or major flaws:</b> little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn			

## Annexure 3: DENOSA- Permission to conduct research



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Registration Number:  
091-645-NPO

15 November 2017

Department of Health Studies  
PO Box 392  
UNISA  
0003

### RE: PERMISSION TO CONDUCT RESEARCH

The purpose of this letter is to grant Mrs Mottian nursing research student at the University of South Africa abbreviated as (UNISA) Student number 3368-875-3 permission to conduct research at Democratic Nursing Organisation of South Africa hereby abbreviated as DENOSA.

The research titled **THE CONCEPT OF NURSING: A CONCEPTUAL FRAMEWORK FOR TEACHING** entails questionnaire distribution to DENOSA members with the purpose of analysing the concept of nursing

Upon review of the study purpose, the management of DENOSA hereby grant permission for Mrs Mottian to conduct the research title at DENOSA.

Yours Faithfully

Kwena Manamela  
Deputy General Secretary



**Annexure 4: Assistance with phase 1 data collection – Request  
Letter to DENOSA**

The Deputy General Secretary  
Mr D.K. Manamela  
DENOSA  
Date: 24 January 2017

Dear Sir/Madam

**REQUEST: ASSISTANCE WITH DATA COLLECTION PROCESS – ONLINE  
QUESTIONNAIRE**

I, Mrs. S.D. Mottian (Student No. 33688753), am a doctoral nursing student at UNISA under the mentorship of Dr K.A Maboe and Professor L. Roets. The purpose of this study is to develop a visual concept map that could assist nurse educators in explaining the concept ‘nursing’ so that students have a similar understanding, meaning and interpretation thereof.

Ethical clearance to conduct this study was granted by the University of South Africa Health Studies Higher Degrees Committee College Of Human Sciences.

The first part of the data collection process in the study, requires nurses, belonging to different categories, to provide their definition of the concept of nursing. An online questionnaire has been designed and uploaded on SurveyMonkey. A web link address (<https://www.surveymonkey.com/r/FCFKL5Y>) has been created for the participating nurses to be able to access the online questionnaire.

I kindly request your assistance in this process. It would be appreciated if you could send the web link address via your communications data base to all nurses registered with DENOSA. The nurse’s participation in this study is voluntary and only if they want to participate they choose to click on the web link address and access the online question.

Your assistance and time to consider my request is most appreciated. The input from various South African nurses, on the concept of nursing, will contribute to increasing and providing more thorough information on the concept thus adding to nursing knowledge. The more meaningful nursing knowledge, contributes to nursing science as an entirety, including making nursing practice more meaningful.

Please feel free to contact me (lead researcher) or my thesis promoters as per the details provided below, if there are any queries or information needed.

Thank you.

Sincerely



.....  
Mrs. S.D Mottian (Researcher)

Telephone: 0847700959 or +27847700959 (International)

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## **Annexure 5: Original questionnaire: “Concept of Nursing”**

Please complete all questions as honest as possible.

### **Part A: Participants Personal Information (Demographic Profile)**

Indicate your choice by marking the appropriate selected blank block with an “X”.

#### **Q1. Gender**

Male

Female

#### **Q2. Age**

18-20

21-29

30-39

40-49

50-59

60 or older

#### **Q3. Highest qualification**

Certificate

Diploma

Degree

Master’s Degree

Doctorate

**Q4. Nursing cadre**

- Registered nurses/registered midwives
- Enrolled nurses/enrolled midwives
- Enrolled nursing auxiliaries
- Student nurses and student midwives
- Pupil nurses
- Pupil nursing auxiliaries

**Q5. How many years have you been actively practicing as a nurse?**

up to 11 months	1	
1 – 2 years	2	
3 – 5 years	3	
6 – 10 years	4	
11 or more years	5	

**Part B: Participants definition of the concept nursing**

***Please read and answer the questions that follow:***

**Q1. Describe how you understand and interpret the concept nursing.**

.....

**With reference to the following definition of nursing, provided by the South African Nursing Council,**

*“Nursing is a caring profession practised by a person registered, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death (South Africa 2005: s 1).”*

**Q2. Describe your understanding of the concept nursing and compare or differentiate with the definition provided.**

.....

**Q3. Kindly give suggestions on what can be done to support nurse educators to teach students what nursing is about so that all nurses have the same understanding of this concept.**

.....  
Thanks for your participation in this study.

Sincerely



.....  
Mrs S.D Mottian (Researcher)

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## Annexure 6: Amended questionnaire – “Concept of Nursing”

### QUESTIONNAIRE: NURSES

#### Part A: Demographic Profile

Indicate your choice by marking the appropriate selected blank block with an “X”.

#### 1. What is your gender?

Male

Female

#### 2. What is your age?

18-20

21-29

30-39

40-49

50-59

60 or older

#### 3. What is your highest level of education?

High School Certificate

Certificate in nursing

Diploma in nursing

Degree in nursing

Master’s Degree in nursing

Doctorate in nursing

**4. What is your nursing cadre/category?**

- Registered nurse/registered midwife
- Enrolled nurse/enrolled midwife
- Enrolled nursing auxiliary
- Student nurse and student midwife
- Pupil nurse
- Pupil nursing auxiliary

**5. How many years have you been actively practicing as a nurse?**

up to 11 months	1	
1 – 2 years	2	
3 – 5 years	3	
6 – 10 years	4	
11 or more years	5	

**Part B: Participants definition of the concept nursing**

Please read and answer the questions that follow. Click in the box below the question and type in your response.

1. Define your understanding of the concept nursing in your own words

2. With reference to the following definition of nursing, provided by the South African Nursing Council,

*“Nursing is a caring profession practised by a person registered, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death (South Africa 2005: s 1).”*

Describe how your definition of the concept nursing (provided in question 1 above) compares or differentiates with the definition provided by the South African Nursing Council

3. Kindly give suggestions on how nurse educators can be supported or helped to teach students about the definition of nursing so that all nurses irrespective of the cadre/category have the same understanding of this concept.

Thanks for your participation in this study.

Sincerely



.....  
Mrs S.D Mottian (Researcher)

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Email: unisadatacollect@gmail.com

Dr. K.A Maboe (Supervisor)

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## **Annexure 7: Letter to request participation in the validation of a visual concept map for nursing**

Dear University Head of Department- School of Nursing

RE: Letter of request to universities head of department – School of Nursing; for participants' participation in the validation of a visual concept map for nursing.

I am Mrs. S.D. Mottian, a doctoral student at the, University of South Africa (UNISA), Department of Health studies. I am conducting a study with the title: "The concept nursing: a visual concept map for teaching". The purpose of this study was to develop a visual concept map that could assist nurse educators in explaining the concept 'nursing' so that students have a similar understanding, meaning and interpretation thereof.

The visual concept map was developed through three phases. Phase 1 was addressing captured data from various categories of nurses' understanding of the concept nursing, using an online questionnaire, phase 2 focused on an integrative review of the literature sources to obtain data on the definition of the concept of nursing from the theoretical and empirical literatures and phase 3 involved the combining of the data from phase 1 and phase 2 to develop the visual concept map of nursing. The visual concept map however now requires validation by nurse educators as the experts in the training context, from different universities in diverse contexts to enhance the validity thereof. To ensure that a diverse group of nurse educators as the important stakeholders are involved, educators who are inaugurated in STTI Africa Region Chapters are seen as the important stakeholders in nursing education in Africa. Their inputs in validating the concept are therefore required.

I kindly request your assistance to send the attached recruitment letter to 3 nurse educators in your institution who are inaugurated in STTI Africa Region Chapters. The attached recruitment letter includes a link to gain access to the visual map as

well as the validation tool without compromising confidentiality and their choice to volunteer to participate or not to participate.


Possible participants will therefore have the choice to click on the link and agree to participate or ignore the invitation without any negative consequences.

The biographical data required as part of the validation tool will require an e-mail address of the volunteering participants to allow for second and third round of the Delphi technique until consensus is reached.

If there are any enquiries or questions regarding sending the recruitment letter to the nurse educators selected by you, please do not hesitate to contact me or my research supervisors at the below contact details.

I thank you sincerely for your assistance in this study.

Sincerely



.....

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## **Annexure 8: Visual concept map of nursing with validation assessment rubric**

Dear participant

Thank you for your willingness to contribute to the validation of the developed concept map of nursing. The aim of this map is to illustrate the concept nursing in a visual form as a tool to assist nurse educators in teaching the concept to student nurses. As an educator with knowledge about teaching students about the concept nursing you are an important stakeholder in this validation process.

Your contributions are valuable and after each round of validation, your input will be incorporated to adapt and enhance the quality of the visual concept map. The revised concept map will then again be re-distributed to you as panelists for a further round of validation; therefore your email address is requested as part of the biographical data. This process will continue until consensus of at least 75% is reached between all panelists.

To allow you the opportunity to make an informed decision regarding your inputs and assessment of the visual concept map, the background pertaining to the development of the map will be described:

### **Background:**

The study was conducted in 4 phases. In phase 1, a sample of South African nurses registered with the South African Nursing Council (SANC) were invited to participate in an open-ended online questionnaire to provide their definition of the concept nursing. Phase 2 involved an integrative review of literature sources dating back to the last ten years, from 2006 to 2016. The data from both these phases were analysed and the combined data was used to develop the visual concept map during phase 3. Now in phase 4 this developed visual concept map must be validated and therefore requires inputs from you as a nurse educator, inaugurated in STTI, Africa Region Chapters.

There are clear instructions provided that will guide you on the use of the validation assessment rubric, related to the biographical information and rating scales for each of the three (3) criteria. Once you have provided the relevant biographical information, you are required to view the visual concept map of nursing that is provided. Follow the instructions for each criterion on the assessment rubric and validate the visual concept map accordingly. Any criterion given a rating of less than 6 points requires your comments or suggestions to assist with improving the concept map of nursing. The biographical information, visual concept map of nursing and validation assessment rubric (an adaption from Bartels, 1995: 542-549) follows:

### **BIOGRAPHICAL INFORMATION**

Please place an “X” in the appropriate boxes for numbers 1 and 4. Please complete the information required for numbers 2, 3 and 5.

