FACTORS INFLUENCING THE QUALITY OF WORK LIFE OF NURSE EDUCATORS TEACHING AT SOUTH AFRICAN UNIVERSITIES

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DECLARATION

I declare that **FACTORS INFLUENCING THE QUALITY OF WORK LIFE OF NURSE EDUCATORS TEACHING AT SOUTH AFRICAN UNIVERSITIES** 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.

Cornelle Young   29 January 2019

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ABSTRACT

The aim of this study was to determine the quality of work-life (QWL) of nurse educators at South African universities. The objectives of the research was to describe the demography, home, and work factors of these nurse educators, and its effect on their experience of QWL. It also entailed triangulation of these experiences with the perceptions of the heads of nursing departments (HODs) for a thorough understanding, and designing guidelines to address the situation.

A mixed methods methodology was followed, with a partly mixed sequential equal status sampling design and equal weight to the first quantitative and second qualitative phases. The population for the first phase was all the nurse educators teaching at South African universities, who on invitation completed an electronic questionnaire. The data obtained was analysed by utilising both descriptive and inferential statistics. The population for the second phase was all the HODs of the nursing departments of the 22 South African universities. The qualitative data obtained in the second phase was analysed with the Atlas.ti 8 program.

The results of the study indicate that nurse educators' QWL is influenced by meso, macro and micro environmental factors, with work, home and individual situations that are contextual to the African and specifically South African positioning on the globe. A conceptual framework improving on Easton and Van Laar 's (2007) model are

proposed for the African higher education edcuation (HEI) context, to better understand these influences.

Recommendations to address the situation include:

- Mitigation of international, national and provinical influences through attention to curriculisation and improved governance and funding
- Strengthening the structure across the HEIs by improved governance, consideration of salaries and benefits of all staff to be fair and equal, investing in good technology for better output, developing methods to distribute the workload fairly, and support to staff for research
- Support of nursing departmental output by addressing the needs of HODs, line managers, the nurse educators themselves, supportive staff and students, with the focus on personal and individual factors that influence physical, mental and social health, inclusive of the support of family life

The developed guidelines flows from application of industrial psychological principles to propose improving both the QWL and symbiotically, the output for HEI nursing departments.

Keywords: Africanising curriculum, higher education institution, nurse educator, quality of work life, South African universities, transformation, #FeesMustFall

ABBREVIATIONS

African Union	AU
American Association of Colleges of Nursing	AACN
Cape Peninsula University of Technology	CPUT
Continuous Professional Development	CPD
Control at work	CAW
Council on Higher Education	CHE
Department of Education	DoE
Department of Higher Education and Training	DHET
Department of Labour	DoL
Department of Science and Technology	DoST
District Health System	DHS
Doctor of Philosophy	PhD
Durban University of Technology	DUT
Existing Academics Enhancement Programme	EACEP
Employee assistance programme	EAP
Fort Hare University	FH
Further training and education	FTE
Forum of University Nursing Deans of South Africa	FUNDISA
General wellbeing	GWB
Gross Domestic Product	GDP
Gross expenditure on research and development	GERD
Head of Department	HOD
Higher Education Funding Council for England	HEFCE
Higher Education Learning and Teaching	

Association of South Africa   HELTASA

Higher Education Quality Committee	HEQC
Higher Education Institution	HEI
Higher Education South Africa	HESA
Home-work interface	HWI
Human resources	HR
Information and communication technology	ICT
International Labour Organisation	ILO
Job-career satisfaction	JCS
Massive open online course	MOOC
New Academics Regional Colloquium	NATRC
National Department of Health	NDoH
National Health Insurance Plan	NHIP
National Planning Commission	NPC
National Qualifications Framework	NQF
National Student Financial Aid Scheme	NSFAS
Nelson Mandela University	NMU
New Generation of Academics Programme	nGAP
Northwest University	NWU
Nurturing Emerging Scholars Programme	NESP
Nurse Educator Institution	NEI
Occupational Health Safety	OHS
Organisation for economic cooperation and development	OECD
Quality of Life	QoL
Quality of Work Life	QWL
Science, Technology and Innovation Strategy for Africa 2014	STISA
Sector of Education, Training Authorities	SETA
Sefako Mekghatho University	SFMU
South African Nursing Council	SANC

Staffing South Africa's Universities Framework	SSAUF
Supplementary staff employment programme	SSEP
Stellenbosch University	SU
Stress at work	SAW
Tshwane University of Technology	TUT
United Nations International Children's Emergency Fund	UNICEF
University of Cape Town	UCT
University of Limpopo	UL
University of South Africa	UNISA
University of the Western Cape	UWC
University of the Witwatersrand	WITS
Universities of South Africa	USAF
United States of America	US
United States Dollar	USD
United Kingdom of Britain	UK
Vaal University of Technology	VUT
Western Cape College of Nursing	WCCN
Western Cape Provincial Department of Health	WCDoH
World Health Organization	WHO
Work-related Quality of Life	WRQoL

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CHAPTER 1

INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Quality of work life (QWL) is the essence of an individual's work experience in the broadest sense (Easton & Van Laar 2012:1). It is also a subjective and abstract theoretical concept, with lived experience and perceptions of the concept differing among individuals, groups of people, employers and organisations (Easton & Van Laar 2012:4; Steenkamp & Van Schoor 2013:17).