1. Please indicate your gender

Male                       Female                       Other

2. Please indicate your highest qualification in nursing

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3. Please indicate what your main responsibility in your institution is

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---

4. Please indicate your lecturer level

First year lecturer

Second year lecturer

Third year lecturer

Fourth year lecturer

Post graduate research supervisor

Post basic program lecturer

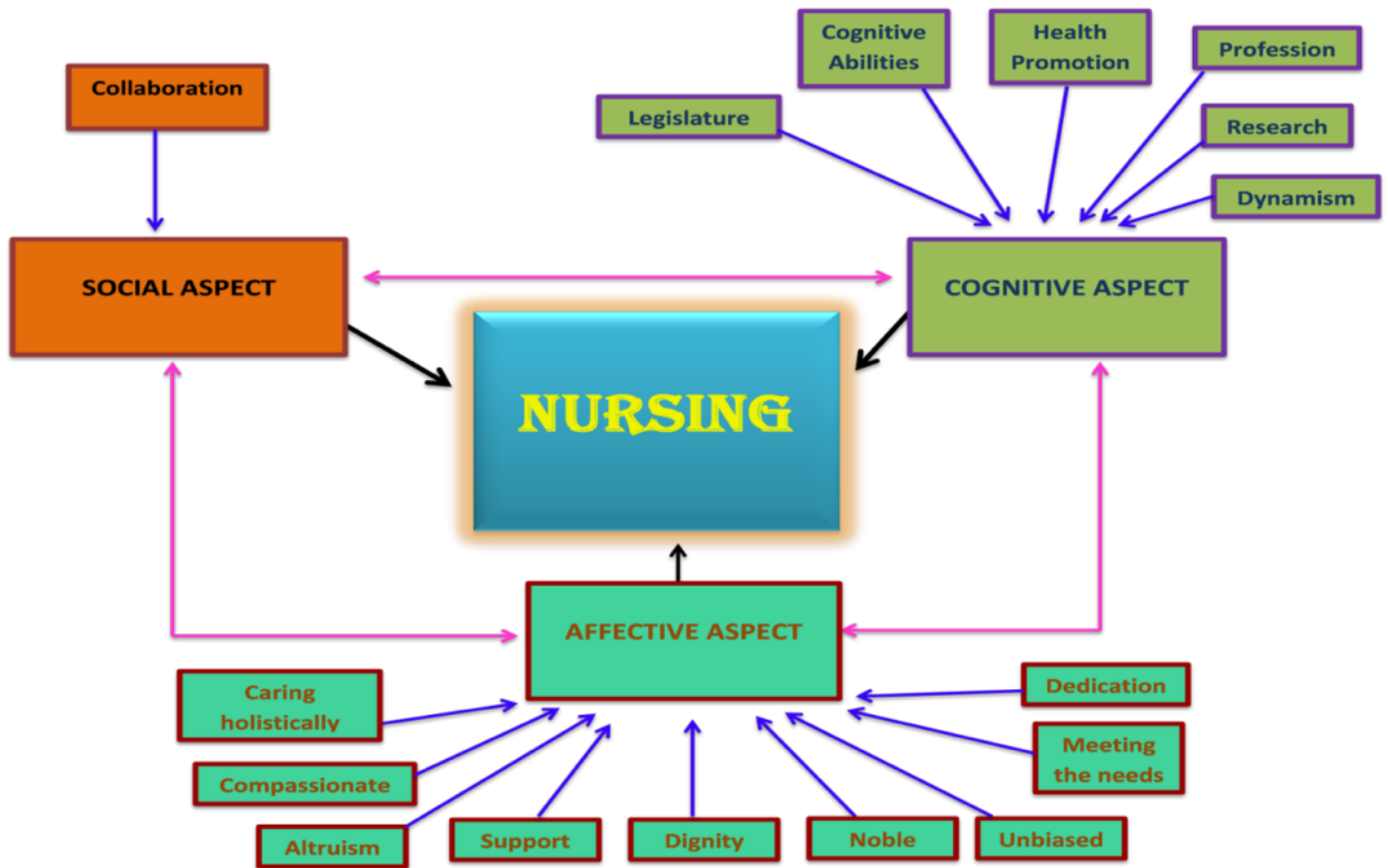
5. Please indicate your e-mail address to allow me to re-send the second round visual concept map to you for validation

---

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### VALIDATION OF THE VISUAL CONCEPT MAP:

Please study the visual concept map and provide your feedback in the places provided for that purpose.



Visual concept map of nursing (Author's own)

## CONCEPT MAP VALIDATION ASSESSMENT RUBRIC:

### Instructions

1. Please view the concepts and terminology used in the concept map.
2. Use the explanations of each rating in each criterion, as a guide to rate the concepts and the terminology used in the concept map, examine the relationships among the concepts in the map and assess if the concept map is able to communicate the concept of nursing.
3. Choose the most appropriate rating by making an "X" in one of the columns, which best illustrates your opinion.

### Criteria 1: Concepts and Terminology

Rating			
6 Points	4 Points	2 Points	0 Points
Indicates an understanding of the concepts in nursing and the principles or uses appropriate terminology to describe the concept	Indicates a few misunderstandings of the concepts in nursing or uses some inappropriate terminology to describe the concept	Indicates a lack of understanding of many concepts in nursing and the principles and uses many inappropriate terminology to describe the concept	Indicates no understanding of the concepts in nursing and the principles

**Total Score:**

**Comments if scored below 6 points**

**Criteria 2: Knowledge of the relationships among concepts**

Rating			
6 Points	4 Points	2 Points	0 Points
Identifies all the important concepts and illustrates an understanding of the relationships among concepts	Identifies important concepts but makes some incorrect connections	Makes many incorrect connections	Fails to use any appropriate concepts or appropriate connections

**Total Score:**

**Comments if scored below 6 points**

**Criteria 3 - Ability to communicate through the concept map**

Rating			
6 Points	4 Points	2 Points	0 Points
Constructs an appropriate and complete concept map and includes: <ul style="list-style-type: none"> <li>• concepts in an appropriate hierarchy</li> <li>• places linking words on all connections</li> <li>• produces a concept map that is easy to interpret</li> </ul>	<ul style="list-style-type: none"> <li>• Places almost all concepts in an appropriate hierarchy</li> <li>• Assigns linking words to most connections</li> <li>• Produces a concept map that is easy to interpret</li> </ul>	<ul style="list-style-type: none"> <li>• Places only a few concepts in an appropriate hierarchy</li> <li>• Uses only a few linking words</li> <li>• Produces a concept map that is difficult to interpret</li> </ul>	Produces a final product that is not a concept map

**Total Score:**

**Comments if scored below 6 points**

## **Annexure 9: Recruitment letter – Pilot study participation**

Web link: <https://www.surveymonkey.com/r/FCFKL5Y>

Dear Participant

My name is Mrs S.D. Mottian, a doctoral student at the University of South Africa (UNISA). I am conducting a study which involves the analysis of the concept of nursing. The purpose of this study is to develop a visual concept map that could assist nurse educators in explaining the concept 'nursing' so that students have a similar understanding, meaning and interpretation thereof.

I am kindly inviting you to participate in pilot study of my research because you are registered with the South African Nursing Council (SANC) and you are knowledgeable about the subject of interest. Ethical clearance to conduct this study was granted by the University Of South Africa Health Studies Higher Degrees Committee College Of Human Sciences.

Your participation to this study will involve completing an online questionnaire in which Part A requires your demographic data and Part B requires the completion of only three (3) open-ended questions. There is no correct or incorrect answer; therefore all information provided will be welcomed. No identifying information of any participant will be available to the researcher as the software programme will only provide the raw unidentified data. You will not be asked to fill in your name on the questionnaire, therefore anonymity will be ensured. All the data collected will only be used for the purpose of this study and included and published as part of the final results. Findings will be reported in a thesis and may be published in a journal or presented at a conference, protecting your name. To ensure confidentiality is maintained, you are kindly requested not to discuss your input with anyone else who might have been a participant.



There are no risks associated to your participation to this pilot study. You are only a participant of this pilot study and will only be required to answer the questionnaire once, meaning that you are not supposed to participate in the main study.

Remember, your participation is voluntary. There will be no negative consequences if you choose not to participate. You may withdraw from the study at any time without prejudice. There is no compensation offered for participating in this pilot study.

The submission of the completed questionnaire is required on or before the 11<sup>th</sup> March 2017. It will take you less than 10 minutes to complete the questionnaire. If you agree to participate click on the web link address below to access the online questionnaire. This now means you have consented to participate to this pilot study. If you have any enquiries or questions, regarding this questionnaire please do not hesitate to contact me or my thesis promoters at the contact details provided.

Web link: <https://www.surveymonkey.com/r/FCFKL5Y>

Thank you

NB: When contacting the researcher, you may remain anonymous. Please set your cell phone on “caller identity blocking mode” to ensure your cellphone number is unavailable to the researcher. Please introduce yourself to the researcher as “the participant of the concept of nursing pilot study”.

Sincerely



.....

Mrs. S.D Mottian (Researcher)

Telephone: 0847700959 or +27847700959 (International)

Email: unisadatacollect@gmail.com

Dr. K.A Maboe (Supervisor)

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Professor L. Roets (Joint Supervisor)

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## **Annexure 10: Reminder email invitation – Main study participation (Phase 1)**

Dear Participant

You may have already received an e-mail inviting you to participate in my main study, by completing an online questionnaire, because you are registered with the South African Nursing Council (SANC), and you are knowledgeable about the subject of interest.

As a reminder the purpose of this study was to develop a visual concept map that could assist nurse educators in explaining the concept 'nursing' so that students have a similar understanding, meaning and interpretation thereof.

If you have already participated by taking the online questionnaire, thank you for your participation and please ignore this reminder e-mail.

If you have not taken the online questionnaire, I kindly request for you to please take the time to consider assisting me with this important research and voluntarily access the online questionnaire by using the following web address:  
<https://www.surveymonkey.com/r/FCFKL5Y>

If you have any enquiries or questions, please do not hesitate to contact me or my research mentors.

I thank you sincerely for your participation.

Sincerely



.....  
Mrs. S.D Mottian (Researcher)

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## **Annexure 11: Recruitment and information letter**

I will appreciate your voluntary participation in the validation process until 75% consensuses between all panelists are reached. If you agree to participate please open the link by pressing the Ctrl button on your keyboard and simultaneously click on the long link address to open it. If the long link address does not open when you do this, then progress to copy the short link address and paste it in your browser to open. You will have access to the visual concept map and the concept map validation assessment rubric.

### **Long link address:**

[https://docs.google.com/forms/d/e/1FAIpQLSehsDnj6fPOqKF8x2to8davjObko83EuAmJI0Ivy6YleNTRyg/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSehsDnj6fPOqKF8x2to8davjObko83EuAmJI0Ivy6YleNTRyg/viewform?usp=sf_link)

**Short link address:** <https://forms.gle/oovijxebU2ueAp7X6>

When you choose to click on the link, you agree to participate in the validation of this visual concept map and therefore volunteer to assist with the validation process. If you have any enquiries or questions, please do not hesitate to contact me or my research supervisors.