An organisation has internal and external customers, and in the history of such organisations, external customer care has been prioritised, often with neglect of the needs and care of the employee as the internal customer. This neglect results in dissatisfaction of those responsible for the organisation's production and reaching of its goals, with an impact on the success of the organisation. To be able to create an environment that is conducive to a QWL, managers must determine the needs of employees as their internal customers via surveys, focus groups and in-depth interviews. Thus the same route as with external customers should be followed to devise ways in which the workplace and ultimately QWL will be improved (Steenkamp & Van Schoor 2013:50). This must be a continuous process, which is necessary for organisations to grow, improve and become excellent in providing their type of service, more so in this century with rapid change and technological advances. The survival of many organisations depends on their ability to recognise changes in the environment and to adapt to these changes as fast as possible.

The researcher, as a lecturer in a university, proposes that in the university context, the internal customers are the staff, who are responsible for the teaching and learning of the students, while the graduandi, their parents, sponsors and the industry are the external customers. The products and goals of universities are knowledge and the generation of graduandi that will be effective in the workplace and effect the necessary change for societies to adapt successfully to their environments. The goal of a nursing department or division in a university is the production of knowledgeable and skilled professional nurses with the proper affective attitude towards healthcare users. These professional nurses need to be empowered to do research about evidence-based

nursing care, with application of this newly obtained knowledge to the improvement of healthcare of the South African populations in the environment for which the university provides the workforce.

In line with Steenkamp and Van Schoor's (2013) explanation of internal customers, Berry, Hensel and Burke (1976) (as cited in Singhapakdi, Lee, Sirgy & Senasu (2015:61) explain the concept of internal marketing, which refers to being concerned with "making available internal products [jobs] that satisfy the needs of a vital internal market [employees], while satisfying the objectives of the organisation".

The research for this study deals with nurse educators as internal customers of the university. Internal marketing should be done to address the needs of such internal customers, in order to attain the goals of the university in these turbulent times with constant change at hand. Determining a baseline QWL of nurse educators at South African universities is necessary to contribute to the development of guidelines to maximise their QWL and thus positively impact on an improved quality product that is most effective to deal with an ever-changing society, namely the nursing graduate.

In the rest of this chapter, QWL as a problematic issue for nurse educators is put in context, and the research methodology is shortly explained in determining the QWL status of nurse educators in South Africa at this time.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

The QWL of individuals is affected by their experience of work and the direct and indirect factors that affect this experience (Easton & Van Laar 2012:1). According to these authors, such factors are multiple, and can be intrinsic to the job, such as organisational policies and working conditions, but may also be intrinsic or extrinsic to the individual, such as personality, general feelings of general wellbeing and family composition. Evidence from the United Kingdom (UK) shows that improvement in perceived QWL and a reduction of employees' workplace stress and absenteeism result after implementation of QWL programmes (Tasho, Jordan & Robertson 2005:vii). This project by Somerset County Council indicated a decrease in sickness levels from 10.75 days in 2001/02 to 8.29 days in 2003/04, with an overall saving of 1.9 million pounds over those two years. A cost-benefit analysis of their QWL project

revealed a net saving of 1.57 million pounds, after the cost of the QWL initiative had been subtracted, with a further promise of a cumulative effect on savings.

In contrast with the UK's high-income status, South Africa is seen as a middle income country, one of the two categories of which the International Labour Organisation (ILO 2019:1) describes that a quarter of workers live in "working poverty", engaged in employment that does not always guarantee a decent living, with low pay and no access to social protection and rights at work. Lescano, Cohen, Raj, Rispel, Garcia et al (2019:3) comment on the problems that low and middle-income countries experience in health education, which include limited training, paternalism, low or non-existent institutional resources and a lack of consideration for work-life balance.

The South African health system has been criticised for its poor performance, despite its progressive social justice policies and legislation for equity and transformation, owing to fault lines (Rispel 2016:17-18). These include poor management and governance, and poor leadership, a still non-functioning district health system (DHS), and a health workforce crisis that is not being dealt with adequately. Fragmentation in the healthcare sectors, especially between national and provincial health departments, and corruption caused irregular expenditures and large amounts of money were lost owing to the incompetence of public servants and poor management. Legislation that was not being reinforced, constraints in capacity and varying skills levels contributed to the inability to implement the necessary reforms.

Weaknesses is the policy making and implementation capacity in the South African Nursing Council (SANC) and the NDoH have also resulted in the non-implementation of the 2013 National Strategic Plan for Nurse Education, Training and Practice 2012/13-2016/17, and postponement of the new nursing qualifications framework and curriculum (Rispel 2016:18). Although new qualifications were supposed to be taught from 2019, regulations promulgated more than a decade ago to this end have not seen the curricula implemented to date.

With such uncertainty as the order of the day, South African HEI nursing departments are having to teach old programmes while curriculising ones This takes place while functioning with a large component of contract workforce and staff that needs to upskill towards higher degrees, so that they can teach university curricula on a higher level

than their students. These challenges to the QWL of nurse educators are experienced on a daily, and have a cumulative effect on their 'bodies which keeps the score'.

Some attempts at determining QWL among general university staff nationally and internationally have identified these recurring factors as being detrimental to their QWL: work overload, role conflict, poor remuneration, inadequate performance management, insufficient support for teaching and research, discrimination in terms of race and gender, lack of transparency and poor communication (Barkhuizen & Rothmann 2008; Derby-Davis 2014; Dorasamy & Letooane 2015; Maolane 2009; Mapesela & Hay 2005; Nokes 2014; Pienaar 2009; Pienaar & Bester 2009; Viljoen & Rothmann 2009).

Although concerns have been raised about factors such as increased student numbers resulting in excessive workloads, inadequate continuous professional development, lack of orientation and induction programmes, and insufficient upskilling in new technologies in the National Strategic Plan for Nurse Education, Training and Practice (National Department of Health (NDoH) 2013:23), no base-line data have been collected country-wide about factors that influence the QWL of nurse educators in order to address this phenomenon, where necessary.

The researcher is a nurse educator who is employed in a university nursing department that experiences increased workloads in a female-dominated workplace with limited funds to appoint more staff. Previous employment at a private nursing college created awareness of similar problems of increased workloads being reported from colleagues at both facilities and spill-over of work into home life. Arnold, Randall, Patterson, Silvester, Robertson et al (2016:403-5) state that the key aspects involved in wellbeing in the workplace are factors related to the person (individual differences), and those related to the situation. When there is an agreement among a group of employees that there is a problem at work, situational factors rather than individual ones are the cause of the problem.

The university as a workplace is particularly stressful for those with responsibilities towards children, spouses and ageing parents that live with them. Added to the increased workload are lack of funds to employ more staff, resulting in employment on contract basis only, and the tendency to neglect research and community engagement as expected outputs, with a turnover of nurse educators for better work circumstances

such as fulltime permanent positions, a more manageable workload and better remuneration. Although universities are encouraging the recruitment of younger academics, it seems that younger generations in particular are challenged with the expectations of academic life, and have to choose between an academic career and a family life, with sacrifices at both ends on attempting to combine the two. These sacrifices can lead to physical ill-health and psychological disturbances, especially in younger age groups, as observed by Barkhuizen and Rothmann (2008).

In addition, it appears to the researcher as nurse lecturer that some departments and universities are unable to employ a diverse collection of educators from all race groups and genders, owing to, among other reasons, a dearth of qualified people and lack of interest from certain population groups, resulting in a deficiency in ideal role models for the majority of undergraduates and postgraduates. The combination of these factors results in the inability to fulfil all the expected responsibilities in teaching, research and community engagement, and increasing discomfort about a disturbed QWL. In addition, the unique requirements of nursing education in terms of the clinical accompaniment role of nurse educators, a skewed gender distribution as a result of nursing being a predominantly female profession, and the increased student to educator ratio, coupled with the above factors, may influence the QWL experience of nurse educators in South African university nursing departments.

1.3 STATEMENT OF THE PROBLEM

It is the opinion of the researcher as a nurse lecturer that the QWL of nurse educators at South African universities is at risk of becoming less than ideal, owing to several factors that are inherent in South African history and society. Trends in student numbers and composition, future needs for a knowledge-driven economy, and a lack of educator numbers and necessary qualifications provide further challenges in this sector (Department of Science and Technology (DoST) 2017:40).

Change in society has been driven in particular by increased population numbers, and the need to educate South Africa's young population and to provide jobs for the youth, with university education an expectation by society at large (Yorke & Longdon 2004:14). Furthermore, South Africa still has to reverse some of the ill-effects of past discrimination, by ensuring equality in teaching and learning, and warranting that the

academy decolonises satisfactorily to address African needs and aspirations (Bawa 2017, cited by Pienaar-Brink 2017:1). Technology and various learning and teaching methods have been applied to attempt to deal with larger student numbers, but disturbances such as the '#Fees must Fall' initiative and the resultant financial dilemma in which universities found themselves in, negate the strides that technology has made. Most of the nurse educator's time at home is spent in dealing with the backlog from the increased workload caused by these factors, which infringes on the family and personal spheres. An increasing feeling of uneasiness is experienced, which could impact negatively on physical, mental status and social life.

Evidence of research done internationally into the QWL status of university educators and university staff has shown decreasing satisfaction about their QWL over the last couple of decades (Edwards, Van Laar, Easton & Kinman 2009; Elmes 2016; Kalfa, Wilkinson & Gollan 2017; McCaffery 2019). Nationally, the same trends are reported by Barkhuizen and Rothmann (2008), Letooane (2013), Mapesela and Hay (2005), Maolane (2009), Pienaar (2009), Pienaar and Bester (2009), Viljoen and Rothmann (2009).

However, no such research has been done among nurse educators who teach at universities in South Africa to determine the status quo and to address it, if necessary. Some heads of nursing department have recognised this situation and taken it upon themselves to address it, with some successes along the way and less turnover at their departments. However, dissatisfaction persists at some institutions, with an inability or lack of will to recognise, diagnose and address the problem.

1.4 PURPOSE OF THE RESEARCH

The purpose of this research is to determine the status quo of the QWL of the nurse educators in the nursing departments of South African universities by engaging both the opinions of the nurse educators and triangulating this with the perceptions of their HODs. The researcher thus hoped to establish reasons for the prevailing status, to illuminate inherent problems, and to develop guidelines to maximise the QWL under these circumstances.

1.5 OBJECTIVES OF THE RESEARCH

The first objective for this study is to describe the demography of nurse educators at universities in South Africa.

The second objective is to determine the effect of these demographic factors on the QWL of nurse educators at South African universities.

The third objective is to measure the effect of the categories of home, individual and work factors on Work-Related Quality of Life and its subdivisions according to Easton and Van Laar's (2007) model.

The fourth objective is to compare the WRQoL scores of the South African nurse educator sample with those of the UK university staff sample as provided by Easton and Van Laar (2007).

The fifth objective is to explore the perspectives of heads of nursing departments (HODs) regarding their own and the general QWL of educators at their university's nursing department.

The sixth objective is to enrich the data obtained in the survey with the interview results by mixing the findings, for an in-depth understanding of all the factors at play at a university that infuence the QWL of nurse educators.

The seventh and last objective is to develop guidelines which would help towards an improved QWL in nursing departments at South African universities in the future.

1.6 SIGNIFICANCE OF THE STUDY

Determination of the opinions and perceptions of QWL of South African educators and HODs at university nursing departments will contribute to the body of knowledge on this issue. It should provide a baseline from which to understand pertinent problems that occur in specific areas such as on the demographical, home, individual and workfronts. In investigating trends and successes in facilitation of QWL, best practices can be obtained and shared through the development of guidelines.