I thank you sincerely for your assistance in this process.

Sincerely



.....  
Mrs. S.D Mottian (Researcher)

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## **Annexure 12: Recruitment letter – Main study participation**

**(Web link to SurveyMonkey to access online questionnaire:**

<https://www.surveymonkey.com/r/FCFKL5Y>

Dear Participant

My name is Mrs S.D. Mottian, a doctoral student at the University of South Africa (UNISA). I am conducting a study which involves the analysis of the concept of nursing. The purpose of this study was to develop a visual concept map that could assist nurse educators in explaining the concept 'nursing' so that students have a similar understanding, meaning and interpretation thereof.

I am kindly inviting you to participate in my study, by completing an online questionnaire, because you are registered with the South African Nursing Council (SANC), and you are knowledgeable about the subject of interest. Ethical clearance to conduct this study was granted by the University Of South Africa Health Studies Higher Degrees Committee College Of Human Sciences.

Your participation to this study will involve completing an online questionnaire in which Part A requires your demographic data and Part B requires the completion of only three (3) open-ended questions. There is no correct or incorrect answer; therefore all information provided will be welcomed. No identifying information of any participant will be available to the researcher as the software programme will only provide the raw unidentified data. Your name or contact details will not be required on the questionnaire, therefore anonymity will be ensured. All the data collected will only be used for the purpose of this study. Findings will be reported in a thesis and may be published in a journal or presented at a conference, protecting your name. There are no risks associated to your participation to this survey. To ensure confidentiality is maintained, you are kindly requested not to discuss your input with anyone else who might have been a participant.

Remember, your participation is voluntary. There will be no negative consequences if you choose not to participate. You may withdraw from the study at any time without prejudice. There is no compensation offered for participating in the study.

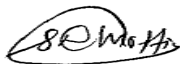
The submission of the completed online questionnaire is required on or before the 03 March 2017. It will take you less than 10 minutes to complete the questionnaire. If you agree to participate click on the following link:

<https://www.surveymonkey.com/r/FCFKL5Y>

This now means you have consented to participate to this study. If you have any enquiries or questions, regarding this questionnaire please do not hesitate to contact me at the contact details provided.

Thank you

Sincerely



.....  
Mrs S.D Mottian (Researcher)

Telephone: 0847700959 or +27847700959 (International)

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Dr. K.A Maboe (Supervisor)

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## **Annexure 13: Thank you email – Participation of concept map validation**

Dear Participant (Nurse Educators of STTI Africa Region Chapters)

I, Mrs S.D. Mottian, a doctoral student at the University of South Africa (UNISA) and currently conducting a study which involves the analysis of the concept of nursing. I hereby wish to sincerely thank you for taking time out to participate in phase 4 of my study, which involved the validation of the visual concept map of the concept of nursing.

I appreciate and value the information you have provided. Your participation was vital as you, as nurse educators are involved in updating and improving nursing and nursing education within the African context. Your input will contribute greatly to this study and to the nursing fraternity, especially nursing education.

Once again, I am really grateful for your valuable time, your honest information and your thoughtful contributions.

Thank you.

Sincerely



.....  
Mrs S.D Mottian (Researcher)

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## **Annexure 14: Reminder email requesting participation in the validation of a visual concept map of nursing**

Dear University head of Department- School of Nursing

I am Mrs. S.D. Mottian, a doctoral student at the, University of South Africa (UNISA), Department of Health studies. I am conducting a study with the title: "The concept nursing: a visual concept map for teaching". I have recently, in March 2019, requested your assistance to send an emailed invitation letter to 3 nurse educators in your institution inaugurated in STTI, Africa Region Chapters, for their participation in validating a visual concept map of nursing, developed during my study.

Nurse educators have not responded to the invitation, therefore I kindly request, as a follow-up, for your assistance to remind the nurse educators, if they are willing to participate, to please respond to the invitation.

Your assistance is always appreciated and acknowledged.

If there are any enquiries or questions regarding sending the recruitment letter to the nurse educators selected by you, please do not hesitate to contact me or my research supervisors at the below contact details.

I thank you sincerely for your assistance in this study.

Sincerely



.....  
Mrs. S.D Mottian (Researcher)

Telephone: 0847700959 or +27847700959 (International)

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## **Annexure 15: Reminder email invitation – Participation in round 2 of the validation process**

Dear Participant

You may have already received an e-mail inviting you to participate in round 2 of the validation process of the concept map of nursing. If you have already participated and emailed your contributions to me, please ignore this reminder e-mail.

If you have not provided your valuable input for the second round of the validation process, I kindly request for you to please take the time to view the comments and input on the concept map provided by other participants of round one of the validation process.

I am inviting you to participate in the second round of the validation process as you have made valuable contributions on the visual concept map of nursing during round one of the process. Your further comments and input will be greatly appreciated since you now, also have access to the comments and input on the concept map, from other nurse educators who also participated in round one of the validation process.

I have attached the comments and inputs, of all nurse educator participants, from round one of the validation process. Please click on the attached document to open and access the information.

I thank you sincerely for your participation.

Sincerely



.....  
Mrs. S.D Mottian (Researcher)

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## Annexure 16: Comparison of participants definition of nursing to that provided by the SANC (Question 7 of online questionnaire)

With reference to the following definition of nursing, provided by the South African Nursing Council, “Nursing is a caring profession practiced by a person registered, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death (South Africa 2005: s1).” Describe how your definition of the concept nursing (provided in question 6 above) compares or differentiate with the definition provided by the South African Nursing Council.

\*The differences in the definitions are annotated in green.

1.	Same but just a narrative
2.	Very similar
3.	It is caring in a professional manner
4.	Same except for the phrasing.
5.	Mine didn't go into mentioning that those not improving to die with dignity
6.	Both involve caring
7.	Similar
8.	It compares because they both talking about caring of people.
9.	I used holistic where the definition uses support and treat
10.	The provided definition says nothing about our background scientific knowledge that we have to use while caring for the sick. My definition also did not include care for the carer.
11.	Its similar as it is about showing care
12.	There is no different because the gist of it all is about carrying for the sick
13.	It is talking about caring for the people in need
14.	Here South African Nursing Council concentrate only to patients
15.	Yes it's a caring profession but for comfort and dignity is impossible where by you nurse patient on floor or stretcher bed with a skeleton staff. Progressing labouring woman sitting on bench. That is not comfort and dignity.
16.	similar

17.	Both definitions refer to nursing as caring and supportive with an ultimate goal of restoring health.
18.	Similar
19.	SANC defines nursing on a professional domain and not what nursing "is" besides being a profession
20.	I think the council doesn't acknowledge people who take care of patients holistically e.g.: care workers, home base nurses SANC needs to promote and improve their learning strategic method to enable nurses to care for patients in all aspects.
21.	no difference
22.	The main thing is taking care and treating of human beings
23.	They treat nursing as a calling not a profession. The care not about what is happening in the health care facilities all they care about is that nurses should pay their registration fee
24.	No different its the same
25.	It is recognised by our government and is regulated by professional body and is recognised to cares for healthy living of our communities.
26.	SANC definition lacks the educating element which is important to change or modify the unhealthy habits of health care users. To me it lacks the preventative element of nursing. It looks like nurses wait for the health problems to occur then act.
27.	Nursing in my definition identifies the duties done by a nurse to bring health and to prevent, sickness whilst the SANC have mentioned that the person must be registered.
28.	Nursing is a profession which needs behaving human being so that they can serve community with dignity
29.	its the same because it talks about caring and treating health care users
30.	No different i feel is the same
31.	Same
32.	No difference
33.	Is a caring profession
34.	It is similar
35.	n/a

36.	The concept of treating and caring is highlighted as well as maintaining health
37.	It's basically similar but differs the way we using words
38.	My concept doesn't mention dignity. The SANC definition doesn't mention safety.
39.	It is similar
40.	It does not differ
41.	It is similar as the sanc definition talks about caring
42.	My concept is similar.
43.	My definition of nursing does compare to the South African nursing counsel. Because the aim is to provide excellent health care to the community whilst being caring.
44.	My definition has the similar attitude to the one provided by sanc. Both want to help people to go on with their daily lives and be healthy.
45.	Both definitions include the caring and preserving of ones life for a longer time.
46.	It does compare
47.	Does not differ
48.	Nursing in my definition, it is similar, except, council defines it to be cared for by a professional person
49.	It is about caring
50.	Only refers to taking of the sick
51.	Compared well
52.	Sanc talks about care which is innate rather than mine which focuses on learnt skills
53.	In relation to no. 6 my words are that of the same whereas caring and or helping to the best of my ability be it in curative help or palliative help. A nurse is there to give off her or his best at the beginning of life or at the end of life.
54.	Basically the same ,but there must be an inborn passion to take care of others that speaks to an individual's life values
55.	Mine does not include the concept of death.
56.	Give yourself to community
57.	It compares with the definition provided by SANC, as nursing requires passion, resistance, consistency and is a professional body of art that requires



	training and hard work
58.	I did not identify that the nurse should be registered. Caring and treating the patient is similar
59.	It needs to stress more good knowledge, and treating health care user as a individual
60.	it is more advanced in the category and competencies of a specialist nurse practitioner
61.	It's very different and is a rudimentary understanding of a nurse
62.	Basically the same...in terms of care and compassion
63.	Not much difference, just the vocabulary used
64.	my definition is similar to the above
65.	Not much
66.	My definition of the concept of nursing is the same as SANC with the understanding of the elements of nursing.
67.	I strongly agree with that definition. It's just sad that SANC doesn't feel compelled to take care of his nurses
68.	Both my response and SANCs definition define nursing as a caring and rehabilitating profession
69.	No difference
70.	I did not mention that the person should be registered, that the patient needs support as well; they however did not mention that nurses can prevent illnesses.
71.	Not every nurse is registered with the above corrupted scheme; my grand mother was village midwifery.
72.	My definition didn't mean a person who's professionally trained
73.	It's the same but depends on who the nurse is and what is his/her
74.	Nursing is an ethically caring profession practised by professionals to humans who are ill, with all the respect and dignity
75.	It is pretty much the same
76.	It's about caring and providing treatment for people
77.	My response deals mostly with the emotion one feels about it.
78.	Nothing different

79.	Meets the criteria
80.	Its similar...its all about treating n caring for the well being of our patients
81.	Not much difference
82.	It's the care of the sick and in need to promote recovery and comfort .and differs from the above definition as it states that it is a profession practice.
83.	It is basically the same
84.	It is basically of a similar concept
85.	They underpay us
86.	Someone who is responsible and cares for the needs of others
87.	it is almost the same
88.	Main aim is not to bear in mind that you are only providing care to the dying patients to nurse the patient to recover fully and go back to her or his family. To the dying patient to provide dignity for peaceful and dignified death
89.	The same as Caring is at the centre of the profession.
90.	They are the same as they both for the helpless individuals
91.	It differs because it mainly complains about the way nurses are treated by the community and managers.
92.	I agree with the statement
93.	Both have highlighted the act of caring, profession.
94.	The definitions are relatively the same however my own understanding shows the direct team work necessary to provide holistic care which the S.A.N.C whom I respect does not
95.	It is about caring towards promoting health.
96.	Nursing is about being jack of all trades I.e. cleaner, porter, mother, father, slave, helper etc.
97.	It's similar in the aspect of caring. I did not include the consideration to death
98.	My definition embodies the description
99.	Not much difference just different choice of words and the fact that it must be a registered person doing the caring
100.	More or less the same
101.	What I have omitted was the care of an individual from birth to death. They have omitted the fact that nurses work in conjunction with the multidisciplinary health team.