Such developed guidelines, which are unique to the presenting problems in this specific teaching and learning environment, would help nurse educators and HODs to become more efficient in the workplace and deal sufficiently with South African

students and African health matters. These guidelines might be invaluable to the nursing profession locally and internationally, specifically because of the great number of African students from elsewhere on the continent in the student corps (Cloete, Mouton & Sheppard 2015:91) that might benefit. It will help to align South African nursing with global trends, and inform other middle-income developing countries in similar positions of successful processes, possibly to be duplicated.

Mixed methods research contributes to the significance of this study, because multiple approaches are combined to increase understanding of the presenting phenomenon. Ultimately, the findings would assist in understanding, appreciating and complementing roles in the unique setup of universities. Motivation towards reflection of practices, strengthened relationships, improvement of morale and increased feelings of wellbeing and job satisfaction, and consequently overall performance at work would thus result.

1.7 DEFINITIONS OF TERMS

To understand the terminology in the narrative of this thesis, these definitions are provided to ensure that the reader is clear about their meaning as used by the researcher.

Basic needs: These are the minimum resources necessary for long-term physical wellbeing (Farlex 2015: np). In this study the term includes the psychological and social wellbeing of nurse educators.

Employee wellbeing: **'**Wellbeing' of an employee means that he or she experiences a QWL that includes work-based factors such as job satisfaction, and broader non-work factors that affect approaches to work and how individuals are affected by work. This includes general life satisfaction and feelings of wellbeing (Van Laar, Edwards & Easton 2007:326). In this study it means the typical feeling of the employee of being satisfied with life and general circumstances.

Factor: Factor refers to an element that contributes actively to an accomplishment, result or process (Farlex 2015:np). In this study, factors refer to all aspects in the home, individual and work domains that could influence the QWL of a nurse educator at one of the nursing departments of a South African university.

Head of nursing departments: 'Head of department' refers to the chief of service (Farlex 2015:np). In this study it refers to the person in charge of the nursing department or division at a university, who is usually someone with basic nurse training and further education, for example a PhD in nursing. This person also has experience of working as a nurse, teaching nursing students, and taking responsibility as a manager of nursing curricula being taught at undergraduate and postgraduate nursing programmes at tertiary level at a South African university.

Home domain: This area consists of family and friends and leisure pursuits, and influences and is influenced by work and individual domains (Van Laar, Edwards & Easton 2007:np). In this study, the home domain refers to home life, which is influenced by family and friends and circumstances at home.

Individual domain; This area consists of the mental, physical health and personality of a human being. It influences and is influenced by the home and work domains (Van Laar et al 2007:np). In this study, the individual domain refers to the individual as a whole being, including his or her physical, psychological and social aspects.

Job satisfaction: This is the degree to which a person is generally happy with his or her ability to do the work (Van Laar et al 2007:np). In this study, job satisfaction refers to the sum of internal and external factors that motivate a person to continue to stay in a job and excel in it.

Nurse educator: A nurse educator is a specialist that focuses on education and training undergraduate and postgraduate programmes in nursing with an additional qualification in nursing education and is registered as such with the South African Nursing Council (SANC) (2014:1). In this study, a nurse educator is an academic who teaches at any of the 22 departments of nursing at universities in South Africa.

Nursing department: This term refers to a division of an university that trains nurses at undergraduate or postgraduate level that might be called by various names, for example Department of Nursing Sciences or Department of Health Studies, according to the history, culture and policy of the university. Such a department is accredited by the SANC to offer these programmes for student nurses and nurses, which could lead to registration at this regulatory body on completion. Some nursing departments may be called divisions, depending on their size and their relationship with the faculty under which they resort. For example, if allocated under the Faculty of Medicine, they could

be a division under that faculty, instead of a department, especially if teaching nursing curricula is not the major output of such a university.

Quality of working life: This aspect is that part of the overall quality of life that is influenced by work, and the widest context in which employees would evaluate the influence of work on their life (Van Laar et al 2007). Booyens (2014:462) adds that it is the degree to which employees are able to satisfy their important personal needs by working for an organisation.

In this study it relates to nurse educators functioning mentally and physically at a satisfactory level with the goal of producing outstanding graduates of nursing in the minimum allocated time. It includes being productive, having to stay, and coping with work stress. The terms quality of 'working' life and quality of 'work' life are used interchangeably.

South African university: A university is an institution at which students study for a degree, and where academic research is done (Waite & Hawker 2009:1012). In this study, university means a higher education institution where nursing students study for degrees at undergraduate and postgraduate level in South Africa. Other HEIs educate nurses at undergraduate level for example governmental and private colleges, but in this study the researcher is interested specifically in universities.

Work domain: This is the area of a person's life that is influenced by the work processes and culture, and the people at work. This domain influences and is influenced by the home and individual domains (Van Laar et al 2007:np). In this study, the 'work domain' refers to the person's work environment with obvious processes, but also non-salient factors such as culture, which influence the experience of the employee.

1.8 THEORETICAL FRAMEWORK

1.8.1 Motivational theories

QWL is narrowly related to the motivational theories of Maslow (1943) and Herzberg (1959) with theories of QWL following twenty years later (in Easton & Van Laar (2012:4-5). Maslow placed food, shelter and monetary needs to supply these aspects

as the foremost needs of individuals, followed by good working conditions on the next level, and ultimately self-actualisation as humankind's highest need. Herzberg's hygiene factors (job context) and motivators (job content) contribute to understanding factors in the workplace that could affect the worker's motivation.