102.	Caring profession
103.	Someone who is registered I think that's where they missed it
104.	why can the take the ENA,"s by the hand to go further why Pre text why didn't not take the old nurses for a special text practice and see what they can do
105.	It's interchangeable. It goes hand in hand with minimal changes to what I said above
106.	My definition is similar to the definition of SANC, which involved caring, helping and treating.
107.	There is no difference it's just that Sanc was just specifically stating that a nurse should be a registered somebody you maintain health
108.	NO , IT IS THE SAME
109.	Mine, is not specific, it is just a caring profession.
110.	almost the same concept
111.	Its quite the same
112.	mine is a holistic concept while SANCs refers to the medical
113.	Almost the same thing just put in different words
114.	I think SANC gives more detail how you ensure these human needs are addressed i.e. aspects while my definition only focused on addressing human health needs but not detailing how
115.	Very comparable and similar
116.	Shortage
117.	Nursing is an art and science
118.	the same
119.	I think my definition is in line with that of the council
120.	My definition differed because according to the council definition it seems as if the concept of nursing focuses mostly on the sick as the recipient of care even those who are well might need care from the nurse example frail patients
121.	There is no difference as a comprehensive care giver provides care to a health care user holistically.
122.	Not all health care providers are registered, egg caregivers @e.g. clinics
123.	More or less the same
124.	It compares with no 7 well, i.e. caring for the sick to maintain health or until death. Difference is that nursing is a calling.

125.	The only difference is I didn't include death. I want to get them all well.
126.	You can render the service without having to be certified as there is no comparison between being or not when you mistreat or abuse people. If you not dedicated to this profession you set yourself up to fail.
127.	It differs in the fact that it sees nursing as an art of care that can be attained not necessarily from formal studying but comes from within as it requires passion and perseverance
128.	It compares in looking after people alive until they pass on. It differs in that, i emphasise prevention instead of cure which is expensive
129.	It's the same
130.	The SANC one is more detailed.
131.	My definition is very broad.
132.	It has not limited nursing to registered nurses only but also to other every individual who can assist others in reaching the health independence goal
133.	Same
134.	in the sense that here only a dependent function of a nurse is stressed and also the legitimacy of practice(to say "practised by a registered person)
135.	My definition differs in that it only a talk about nursing in general term i.e. it not only focuses on someone who is in hospital but we also nurse our relatives at home who are unable to care for themselves due to ill health.
136.	The nursing council does not do enough in protecting nurses. They are there for the patient instead of nursing. But then again. Thorough screening of would-be nurses to be more stringent because nursing is a CALLING before it just-another job!
137.	Nursing is total care given by professional or volunteers to save life care, love ,heal ,support ,educate, reassure, respect and keeping confidentiality at all time
138.	Caring is present and compassionate acts relates to support and treatment of health care users
139.	The definitions are very similar with "care" being at the core of both definitions.
140.	It differs according to the way it was constructed and broadly defined
141.	The nursing council's definition is vague. There is so much that a nurse does

	than what is said in their definition. We are life savers, we are counsellors and advocates.
142.	Almost similar minus the long story
143.	It is similar to my definition, as nursing cares and supports in a quest to give proper health care to users.
144.	SANC's definition is detailed in the aspects of nursing as a profession instead of the actual concept of nursing as we ought to and it would mean that only registered individuals, professionals per say would or are allowed to practice nursing.
145.	It is the same, but mine is put as process which is continuous.
146.	More or les the same
147.	More or less they mean the same thing, even though our government doesn't recognise nursing as a profession but seeing a nurse as a semi-skilled person.
148.	Missing is kind professional who is trained to provide care...support...and maintain and monitor human Life....socially...spiritually...and emotionally.
149.	Not much difference.
150.	The one by SANC only mentions physical care and medical needs
151.	There is no vast difference just the definition and internalising its meaning rather the choice of words.
152.	It's similar in that both definitions are about providing care and treating of health care users in cases where that is not possible palliative care should be provided... The SANC definition is not specific to environment and does not extend to community health, it further does not classify nursing as a scientific processes but a profession(not clear how the profession can provides care without identifying problems, diagnosing, planning and implementing as well as evaluating the care provided).
153.	The words profession and health were omitted which are important concepts in defining nursing
154.	It does not differ. Pretty much says the same thing
155.	I did not mention it is rendered by a registered person
156.	The Nursing council don't look beyond death and in order to take care of

	families that dealing with grieve or the whole grieve stage there is chronic grieve where a family member just lost a someone not even a month later had to deal again with lost and that's where depression came in, orphanage due to the HIV status of parents...I believe there are many factors that we can look at to create quality, effective and outstanding nursing care
157.	In as much as it's common course that we won't live forever, my definition doesn't include death. As the inclusion of death in this definition won't inspire the patient or whoever receives the nursing care is far as my definition of it (nursing) is concerned
158.	Practiced by registered person
159.	I think the principle is the same
160.	I think it is more or less the same just differ by the choice of words we used.
161.	Healthcare need
162.	council is more in detail but nearly the same
163.	It is in actual fact about care.
164.	It is more or less the same.
165.	Nursing is taking care of those in need of a professional
166.	It's almost similar with points of caring and treatment
167.	My definition is more in laymen's terms; i always try to go to the level of the patient to make them feel comfortable so they can trust me with their information.
168.	Both focus on maintenance of health and dignity of individuals, family and community
169.	It is similar, I didn't mention death though.
170.	Almost the same
171.	The concepts relate in which there is a cared person and the carer. The carer being the person giving support to or assisting a cared person in achieving optimal health
172.	Does not differ much because the basic is about caring.
173.	It is consistent and explicitly to where care for self is not possible
174.	It doesn't
175.	The definitions are similar as both involve around the care of an individual
176.	By caring and support the health care user

177.	My definition is the same as nursing is about caring and the person must be trained. the patient must be treated with dignity.
178.	The above is a good description of the concept of nursing , individuals in the nursing profession are also usually the people who understand the health care user in a more deeper level ...due to the amount of time spent with them , and therefore holistic care can be provided as all factors (emotional , physically, social and psychological ) are taken into account
179.	my definition differs from the above definition which states nursing is a caring profession practiced by a registered person
180.	Nursing care should be holistically rendered
181.	My understanding of the concept nursing is similar to the SANC definition of nursing.
182.	there is no difference to the SANC definition, when comparison is made, it is evident that a nurse needs to have special qualities e.g. caring to apply her skills to the public she needs to be trained to apply her knowledge and nursing objectives
183.	My understanding of nursing is similar to the SANC definition. to care for patients in totality
184.	My understanding is that care is rendered to a patient to ensure their holistic well being, ensuring respect and dignity

## Annexure 17: Pilot study – Permission request letter



2 Domino Street

Westcliff

Chatsworth

4092

17 February 2017

The CEO

Dr. P. Subban

R.K.K.han Hospital

Private Bag X004

Chatsworth

4093

Dear Sir

### **Re: REQUEST FOR PERMISSION TO CONDUCT PILOT STUDY (NURSING RESEARCH)**

I am presently registered for a nursing research study at UNISA. My student no. is (33688753). The proposed title of my study is **“The concept nursing: A conceptual framework for teaching”**

I hereby request permission to conduct a pilot study of an online questionnaire (uploaded on SurveyMonkey) from 10 nurses at the hospital, who will randomly be chosen. This pilot study will only be to check the reliability and validity of the questionnaire before it is given to the larger sample. The larger sample will access the questionnaire online using a web link that will be provided.

Participation in this pilot study is voluntary, and informed consent will be obtained from all participants. Confidentiality will be maintained at all times. Please find attached a copy of



the questionnaire and a copy of the recruitment letter for the pilot study, including the ethical clearance certificate.

Sincerely



.....  
Mrs. S.D Mottian (Researcher)

Telephone: 0847700959 or +27847700959 (International)

Email: unisadatacollect@gmail.com

Dr. K.A Maboe (Supervisor)

Telephone: 012 4292393 or

+2712 4292393 (International)

Email: maboeka@unisa.ac.za

Professor L. Roets (Joint Supervisor)

Telephone: 012 4292226 or

+2712 4292226 (International)

E-mail: [roetsl@unisa.ac.za](mailto:roetsl@unisa.ac.za)

2 Domino Street  
Westcliff  
Chatsworth  
4092  
17 February 2017

The Nursing Service Manager

Mrs. N.F. Ngidi

R.K.K.han Hospital

Private Bag X004

Chatsworth

4093

Dear Madam

**Re: REQUEST FOR PERMISSION TO CONDUCT PILOT STUDY (NURSING RESEARCH)**

I am presently registered for a nursing research study at UNISA. My student no. is (33688753). The proposed title of my study is **“The concept nursing: A conceptual framework for teaching”**

I have hereby requested permission to conduct a pilot study of an online questionnaire (uploaded on SurveyMonkey) from 10 nurses at the hospital, who will randomly be chosen. This pilot study will only be to check the reliability and validity of the questionnaire before it is given to the larger sample. The larger sample will access the questionnaire online using a web link that will be provided.

Participation in this pilot study is voluntary, and informed consent will be obtained from all participants. Confidentiality will be maintained at all times. Please find attached a copy of the questionnaire and a copy of the recruitment letter for the pilot study, including the ethical clearance certificate.

Sincerely



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Mrs. S.D Mottian (Researcher)

Telephone: 0847700959 or +27847700959 (International)

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+2712 4292226 (International)

E-mail: [roetsl@unisa.ac.za](mailto:roetsl@unisa.ac.za)

## Annexure 18: Permission granted to conduct pilot study



**health**  
Department:  
Health  
PROVINCE OF KWAZULU-NATAL

R.K KHAN HOSPITAL

Postal Address: Private Bag X004, Chatsworth, 4030  
Physical Address: 306 R. K. Khan Circle, Croftdene,  
Chatsworth, 4030  
Tel: 031-459 6001  
Fax: 031-401 1247  
Email: siphophelo.mabatha@kznhealth.gov.za

OFFICE OF THE CEO

ENQUIRIES: DR P.S. SUBBAN

21 FEBRUARY 2017

Mrs S.D. Mottian  
College of Human Science  
University of South Africa (UNISA)

Dear Madam

**RE: PERMISSION TO CONDUCT RESEARCH: "THE CONCEPT NURSING: A CONCEPTUAL FRAMEWORK FOR TEACHING"**

Permission is granted to conduct the study at this institution.

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Institution with regards to this research.
2. Please ensure this office is informed before you commence your research.
3. You will be expected to provide feedback on your findings to this institution.
4. You will be liaising with :           Mrs. F. Ngidi  
                                                          Tel.:           031 459 6384

Yours faithfully.

DR P.S. SUBBAN  
HOSPITAL CEO



## Annexure 19: Summary and analysis of question 6 data

Q6 Define your understanding of the concept nursing in your own words.

Exact presentation of participants definitions of Nursing	Key words/phrases extracted	Similar key words
<p>1. Nursing is a profession that cares for patients, clients and families holistically</p> <p>2. Nursing is a calling to take care of the sick and empower them to take care of their future health to prevent illness as far as possible</p> <p>3. Caring for the ill. Providing emotional social and physical care</p> <p>4. A caring profession which involves disease prevention, life restoration, care and support for the sick, when this fails ensures comfort and dignity until the end of life.</p> <p>5. Nursing is all about caring for people whether sick or well.</p> <p>6. improving people's lives through proper healthcare by professionals</p> <p>7. Caring and loving</p> <p>8. Nursing is calling</p> <p>9. Helping people to do things they cant do themselves until they can help themselves</p> <p>10. Nursing is a profession whereby u cares for the people whether sick or not. Caring emotionally, physically and psychologically from birth to death</p> <p>11. Care holistic for those who are unable to care for themselves irrespective of gender, colour, nationality and race</p> <p>12. Using scientific knowledge to take care of the sick.</p>	<p>1. holistic care</p> <p>2. a calling, care of sick</p> <p>3. caring for ill- emotional, social, physical</p> <p>4. caring, support sick, restore life, prevent disease</p> <p>5. caring for sick &amp; well</p> <p>6. improving peoples life's</p> <p>7. caring, loving</p> <p>8. a calling</p> <p>9. helping people</p> <p>10. caring for people sick or not, emotionally, physically, psychologically</p> <p>11. holistic care, no discrimination</p> <p>12. use scientific knowledge to care for sick</p> <p>13. care for sick, show respect, care in professional manner</p> <p>14. care for sick, as per scope of</p>	<ul style="list-style-type: none"> <li>• holistic care of sick or well</li> <li>• a calling</li> <li>• support</li> <li>• restore life</li> <li>• prevent disease</li> <li>• improving lives</li> <li>• loving</li> <li>• helping</li> <li>• no discrimination</li> <li>• using scientific knowledge</li> <li>• respect</li> <li>• professional care</li> <li>• scope of practice</li> <li>• hope</li> <li>• being an advocate</li> <li>• dignity to dead</li> <li>• listening</li> </ul>

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<p>13. Nursing is caring for the sick. Showing respect and performing care in, a professional manner</p> <p>14. Nursing is about carrying for the sick and be passionate about it, using your scope of practice bound by Values ,norms and objectives on Nursing as a Professional Academia</p> <p>15. Nursing is being eyes for those who can't see, hands for those who can't do for themselves, advocate for those who can't make their own choices, nursing is being a shoulder to cry on, nursing is giving hope to those whom have lost hope, nursing is having fulfillment in seeing a life being given, &amp; nursing is giving education about life choices, nursing is giving dignity to a person during last offices. Nursing is putting health &amp; healing forward, nursing does not judge but listens.</p> <p>16. Is being able to care for the sick, their families be part of community building activities.</p> <p>17. Is a profession that provides compassion, treating and prevention to people's lives, health and maintains good relationship between patients and fellow workers.</p> <p>18. Saving life and promoting health.</p> <p>19. Nursing is enabling the patient, family and community to promote, protect and maintain the highest level of health status possible.</p> <p>20. A process of caring for and assisting a patient to regain his or her normal functioning. This involves treating the condition, educating and supporting the patient and family to understand the illness, lifestyle</p>	<p>practice</p> <p>15. giving hope, being an advocate, having fulfillment, dignity to the dead, putting health and healing forward, nonjudgmental, listening</p> <p>16. care for the sick</p> <p>17. provide compassion, treating and prevention</p> <p>18. saving life, promote health</p> <p>19. promote, protect and maintain the highest level of health</p> <p>20. process of caring, educating and supporting, lifestyle modification</p> <p>21. Promote health, prevent disease</p> <p>22. Nursing is caring- psychological, physical, and emotional</p> <p>23. Nursing is caring- psychological, physical, and emotional, help people, promote good and prevent diseases.</p> <p>24. caring and very nurturing</p> <p>25. taking care of the humans physically, psychological and mentally and socially</p>	<ul style="list-style-type: none"> <li>• healing</li> <li>• compassion</li> <li>• saving life</li> <li>• promote protect health</li> <li>• educating</li> <li>• lifestyle modification</li> <li>• prevent disease</li> <li>• nurturing</li> <li>• a profession</li> <li>• guided by legislative</li> <li>• support</li> <li>• noble profession</li> <li>• preserve life,</li> <li>• empowering</li> <li>• give treatment, comfort</li> <li>• love</li> <li>• respect</li> <li>• sympathy</li> <li>• empathy</li> <li>• save, improve lives,</li> <li>• scientific basis</li> </ul>
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<p>modification and adjusting to the new changes.</p> <p>21. Promote health, prevent disease and you caring for the sick.</p> <p>22. Nursing is caring or helping someone in need it involves psychological, physical, and emotional care or help. So as to improve their well being in all aspect mentioned above.</p> <p>23. As a student at the moment, wanting to be a registered nurse next year. Nursing for me is being able to care for someone who needs caring through emotional, physical and psychologically so b being a nurse enable us to help people through implementing the knowledge we have as a nurse we are there to promote good and prevent diseases.</p> <p>24. caring and very nurturing</p> <p>25. Is taking care of the humans physically, psychological and mentally and socially</p> <p>26. Nursing is a profession, it caring for the vulnerable and the society at large. It's treating and giving support to the society.</p> <p>27. Somebody who looks and care for sick people</p> <p>28. It's a noble profession which cares for the prevention, promotion and preserve life of our communities. It strives in maintenance of healthy living and It's offered by registered or enrolled personnel. It's guided by our countries legislative.</p> <p>29. Nursing implies caring, educating and empowering those who are unable or have limited ability or knowledge to care and modify their lives for themselves for better lifelong health.</p>	<p>26. a profession, caring, treating, giving support</p> <p>27. care of sick</p> <p>28. noble profession, preserve life, guided by legislative</p> <p>29. caring, educating, empowering, modify lives</p> <p>30. care of sick, give treatment, comfort sick, prevent ill health and promote health</p> <p>31. caring profession</p> <p>32. caring</p> <p>33. caring for sick people with love respect compassion and sympathy</p> <p>34. Holistic Caring , Empathy</p> <p>35. Caring for the sick holistically</p> <p>36. Save, improve lives, holistic approach</p> <p>37. Scientific basis for its practices, holistic care, compassion, honesty, integrity</p> <p>38. caring profession</p> <p>39. -</p> <p>40. care of sick and their spiritual</p>	<ul style="list-style-type: none"> <li>• holistic</li> <li>• compassion</li> <li>• honesty</li> <li>• integrity</li> <li>• spiritual needs</li> <li>• facilitating recovery process</li> <li>• guided laws</li> <li>• providing treatment,</li> <li>• alleviating suffering</li> <li>• protecting physical or psychological harm.</li> <li>• preserve quality of life</li> <li>• enhance life and health</li> <li>• service to people</li> <li>• improve health.</li> <li>• noble profession</li> <li>• serve humankind</li> <li>• professional and ethical profession</li> <li>• support</li> </ul>
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<p>30. Taking care of the sick by assessing the condition ,giving treatment, comforting the sick, preventing ill health and promoting health</p> <p>31. Nursing is indeed a caring profession which is must to have , we need to have as much nurse's as we can in South Africa so that we can best health services for all South African</p> <p>32. nursing is caring</p> <p>33. Is caring for sick people with love respect compassion and sympathy</p> <p>34. Holistic Caring , Empathy</p> <p>35. Caring for the sick holistically</p> <p>36. Save and improve lives. They independently assess and monitor patients, and taking a holistic approach, determine what patients need to attain and preserve their health. Nurses then provide care and, if needed, alert other health care professionals</p> <p>37. Nursing is a profession with a scientific basis for its practices. It encompasses holistic care of individuals throughout different stages of health and illness. Centered around many different values such as compassion, honesty, integrity. It is an independent profession with its own rules and norms.</p> <p>38. Nursing is a caring profession for the sick, injured and those in need of physical, psychological, and emotional needs till to the last office.</p>	<p>needs</p> <p>41. Providing care for the ill. Facilitating recovery process, using skill and guided laws</p> <p>42.providing care</p> <p>43. Caring for people, assisting with most basic needs, providing treatment, alleviating suffering, protecting patient physical or psychological harm.</p> <p>44. care, preserve quality of life</p> <p>45. care if patients</p> <p>46. enhance life and health</p> <p>47. providing care for the sick and infirm</p> <p>48. caring of people, meeting health care needs</p> <p>49. offering a service to people</p> <p>50. Passion to care for sick, ability to improve health.</p> <p>51. noble profession, serve humankind</p> <p>52. The knowledge to care</p> <p>53. professional and ethical</p>	<ul style="list-style-type: none"> <li>• guidance</li> <li>• commitment,</li> <li>• dedication</li> <li>• patience</li> <li>• scope of practice, to be a voice</li> <li>• learnt set of skills</li> <li>• help others</li> <li>• cognitive abilities,</li> <li>• patient education</li> <li>• highly intellectual</li> <li>• participate and do research</li> <li>• restore health</li> <li>• calling,</li> <li>• vocation</li> <li>• advanced skills and knowledge in rendering quality care</li> <li>• empathy</li> <li>• peaceful death</li> <li>• rehabilitate</li> <li>• ethics</li> </ul>
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39. n/a	profession, deals with caring, well being ones life	<ul style="list-style-type: none"> <li>• restore health</li> <li>• healing</li> <li>• critical thinking</li> <li>• higher calling</li> <li>• patience,</li> <li>• boring</li> <li>• affectionate</li> <li>• registered person rendering service to the helpless</li> <li>• caring for the sick</li> <li>• challenging profession</li> <li>• care of mind and body</li> <li>• thinking for another person.</li> <li>• advocate for the patient's</li> <li>• collaborate</li> <li>• hard work</li> <li>• long hours</li> <li>• to little money</li> <li>• expose to danger in</li> </ul>
40. Taking care of sick people emotional and their spiritual needs	54. care for someone, support guidance	
41. The practice of providing care for the ill. Facilitating the recovery process by using skill and guided laws	55. care given	
42.nursing is about providing care to those who are in need and can not help themselves but it's a profession because you have to study in order to practice	56. take care of someone	
43. Nursing is caring for people, assisting them with their most basic needs when they cannot. It is providing treatment and alleviating suffering. Nursing also means protecting the patient from any physical or psychological harm.	57. Emotional & physical care of a person who can't.	
44. Duty to care and preserve quality of life to all	58. care of sick	
45. To take care if patients in order for them to return to their normal way if life	59.Caring,commitment,dedication patience	
46. It's to enhance life and health	60. Art and science, using skills	
47. It is a profession or practice of providing care for the sick and infirm	61. care, scope of practice, to be a voice for those who have no voice in the world of illness, to help	
48. Nursing is about caring of people in need of assistance with meeting their health care needs	62. Learnt set of skills, an inherent will to take care of others health	
49. It's offering a service to people	63. giving care	
50. The passion to care for the sick and the ability to improve health.	64. Nursing is career, help others in their time of need, give you to community.	
51. It as a noble profession to serve humankind by maintaining excellent health care.	65.holistic care, utilizes physical, emotional and cognitive abilities,	
52. The knowledge to care and provide for others in need for medical help. So that they are able to resume with their lives, by being healthy	66. Assessment of patient's	