Steenkamp and Van Schoor (2013:44,46) add McGregor (1960) and McLelland (1961) to this list of original motivational theorists. According to them, McGregor's theory X and theory Y introduced employers to the realisation that attitudes to work culture are changing, with job satisfaction being a major motivator and direct supervision of less importance. McClelland believes that the needs for achievement, affiliation and power are three motivators that exist in all individuals, irrespective of culture, gender and age.

According to Steenkamp and Van Schoor (2013) the concept of QWL is closely related to motivation, which includes the key elements of effort, organisational goals and persistence in its definition of "the processes that accounts for an individual's intensity, direction and persistence of effort towards attaining a goal". Effort refers to how hard people try to overcome obstacles to satisfy their goals. Their ability to put in effort depends on need satisfaction, the importance of the goals to them and evaluation of skills and knowledge relating to the task. Effort should be directed at clear organisational goals, in order not to be misdirected and useless, with controls applied to achieve those goals. Persistence in achieving a goal depends on how important it is for the individual to reach the goal. Motivated people do everything possible to reach the goals of the organisation, especially if it includes personal goal satisfaction.

To further their theorising about motivation among employees, Steenkamp and Van Schoor (2013:44) added Victor Vroom's expectancy theory (1964), which explains motivation as the associations people make regarding the value of their contributions towards a certain ideal outcome, rather than self-interest. People are motivated according to their expectations. They can achieve a desired outcome with certain input, skills and ability. If managers can thus determine what factors influence individual effort, this chain of events can be influenced, so that organisational and personal goals are met with the rewards that follow for both. Steenkamp and Van Schoor (2013) also postulate that evaluation of the task regarding individual qualities and expectation of success should be done to contribute to this process, and thus motivate for this aspect to be added to Vroom's theory.

1.8.2 Quality of work life theories

QWL can be seen as a type of work life by employees, or a movement, or a set of organisational interventions (Kandasamy & Ancheri 2009:328). In this study, the focus is on QWL as a type of work life.

Internationally, the history of 'quality of working life and job satisfaction' can be traced back to the 1960s, when Mayo first studied how the environment affected a worker's performance. Irving Bluestone then designed programmes to increase worker productivity, with a conference about Quality of Working Life following in 1972, and the formation of a Council for the Quality of Working Life (Easton & Van Laar 2012:3). South African authors Steenkamp and Van Schoor (2013:72-74) reported a more recent history of interest in QWL in 1990 in South Africa, probably because of isolation from the international community owing to apartheid predating this period.

Continuous problems with QWL and stress at work ultimately led to the field of industrial/occupational health psychology, with special interest from managers and psychologists, the establishment of courses at university, and the publication of journals, such as the Journal of Occupational Health Psychology, also in the 1990s (Schultz & Schultz 2010:286). Human resource managers in particular have become involved in this process of 'new managerialism', which has become part of previous autonomous and collegial universities. Thus there is a general move towards a more state-regulated and manager-powered new managerialism over universities and their employees (Alvesson & Spicer 2016:30; Kalfa et al 2017:275). Government and managers seek to establish organisational, managerial and cultural changes through a regime of discipline and control, which is contradictory to the ways in which professional knowledge workers, who are responsible for own research, output and innovation, function at a university. This results in a tendency to force university staff to take on more students, with fewer resources for improved management, with terms such as competition, effectiveness, efficiency, auditing, target-setting, and benchmarking affecting their QWL.

Many definitions of QWL have been formulated because of the various theoretical stances, with each listing a multitude of factors that influence QWL. Workplace factors, psychological wellbeing, happiness and life satisfaction were most commonly identified (Easton & Van Laar 2012:3-4). Singhapakdi et al (2015:62) use Maslow's

lower-order and higher–order needs to categorise and define QWL as employee satisfaction with lower-order health, safety, economic and family needs and higher-order social, esteem, self-actualisation, knowledge and aesthetic needs being met via organisational resources, activities and outcomes stemming from participation in the workplace. Schoeman (2016:3) emphasises the necessity for autonomy, interaction and recognition as important factors for satisfied and mentally healthy employees, which have an effect on stress levels and burnout or job satisfaction and self-actualisation. These three factors fall in with the higher order needs as identified by Maslow.

Martel and Dupuis (2006:344-5) explain the development of QWL in three models, namely the transfer model (or spillover model), the compensation model and the segmentation model, then add the accommodation model as a fourth aspect. The segmentation model places work and home life in different categories, which do not influence one another, while the compensation model focuses on how individuals obtain stimulation outside work if it is lacking at work, for instance by engaging in hobbies when work is tedious. Contrary to this, the spillover model focuses on the links between work and non-work areas of life and their effect on one another, while the accommodation model improves on the spillover model and explains the active investment of work in the home, and the other way around, to be able to reach balance in both.

Because QWL concepts vary even according to organisation and employee group, Easton and Van Laar (2012:3-4) addressed this problem pragmatically by defining QWL in a broader context than specific factors in a specific theory. Consequently QWL is seen by them as the concept of overall employee wellbeing, as a higher-order basic need in Maslow's hierarchy, but a broader concept of overall wellbeing than Maslow anticipated (Van Laar et al 2007:326). Furthermore, QWL is obtained with the satisfactory interaction of the three overlapping domains of home life, individual life and work life within a supportive cultural, social and economic environment. Satisfaction in one domain (for example work) has a spill-over effect on the other domains, for example home life (and vice versa). At the same time, the cultural, social and economic environments in which these domains are situated provide the background, and simultaneously the stressors (barriers) and enablers to contribute towards the satisfaction or dissatisfaction with the experienced QWL.