<p>and happy.</p> <p>53. Nursing is a professional and ethical profession that deals with caring and well being ones life. In the process of this nursing allows you to help people enjoy life for a longer time?</p> <p>54. To care for someone in need in totality. Offering total professionalism support and guidance for the best possible outcome</p> <p>55. Nursing is care given to another person when that person cannot help themselves.</p> <p>56. To take care of someone, caregiver, by a person</p> <p>57. Taking care of a person who cannot care for himself and both physically and emotionally</p> <p>58. Nursing is taking care of sick someone</p> <p>59. Caring commitment Dedication passions Patience</p> <p>60 Art and science using skills that are learned based on research methods that have been gained through the years</p> <p>61 To provide health care to those in need but practice what falls in the scopes of practice in the category that a nurse falls in. To be a voice for those who have no voice in the world of illness. To give a solution where possible for those have given up. Nursing in my own words would be to HELP to my best ability.</p> <p>62. Learnt set of skills an inherent will to take care of others health n well being from before conception till after death PM</p> <p>63. Nursing is giving care to people who are l'll and cannot help</p>	<p>emotional &amp; physical needs - providing care, patient education</p> <p>67. Caring, treating everybody the same, dignity, highly intellectual, help to make a diagnosis, knowledgeable, participate and do research, restore health</p> <p>68. a calling, a vocation with advanced skills and knowledge in rendering quality care</p> <p>69. caring</p> <p>70. dedication, compassion and patience, holistic care</p> <p>71. Helping the sick to recover, provide a peaceful environment when dying, promoting good health.</p> <p>72. caring profession, health care holistic</p> <p>73. caring profession, suitably qualified individual to provide care, practitioner show compassion, empathy, dignified, peaceful death</p> <p>74. caring profession, practiced by person registered with SANC,</p>	<p>the public</p> <ul style="list-style-type: none"> <li>• assessing</li> <li>diagnosing planning</li> <li>implementation re</li> <li>evaluation</li> <li>• rehabilitation</li> <li>• professional care</li> <li>• comprehensive care giver</li> <li>• assisting vulnerable, have skills to get society well</li> <li>• empathy for fellow men or women.</li> <li>• unbiased</li> <li>• unconditional devotion to serving all humanity.</li> <li>• consultation</li> <li>• reassuring</li> <li>• life is preserved</li> <li>• educating</li> <li>• unique</li> <li>• dynamic</li> </ul>
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<p>themselves</p> <p>64. Nursing is career that you care and help others in their time of need. You give yourself to community.</p> <p>65. Nursing is a holistic body of care that utilizes the physical, emotional and cognitive abilities; it is a profession where one is trained into the capabilities of providing a service to the public holistically to maintain the total health of the patient.</p> <p>66. Assessment of the patient's emotional &amp; physical needs - providing care for the patient. Patient Education included.</p> <p>67. Caring, treating everybody the same and with dignity, highly intellectual, help to make a diagnosis, knowledgeable, participate and do research, help to restore health a.s.a.p.</p> <p>68. it is a calling and vocation with advanced skills and knowledge in rendering quality care to patients and significant others</p> <p>69. Nursing to me is caring for every aspect of a patient</p> <p>70. A profession that requires dedication, compassion and patience to provide holistic care to those in need</p> <p>71. Helping the sick and infirm to recover from their illness so that they can be back to their individual level of functioning as soon as possible or provide them a peaceful environment if they are dying. Promoting good health.</p> <p>72. A caring profession that considers the health care and health needs of an individual in a holistic manner from birth until</p>	<p>support</p> <p>75. quality care</p> <p>76. to love and care holistically... help with activities of daily living, recover and rehabilitate to normal functioning</p> <p>77. Nursing is a caring profession and also a professional job that requires skills .education ethics to do your utmost best for a human being .so that the patient feels worthy of her/himself</p> <p>78. Caring for individuals in an attempt to restore health and or give care to individuals where no restoration cannot be achieved the best palliative care. Most importantly attempt preventative measures to ensure remains optimal.</p> <p>79. Nursing is holistic caring of one another in other to maintain good health life</p> <p>80. The ability to care for people regardless of their individual</p>	<ul style="list-style-type: none"> <li>• continuous and optimum care, science</li> <li>• confidentiality should be maintained throughout nursing.</li> <li>• serving the nation</li> <li>• promote recovery</li> <li>• Maslow's hierarchy of needs met for the patient</li> </ul>
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<p>death</p> <p>73. Nursing is a caring profession which allows a suitably qualified individual to provide care to people who are unable to care for themselves. It may range from basic to complex advanced needs and the practitioner should show compassion and empathy. Thus ensuring a speedy recovery of possible or to a dignified and peaceful death</p> <p>74. Concept of nursing exists out of different elements. They include: Primary Theory, Primary Nursing, Team Nursing, Transcultural Nursing, History of Nursing, Nursing Assessment, Nursing Ethics, Nursing Process. Thus my understanding of the concept of nursing is a caring profession practiced by person registered with SANC support and care for the patient to achieve or maintain health and where not possible, care for the patient so he/she lives in comfort and with dignity until death. One has to understand all the elements mention above to care for a patient.</p> <p>75. Giving quality care to patients and involving their families in their care. Never neglecting your duties or the quality you give even though how frustrating working situations may be.</p> <p>76. Nursing means to love and care for your patient holistically...it means to help your patient with activities of daily living that they can no longer perform and to assist patients to recover and</p>	<p>differences and is a profession governed by the nurses</p> <p>81. Caring, healing all physically, mentally, emotionally and spiritually</p> <p>82. It is assisting people in need, physically, spiritually, emotionally and psychologically</p> <p>83. Being able to care for patients with the use of critical thinking</p> <p>84. Caring and nurturing of the dependent and unwell</p> <p>85. Helping people who are ill and caring for them, educating them about their health</p> <p>86. A higher calling of a person to those who love caring for those that are unable to do so themselves.</p> <p>87. Nursing is a profession based on both medical and psychological care of a person in relation to their current condition.</p> <p>It is not based on emotion but solely in the well-being of the patients overall health</p>	
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<p>rehabilitate them to their normal functioning</p> <p>77. Nursing is a caring profession and also a professional job that requires skills , education, ethics to do your utmost best for a human being .so that the patient feels worthy of her/himself</p> <p>78. Caring for individuals in an attempt to restore health and or give care to individuals where no restoration cannot be achieved the best palliative care. Most importantly attempt preventative measures to ensure remains optimal.</p> <p>79. Nursing is holistic caring of one another in other to maintain good health life</p> <p>80. The ability to care for people regardless of their individual differences and is a profession governed by the nurses</p> <p>81. Caring for the sick and healing all physically, mentally, emotionally and spiritually</p> <p>82. It is assisting people in need, physically, spiritually, emotional and psychological</p> <p>83. Being able to care for patients with the use of critical thinking</p> <p>84. Caring an nurturing of the dependent and unwell</p> <p>85. Helping people who are ill and caring for them ,educating them about their health</p> <p>86. A higher calling of a person to those who love caring for those that are unable to do so themselves.</p> <p>87. Nursing is a profession based on both medical and psychological care of a person in relation to their current condition.</p>	<p>88. To provide basic care to a patient in order to meet his needs</p> <p>89. Nursing is a passion. Its a call for those love and care for people...it is doing your utmost best in the care and provision of your patient ensuring that our patient is treated ,cured and well cared for.</p> <p>90. Providing holistic care for a patient</p> <p>91. Caring, promote healing and treatment of the sick.</p> <p>92. a science and an art, requires passion, take care and treat the sick</p> <p>93. a science and an art, prevention of illness and treatment, passion, patience, understanding, without discrimination</p> <p>94. Boring</p> <p>95. affectionate... caring</p> <p>96. caring, help people</p> <p>97. registered person rendering service to the helpless person spiritual, emotional and physical,</p>	
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<p>It is not based on emotion but solely in the wellbeing of the patients overall health</p> <p>88. To provide basic care to a patient in order to meet his needs</p> <p>89. Nursing is a passion. Its a call for those love and care for people...it is doing your utmost best in the care and provision of your patient ensuring that our patient is treated, cured and well cared for.</p> <p>90. Providing holistic care for a patient</p> <p>91. Nursing the act of caring and providing care to the ill and in need patients. To promote healing and treatment of the sick.</p> <p>92. Nursing is a science and an art that requires passion It requires one to take care and treat the sick To prevent death and take care of an individual until he is able to do so himself</p> <p>93. Nursing is a science and an art that is widely practiced in all countries for the development of healthy infants, prevention of illness and treatment to combat the challenges we face daily. Nursing requires passion, patience and understanding of your patient's physical and psychological condition without discrimination of race, age, sex and gender.</p> <p>94. Boring</p> <p>95. Someone who is affectionate... caring</p> <p>96. nursing is caring profession meant to help people</p> <p>97. Nursing is profession of registered person rendering service to the helpless person. Rendering it fully spiritual, emotional and physical to do this you must be skillful and</p>	<p>skillful, knowledgeable have certain qualifications</p> <p>98. Caring for the sick</p> <p>99. Helping sick</p> <p>100. challenging profession, get unappreciated by the community, driven by caring in nature</p> <p>101. Care of mind and body</p> <p>102. scientific process of caring, meeting the patients needs by a nursing professional</p> <p>103. both and art and a science</p> <p>104. Providing care, promote health.</p> <p>105. Caring, thinking for another person.</p> <p>106. giving scientifically based physical, mental and social care</p> <p>107. Science and an art.</p> <p>108. caring for human beings, scientific nursing process</p> <p>109. Assisting full recovery &amp; health education. Advocate for the patient's</p> <p>110. scientific approach to the holistic care, health team</p>	