To validate these theories and models of QWL, Easton and Van Laar (2012:6) applied and tested their WRQoL questionnaire among several populations, health institutions and university staff, and refined it via statistical analysis. Conceptualisation of their model of QWL through this process facilitates rough comparisons of UK findings with the findings among the South African nurse educator university population. As a result, trends in the perception of QWL across continents could be investigated and could assist in clarifying differences and similarities in perceptions and in offering advice about coping with situations to address the issues in hand.

This model and the dimensions that determine the QWL as conceptualised by Van Laar et al (2007) were used to structure the quantitative phase of this mixed methods study and to explore relationships as concluded with the aid of inferential statistics from the survey data. This model also helped to present the findings of the qualitative phase and mixing of the methods in the last phase.

1.9 METHODOLOGY OF RESEARCH

1.9.1 Mixed methodology

Johnson and Onwuegbuzie (2004:17) define mixed methods as the combination of several paradigms and methodologies, concepts and language eclectically in a single study.

Lobiondo-Wood and Haber (2018:193) summarise the core characteristics of mixed methods research as being the rigorous collection and analysis of quantitative and qualitative data, based on the research question, the mixing of the two forms of data, with priority to one or both forms in terms of emphasis, the use of the procedures of both types in one study, or in multiple phases of a programme of study, the framing of procedures with a philosophical worldview/theoretical lens and lastly, the combination of procedures into research designs that direct how the study should be conducted.

In this study, use of a combination of descriptive quantitative and qualitative research approaches accentuated the strengths and minimised limitations of both (Creswell 2014:218). Whereas descriptive quantitative research depends on self-report from respondents, Lambert and Lambert (2012:256) observe that descriptive qualitative

research is a categorical, less interpretive and thus less philosophically encumbered approach to enquiry, allowing the researcher to engage with the data in a closer and less abstract way. It draws from naturalistic inquiry by studying human behaviour straightforwardly in its natural state. Mixing the results of both phases assisted in blending the findings to gain a better understanding of the problem of QWL, via meta-inferences. Such meta-inferences are defined by Ivankova (2014:26) as more complete and insightful answers to the research questions via conclusions generated through an integration of the inferences. Meta-inferences also refer to synergy as an overall reason for choosing mixed methods.

Challenges for mixed methods research include the time needed to collect and analyse both datasets, and the need for the researcher to be familiar with both methodologies to be able to mix and explain the methodology diagrammatically.

1.9.2 Reliability, validity and trustworthiness

Onwuegbuzie and Johnson (2006:48) state that mixed methods' nomenclature for explaining the validity, reliability and trustworthiness of research is via the process of 'legitimising the research', with this step being crucial to critical appraisal of mixed methods research.

Threats to reliability, validity and trustworthiness that are related to this study are described in detail in Chapter 3 when stating the delimitations and limitations of the study in Section 3.3.7.2, after presentation of the quantitative findings in Section 5.3 in Chapter 5, the qualitative findings in Section 6.5 in Chapter 6, and after mixing of the methods in Section 7.8 of Chapter 7.

1.9.3 Staging of methodology

Mixed methodology for this research included the use of the 13-step methodological framework by Collins, Onwuegbuzie and Sutton (2006:67) in the formulation, planning and implementation stages. These three stages and steps are discussed in more detail and in order in Chapter 3. Using interactive iterative steps to formulate and plan the mixed research study should improve the ability to draw valuable ethical meta-

inferences from the quantitative and qualitative data collected in the later stages (Leech, Collins, Jiao & Onwuegbuzie 2011:863).

1.10 SCOPE OF THE STUDY

The focus of the study was on providing guidelines for nursing departments and nurse educators to address issues related to the QWL of nurse educators at universities in South Africa. The study was conducted in a South African context, namely at the 22 universities with nursing departments/divisions that were responsible in 2016–2017 for nurse education at undergraduate and postgraduate level. The estimated 425 nurse educators that teach at these universities were the focus of a quantitative survey in the first phase. The heads or acting heads of nursing departments were the focus of the interviews in the qualitative phase that followed, to obtain their views on the status quo and elicit suggestions on ways to improve it. Guidelines were drawn up when these two phases were mixed in the last part of this research. Although limited to universities, the issues that are addressed in the guidelines may possibly be applied to nurse educators at other HEIs, for example governmental and private colleges.

1.11 CONCLUSION

This chapter gave the background of and a rationale to the research question, which asks what the QWL of nurse educators at South African universities is, and which factors influence a QWL at a university nursing department. Answers to these questions helped to meet the objective of developing guidelines to enhance the QWL of nurse educators at South African universities. After all the objectives of the study had been spelled out, the theoretical and methodological stances were discussed.

In Chapter 2, a thorough literature search is reported on. Chapter 3 deals with the methodologies. Chapters 4 and 5 present the data analysis, conclusions and recommendations from the quantitative phase, while Chapter 6 deals with the qualitative analysis. In Chapter 7 the data are mixed. Chapter 8 presents the validated guidelines formulated from the conclusions after mixing the data.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, QWL is contextualised within the concept of Quality of Life (QoL). The conceptual framework of Van Laar, Edwards and Easton (2007:326) that is used in this study to explain the domains that influence a QWL is discussed in more detail. The seminal work of Loscocco and Roschelle (1991) about the workplace situation in the previous 30 years is compared with recent workplace situations and influences to determine similarities, differences and changes that are occurring half a century later.

In a discussion on the status quo on QWL in companies it is concluded that following the dehumanisation of jobs in the workplace in the 1950's, employers have realised that they need to invest more in the QWL of their employees. This mindframe is also echoed in studies that show that workplace satisfaction increases intent to stay and help business to improve their output.

With this situation established, the researcher further presents the situation of QWL in universities and nursing departments, concluding that the prestige of being a lecturer is being eroded, due to better remuneration and working conditions in such sectors as business and management.

Agenda 2063 is introduced in relation to universities on the African continent, with the goal of greatly increasing the number of student enrolments, with far-reaching effects on the inadequate staffing levels at educator level (Chipperfield 2016). This discussion focuses on South African healthcare faultlines and the need for South African universities' need to restructure at institutional level regarding human resources.

Following this information, factors are identified in the literature that influences the QWL of South African university staff, such as age, gender, race, availability of finances and student population. A historical perspective is given of nursing in South Africa, followed by discussions on the current situation in nursing with regard to university education, which includes changes to nursing curricula.

2.2 DEFINITION AND POSITIONING OF QUALITY OF WORK-LIFE

QWL falls within the realm of QoL, a term that was initially developed by healthcare professionals and has since been adopted further afield (Barcaccia, Esposito, Matarese, Bertolaso & De Marinis 2013:1). QoL is defined by these authors as the general wellbeing of individuals and societies, outlining negative and positive features of life and being concerned with life satisfaction, including physical, spiritual and social health, family, education, employment, wealth, religious beliefs, finance and the environment. Further aspects of QoL are that it is subjective, multidimensional and, in responding to life events such as work, illness and other upheavals, it is also dynamic, having an immediate and drastic effect on a changed QoL for the individual involved.

With QoL having been defined, Van Laar et al's (2007) definition of QWL is "that part of overall quality of life that is influenced by work, and the widest context in which an employee would evaluate the influence of work on their lives" (Easton & Van Laar 2012:3). This implies that this 'widest context' touches milieus outside the work situation, such as the social and cultural context of the work, the employee and society, and thus the factors mentioned in the definition of QoL.

With definitions of QWL evolving over time, several models include different, but overlapping aspects that contribute to the concept of QWL, with the most common and simple definition being job satisfaction. This definition indicates a preoccupation with the workplace only. Consequently aspects of the individual and the home life as affecting QWL should be added to this restrictive definition. It can be deduced, however, that QWL, like QoL is dynamic, that it is also related to an employee's needs, as described by Maslow and others, and that some aspects that affect it are seen as lower order needs, with others, such as self-actualisation, being higher order needs. In addition, social and cultural environments affect QWL, as Easton and Van Laar's (2012) definition confirms, and the status of QWL influences the general wellbeing of the employee dynamically in such broader environments, not necessarily only in the work, home or individual environments.

For the purpose of this study, the definition of QWL as necessary ethical behaviour in terms of social responsibility as "a programme or process by which an organisation responds to the dignity and needs of employees and develops mechanisms to allow employees to share fully in making the decisions that design their lives" is acceptable

(Steenkamp & Van Schoor 2013:72). These authors saw all activities that contribute to occupational health safety (OHS), such as a safe and pleasant working environment, as being related to a QWL. Their definition also emphasises the importance of participation in decision making in the work environment.

The dynamic status of society, which allows it to evolve constantly, changes the workplace, often at a drastic speed, with negative or positive influences on QWL. Van Laar et al (2007:32) ask that organisations should be sensitive to this reality, and that the workplace situation therefore should be assessed regularly to determine the employee's role in the workplace, stress-inducing factors at work and the family-work-life balance. This would include determining whether employees are treated fairly, according to legislation and health and safety measures. Factors that could have a negative impact on employees' QWL should be addressed sooner rather than later to promote their wellbeing. Organisations that fail to recognise that change in the outside environment has influenced the need for urgent change inside the organisation will suffer from staff discontent, staff turnover and excessive expenditures.

2.3 THEORETICAL FRAMEWORK OF VAN LAAR, EDWARDS AND EASTON

The theoretical grounding of this study is based on the framework proposed by Van Laar et al (2007:326). QWL is seen in the wider concept of overall employee wellbeing, not just job satisfaction.

People have basic needs that they have to fulfil. QWL is obtained with three overlapping domains that interact within a cultural, social and economic environment to fulfil basic needs:

- The work domain (including people at work, work processes and culture)
- The home domain (including leisure pursuits and family and friends),
- The individual domain (including mental and physical health and personality)

As well as the influence they have on one another, satisfaction in one domain (for example work) has a spill-over effect on the other domains, for example home life (and vice versa) as Figure 2.1 indicates.
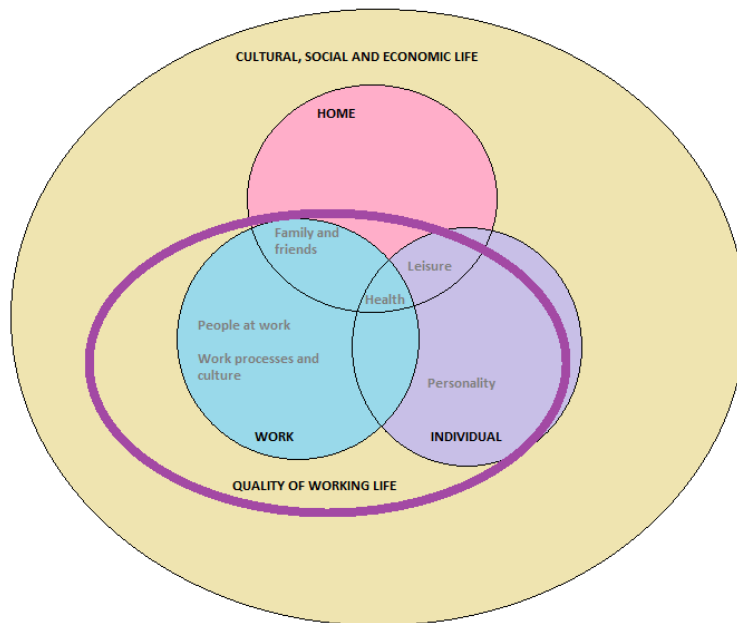
Figure 2.1 Depiction of quality of work-life