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<p>knowledgeable have certain qualifications</p> <p>98. Caring for the sick</p> <p>99. Helping those who are sick and unable to help themselves</p> <p>100. Nursing is a very challenging profession, where you get unappreciated by the community you are serving, your managers and the government, where you work unpaid overtime, not allowed to go and your lunch but not understood. When you've got your personal problems to sort out as a human being. It's a profession that is very much oppressed even by the ones that are in it!! But it's being driven by caring in nature.</p> <p>101. Care of mind and body of vulnerable patients to any extent necessary</p> <p>102. A scientific process of caring and meeting the patients needs by a nursing professional</p> <p>103. Nursing is both an art and a science. As a nurse you engage with other health care professionals to bring about the most appropriate care for a client who may have a physical, emotional, or social deficit.</p> <p>104. Nursing is providing care for those in need and who cannot help themselves in order to promote health.</p> <p>105. One who helps the one who cannot help him/ her self? 2 under valued profession. 3. Caring, looking after, about thinking for another person.</p> <p>106. Nursing is giving scientifically based physical, mental and social</p>	<p>collaborate, participate in research</p> <p>111. Caring profession</p> <p>112. caring for the helpless</p> <p>113. hard work long hours to little money expose to danger in the public</p> <p>114. Nursing is a profession, skill, mindset and practice in delivering general and specific nursing care to bring a patient as close to his original state of being as possible. It includes assessing diagnosing planning implementation re evaluation and rehabilitation of a patient at a holistic level.</p> <p>115. caring, treating and helping people in</p> <p>116. holistic care , advocate</p> <p>117. maintain and promote the health care of a patient</p> <p>118. Art and science of caring. Involves caring and nurturing</p> <p>119. Caring profession.</p> <p>120. caring</p>	
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<p>care to a client to bring that person back to a 'normal 'state of being.</p> <p>107. I love the definition that it's a science and an art. I practice that way.</p> <p>108. Nursing is caring for human beings to ensure optimum health using scientific nursing process to assess their health need diagnose plan and implement care to meet the health needs identified</p> <p>109. Assisting patients for a full recovery &amp; health education. Advocate for the patient's</p> <p>110. A scientific approach to the holistic care of a person with an illness or health problem, in conjunction with the other members of the health team. To communicate and collaborate with each member for the best health, physical and mental, care of an individual in need. To participate in research as an endeavor to continually improve the care rendered.</p> <p>111. Caring profession for those who cannot care for themselves temporary or permanent</p> <p>112. Nursing is carrying for the helpless because of illness or health deterioration so that might gain his/her dependence.</p> <p>113. It's hard work long hours to little money expose to danger in the public</p> <p>114. Nursing is a profession, skill, mindset and practice in delivering general and specific nursing care to bring a patient as close to his original state of being as possible. It includes assessing diagnosing</p>	<p>121. Caring for others, putting their needs and comfort before your own</p> <p>122. art and act of providing holistic care</p> <p>123. scientific profession, duty to take care of those in need, using a scientific approach</p> <p>124. caring profession, professional registered under nursing council</p> <p>125. art and science of caring for others</p> <p>126. Carrying for those who are desperately in need of care</p> <p>127. Art and science of caring, great passion to assist or help those in need or vulnerable.</p> <p>128. helping by caring for those in need</p> <p>129. Helping the sick</p> <p>130. professional care done by a trained somebody</p> <p>131. all about assisting the ill, teaching those that lack necessary</p>	
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<p>planning implementation re evaluation and rehabilitation of a patient at a holistic level.</p> <p>115. Nursing is caring, treating and helping people in and around you community.</p> <p>116. To provide holistic care to a patient and be the advocate</p> <p>117. It is to maintain and promote the health care of a patient</p> <p>118. Nursing is the art and science of caring. Involves caring and nurturing</p> <p>119. Nursing is a caring profession.</p> <p>120. caring for those who need your help</p> <p>121. Caring for others as your own loved ones and putting their needs and comfort before your own</p> <p>122. Nursing is the art and act of providing holistic care to health care users ensuring that not only are their medical problem treated but trying and hopefully succeeding with the emotional, nutritional, psychological and social problems which more often than not, have a huge impact on the quality of life and thereby their health in return.</p> <p>123. Nursing is a scientific profession which is based on the duty to take care of those in need using a scientific approach</p> <p>124. Nursing is a caring profession that revolves mainly around human health needs and seeks to identify and address these needs following the acceptable prescripts under nursing council by a professional registered under nursing council</p>	<p>knowledge mostly on health issues</p> <p>132. Assisting an individual sick or well, an act of caring for people in need of care irrespective of their health status.</p> <p>133. Comprehensive care giver in a healthcare institution governed by the scope of practice and SANC.</p> <p>134.A service to maintain, guide &amp; enhance life</p> <p>135. caring profession</p> <p>136. a calling, involves caring of the sick in totality</p> <p>137. a course of gaining knowledge, assisting vulnerable, have skills to get society well</p> <p>138. Care of the sick in a holistic way, a very compassionate field, need empathy for fellow men or women.</p> <p>139. act or a practice of giving care to the one in need</p> <p>140. a profession concerned with wellness of all people rich and poor</p>	
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<p>125. The art and science of caring for others</p> <p>126. Caring for those who are desperately in need of care</p> <p>127. Nursing refers to the art and science of caring. It is also coupled with great passion to assist or help those in need or vulnerable.</p> <p>128. Helping by caring for those in need who are unable to help themselves, medically, emotionally, physically and psychologically.</p> <p>129. Helping the sick and with medical and basic needs</p> <p>130. Is a professional care done by a trained somebody to execute such duties to human beings from conception to birth and to death, physically, mentally, and spiritually</p> <p>131. Nursing is all about assisting the ill or rather those who are unwell and unable to fully take care of themselves it also involves teaching those that lack the necessary knowledge mostly on health issues</p> <p>132. Nursing means assisting an individual sick or well in the performance of those activities that he or she can perform unaided if he has necessary strength This in other words means nursing is an act of caring for people in need of care irrespective of their health status.</p> <p>133. A comprehensive care giver in a healthcare institution governed by the scope of practice and SANC.</p> <p>134. A service to maintain, guide &amp; enhance life</p> <p>135. Nursing is a caring profession where people are taken care of as patients due to their illnesses and health conditions</p>	<p>by doing awareness campaigns about diseases and life style changes.</p> <p>141. Caring profession. A person must undergo extensive training and register with a specialized body</p> <p>142. Caring, empathy, compassionate</p> <p>143. Unbiased, unconditional devotion to serving all humanity.</p> <p>144. Nursing is the holistic care of a human</p> <p>145. Art of caring for the sick holistically, all dimensions of man namely physical, emotional, spiritual and psychological considered, health promotion, prevention of illness and rehabilitation of the disabled</p> <p>146. A dynamic concept of care characterized by nurturing, consultation and feedback, though continuous in nature till the end of life for the care user.....</p> <p>147. caring and nurturing</p>	
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<p>136. Nursing is a calling which involves caring of the sick in totality</p> <p>137. Nursing is going thru a course of gaining knowledge. Nursing is assisting the vulnerable in any form of illness to get them better because we as nurses have the necessary training; we have the skills to get society well in all spheres of illnesses. Producing healthier societies and thus healthier populations too.</p> <p>138. To take care of the sick in a holistic way in all spheres. To support in all the processes when nurses from sick to better or death. Nursing is a very compassionate field and one need to have the empathy for your fellow men or women.</p> <p>139. Nursing is an act or a practice of giving care to the one in need until he or she gains strength to be on her own.</p> <p>140 It is a profession concerned with wellness of all people rich and poor by doing awareness campaigns about diseases and life style changes. It also looks after sick and dying people with passion.</p> <p>141. Nursing is a caring profession. A person must undergo extensive training and register with a specialized body</p> <p>142. Caring, empathy, compassionate</p> <p>143. Unbiased, unconditional devotion to serving all humanity.</p> <p>144. Nursing is the holistic care of a human individual physically, psychologically, emotionally and socially is assisting the individual archiving health independence or reaching death at peace</p> <p>145. Art of caring for the sick holistically, all dimensions of man namely physical, emotional, spiritual and psychological considered,</p>	<p>148. care for the sick, dying in a loving and compassionate manner</p> <p>149. Save life by caring, loving ,supporting, healing, reassuring, educating, referring by professionals or volunteers</p> <p>150. caring compassionate act towards those in need</p> <p>151. caring, holistically</p> <p>152. An art, scientific, caring, therapeutic use of self.</p> <p>153. Someone who is trained to care for the needs of others, life is preserved</p> <p>154. Caring of others</p> <p>155. caring, giving support, educating</p> <p>156. The use of skills and knowledge acquired through education and training to ascertain that the ill-health is prevented, health maintained and disease progression neither stopped nor delayed.</p>	
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<p>health promotion, prevention of illness and rehabilitation of the disabled</p> <p>146. Nursing is a dynamic concept of care characterized by nurturing, consultation and feedback, though continuous in nature till the end of life for the care user.....</p> <p>147. Nursing refers to caring and nurturing someone who is unable to care for themselves.</p> <p>148. To care for the sick and dying patient in a loving and compassionate manner</p> <p>149. Save life by caring, loving, supporting, healing, reassuring, educating, referring by professionals or volunteers</p> <p>150. I care for you a caring compassionate act towards those in need</p> <p>151. Nursing relates to caring holistically for those in your care. Nursing involves a myriad of tasks which go beyond the physical Care of a patient.</p> <p>152. Nursing is an art; nursing is scientific, caring, therapeutic use of self.</p> <p>153. Someone who is trained to care for the needs of others. At times who needs to anticipate problems and be able to act accordingly to ensure that patient's life is preserved</p> <p>154. Caring of others</p> <p>155. Its an active role in patients through caring, giving of support and educating, nursing is being involved with the patient physically, emotionally and otherwise to ensure proper health care is provided.</p>	<p>157. continuously taking care of one's life from day one until the last day, by respecting his or her religion, rights, culture, beliefs and other important spheres of life</p> <p>158. caring for the sick</p> <p>159. Well trained people, caring, understanding, and free from all the diseases.</p> <p>160. unique, dynamic, humankind</p> <p>161. Caring profession for unborn to end of life, applying science, humanity and acquired skills, promote, preserve and prevent.</p> <p>162. care of the sick holistically, advocating, referring for help</p> <p>163. continuous and optimum care, science, humanity, professional maturity is applied to promote, prevent and preserve life for wellbeing of patient</p> <p>164. a scientific process, promotion of health, prevention of illness</p>	
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<p>156. Concept of nursing involves the use of skills and knowledge acquired through education and training to ascertain that the ill-health is prevented, health maintained and disease progression neither stopped nor delayed.</p> <p>157. It is a continuously taking care of one's life from day one until the last day, by respecting his or her religion, rights, culture, beliefs and other important spheres of life</p> <p>158. It is a profession which deals with caring for the sick so that they can be healthy or if dying they must die with dignity.</p> <p>159. It is a profession for the well trained people in nursing who possessed caring, understanding that life and health comes 1st and that for one to live a happy life one has to be free from all the diseases.</p> <p>160. Missing us unique... Missing is dynamic.....missing us humankind</p> <p>161. Caring profession for unborn to end of life, applying science, humanity and acquired skills, irrespective of enabling environment in order to promote, preserve and prevent.</p> <p>162. It is taking care of the sick holistically, meaning not only physically but the whole well being, advocating, and referring for relevant help if needed.</p> <p>163. Its a continuous and optimum care, where science, humanity, a certain degree professional maturity is applied beyond available resources, an enabling environment to promote, prevent and preserve life for wellbeing of patient or client to maintained from fetus to end of life.</p>	<p>through health education, curing illness through provision/administration of relevant medication, and provision of care to dying patient through palliative care</p> <p>165. rendering care to patients, skills and knowledge acquired through specific studies</p> <p>166. Preserving life</p> <p>167. act of providing care according to patient's needs,</p> <p>168. To heal ,to care ,to be there for humanity</p> <p>169. comprehensive provision of care, to prevent, heal illnesses, show sympathy, love</p> <p>170. Care giver, life preserver, comforter, advocate, reassured</p> <p>171. care holistically, prevent ill health</p> <p>172. Take care of people, giving them the stability and hope to life, save lives in all aspects.</p>	
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<p>164. Nursing is a scientific process of which health needs or problems are identified and are treated (promotion of health and prevention of illness or disease through health education, curing illness through provision/administration of relevant medication, and provision of care to dying patient through palliative care and financially ensuring that the dead are treated as per the cultural or religious prescriptions of patient or family concerned) with or without pharmacological interventions. Nursing is specific in terms of the environment in which it is practiced I.e., Therapeutic environment where there are no health hazards and plans are in place in terms of disaster occurrences hence nursing is directly involved in management of the environment from the individual aspect, unit, area/department, entire hospital and communities...</p> <p>165. It's about rendering care to patients through skills and knowledge acquired through specific studies</p> <p>166. Preserving life to the highest possible quality and ensuring that when it comes to an end, it does so as peacefully as possible</p> <p>167. The act of providing care according to patients needs, it can be rendering basic care like bathing, feeding and giving treatment to giving health education on how the patient should live to improve her condition or to prevent further illness and also assessing</p>	<p>173. Caring.</p> <p>174. caring physical and psychological</p> <p>175. To care for people without wanting something in return.</p> <p>176. A profession to care and treat people equally, irrespective of their social standing.</p> <p>177. care of the sick people, saving lives</p> <p>178. profession of caring and providing wellness, prevention and treatment of illnesses</p> <p>179. giving of yourself to someone not known to you, provide hope, dignity respect and confidentiality.</p> <p>180. Profession centered on care of individual, family and community to maintain optimal health thus maintaining respect, privacy and human dignity</p> <p>181. Caring for people in a holistic manner</p> <p>182. Profession that care, dignity,</p>	
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<p>patients condition</p> <p>168. To heal, to care, to be there for humanity, to be there before and even after the patient past on and to walk with the family +-6months later. That is my concept of nursing</p> <p>169. Nursing is a comprehensive provision of care that primarily seeks to prevent and heal illnesses whenever they've occurred. In provision of this nursing care, the provider must show sympathy but more importantly the love that will essentially be an integral part of amenities that will expedite healing.</p> <p>170. Care giver, life preserver, comforter, advocate, reassured</p> <p>171. To care for a patient holistically, not only looking at the health of a person but also searching for the reason for his or her disease or infirmity and ways to prevent ill health</p> <p>172 Is to take care of people emotionally, physically and mentally giving them the stability and hope to life. Basically is to save lives in all aspects.</p> <p>173. Caring for those in healthcare need.</p> <p>174. Nursing is caring physical and psychological to the client</p> <p>175. Nursing is a profession where you get involved with clients physically, emotionally and mentally. To care for people without wanting something in return.</p> <p>176. Nursing is a profession where you suppose to care and treat people equally, irrespective of their social standing.</p> <p>177. Taking care of the sick people, saving lives of those in need to</p>	<p>respect and confidentiality should be maintained throughout nursing.</p> <p>183. Caring profession by a registered person in a holistic way, achieve good health and preventing ill health.</p> <p>184. Caring for the sick, both physically and Emotionally, promoting health.</p> <p>185. looking after a patient, advocating on behalf of the client</p> <p>186. Providing nursing care, holistically, an advocate to patients.</p> <p>187. care to health care to live an enhanced life</p> <p>188. Care for people, helping the people, serving the nation</p> <p>189. caring, respect and dignity, must be trained</p> <p>190. care and assist patients / clients who require medical assistance</p> <p>191. ability to provide care for the ill, promote recovery</p>	
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<p>and help bringing life to earth</p> <p>178. It's a profession of caring and providing wellness ,prevention and treatment of illnesses</p> <p>179. Nursing is giving of yourself to someone not known to you. As far as possible i treat my patients in such a way that when they leave my room they have a smile on their once sad face. I try to provide hope in the darkness. I try to maintain dignity respect and confidentiality. I try my utmost best for my patient irrespective of the poor working conditions, lack of resources.</p> <p>180. Profession centered on care of individual, family and community to maintain optimal health thus maintaining respect, privacy and human dignity</p> <p>181. Caring for people in a holistic manner</p> <p>182. It is a profession that cares for who are physical ill, emotional and psychologically, human dignity, respect and confidentiality should be maintained throughout nursing.</p> <p>183. Is a caring profession by a registered person in a holistic way? A carer/nurse is a person assisting a cared person to achieve good health and preventing ill health.</p> <p>184. Caring for the sick, both physically and Emotionally, promoting health.</p> <p>185. Nursing is looking after a patient, advocating on behalf of the client including where she is challenged and could not do for self.</p> <p>186. Providing nursing care, holistically and being an advocate to</p>	<p>192. Maslow's hierarchy of needs met for the patient</p> <p>193. to give holistic care to an individual, physical, mental and socially</p> <p>194. holistic body of care and knowledge</p> <p>a nurse is a compassionate worker</p> <p>195. care of sick people in a professional way</p> <p>196. A science, specific knowledge, an art, a caring approach.</p>	
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<p>patients.</p> <p>187. To provide care to health care users in order for an individual to live an enhanced life</p> <p>188. Care for people, helping the people, serving the nation</p> <p>189. Nursing is caring for patients. Treating them with respect and dignity. Caring for them by bathing them, taking TPR and BP and looking after them even when they are dying. You must be trained to do all of this</p> <p>190. Nursing is a profession that allows for individuals to be able to care and assist patients / clients who require medical assistance</p> <p>191. nursing is the ability to provide care for the ill and in need patients to promote recovery</p> <p>192. Ensuring that as a paedics nurse Maslow's hierarchy of needs are met for the patient</p> <p>193. to give holistic care to an individual, physical, mental and socially</p> <p>194. Nursing is a holistic body of care and knowledge that one undertakes to provide health services and care to the community. The concept is individual, unique and provides the public with skilled nurses that are able to handle and apply their role in a hospital setting and emergency management. a nurse is a compassionate worker</p> <p>195. It means taking care of sick people in a professional way</p> <p>196. A science that involves specific knowledge, an art that encompasses a caring approach.</p>		
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## Annexure 20: Language editing certificate

# Between lines editing

Leatitia Romero  
Professional Copy Editor, Translator and Proofreader  
(BA HONS)

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8 OCTOBER 2020

To whom it may concern:

I hereby confirm that I have edited the thesis entitled: "THE CONCEPT 'NURSING': A VISUAL CONCEPT MAP FOR TEACHING". Any amendments introduced by the author hereafter are not covered by this confirmation. The author ultimately decided whether to accept or decline any recommendations made by the editor, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work.



Leatitia Romero

### Affiliations

PEG: Professional Editors Group (ROM001)  
EASA: English Academy of South Africa  
SATI: South African Translators' Institute (1003002)  
SfEP: Society for Editors and Proofreaders (15687)  
REASA: Research Ethics Committee Association of Southern Africa (104)