Source: Adapted from Van Laar, Edwards and Easton's framework (2007:3)

Contrary to major theoretical approaches to QWL that indicate that job satisfaction and work commitment as work-related factors are the indicators of a QWL, Easton and Van Laar (2012:1) reiterate Loscocco and Roschelle's (1991) conclusion that people's assessments of their QWL are as affected by what they bring to the job as they are by what happens at the workplace. Thus the relationship between work and non-work life is acknowledged, and indicators such as life satisfaction, marital satisfaction and emotional wellbeing are also regarded as important aspects of the non-work life that affect QWL (Van Laar et al 2007:326).

In the next discussion, the conceptual framework of Van Laar et al (2007) is used to classify the literature search in the domains of work, home and the individual. The discussion draws to a large extent on Loscocco and Roschelle's (1991:188-192) summary of work about QWL over the 1970–1990 period as background. It is realised that different influences from different geographic areas and times, with different individual/group needs, values, socialisation trends, non-work constraints and greater representation of women and ethnic groups made important contributions to these findings of workplace situations. Nevertheless, these findings are a basis to what we know already about work and non-work influences and should not be disregarded. Where contrasting evidence is found, it is discussed in the narrative, rather than ignored because it is from an earlier time.

2.3.1 Work domain

The work domain is that area that includes job requirements, a safe work environment and organisational commitment at work.

The two main aspects that affect QWL in the work domain have been classified as people at work, and work processes and culture (Van Laar et al 2007).

2.3.1.1 People at work

Employees are influenced by their social networks at work. Perceptions of one another's remuneration, performance appraisals and work situations affect behaviour more than the facts (which might differ from perceptions) (Loscocco & Roschelle (1991:197). Thus group characteristics could influence the way in which people respond to their jobs. Supervisors, colleagues and support personnel are the people and groups at work with whom an employee has to deal. In the nurse educator setup, this includes the students they teach. Each of these categories of people and the individual's relationships with them can cause immense satisfaction, but also frustration and eventual burnout and turnover for the whole organisation (Alkærsig, Kensbock & Lomberg 2018:1).

Arnold et al (2016:4614) state that support through social contact and relationships with peers, supervisors and subordinates helps in dealing with interpersonal and work pressures. When relationships are poor, with low trust, support, interest in listening, without help to deal with problems, it can cause high role ambiguity, poor communication, and ultimately unbearable stress. Because a large part of one's day is spent at work, 'office politics' can be quite detrimental. Employees have the potential to share similar experiences and understand one another's sources of stress and offer effective practical (and emotional) help as peer support

Aspects such as bullying, and race and gender discrimination and sexual harassment can occur in diverse workplace populations and impact adversely on relationships, organisational commitment, job satisfaction, productivity and individual psychological health (Arnold et al 2016:415). Workplace bullying as "repeated and persistent negative acts involving a perceived power imbalance that creates a hostile environment, and occurring at least weekly for shorter periods, but including six months or more" causes financial losses and legal battles in an organisation (Arnold

et al 2016:415). It has been calculated that a quarter of people that are bullied and a fifth of people that witness the bullying leave the organisation. Bullying results in physical factors (loss of appetite and sleep) psychological factors (difficulty concentrating, anxiety, depression, and suicidal thoughts), social aspects (poor relationships outside work) and financial aspects (loss of employment, inability to secure another position). As well as high job stress that is associated with hostility and sabotage as aggressive behaviours on the job (Kalfa et al 2017:285), it is related to spousal and child abuse (Schultz & Schultz 2010:297)

Good horizontal and vertical lines of communication are necessary for open and transparent communication and good relationships. Workplace programmes are necessary to successfully address aspects such as bullying, and race and gender discrimination, which can occur in diverse workplace populations and affect relationships adversely.

2.3.1.2 Work processes and culture

Every workplace has a background and history and a way in which work is done. A university setup is no different. Many universities have evolved from male-dominated workplaces for a select few to organisations with diverse work processes and a multitude of cultures, while maintaining a work culture to allow for work processes to flow and work to be done to standard. This evolution process has not been without its problems, and mirrors the problems that society at large is dealing with.

A workplace culture refers to a workplace's 'persona'. This persona consists of the attitudes of the employees, how they communicate and relate to one another, and how they feel about one another and treat one another (Fertman 2015:106-109).This workplace culture reflects the values and norms of the employers and employees, what they give attention to, and what interests them. Thus by knowing the culture, one discovers what is important and of value, and what the work processes are, which are often spelled out in policies and procedures. The workplace climate describes the quality of everyday life at work, how people feel at work, and how this affects their performance and health. The workplace climate also reflects whether employees feel included and appreciated and physically and emotionally safe in their environment.

Aspects such as bullying, race and interpersonal relationships are often dealt with when workplace climates are assessed.

Insight is given into work processes when descriptions of job characteristics such as the provision of challenge, meaning and variety are classified as bringing intrinsic rewards, which are just as important and more satisfying than remuneration and benefits as extrinsic rewards (Loscocco & Roschelle 1991:192-5).

Challenge (or the lack of it) can refer to work overload and underload. Lai, Saridakis and Blackburn (2015:223) differentiate between quantitative overload as having too much work to do in the time available, and qualitative overload, which refers to work that is too difficult. Schultz and Schultz (2010:295) explain that quantitative overload is recognised as contributing to heart disease, and is addressed by the degree of control workers have over the pace at which they work. Underload is equally frustrating, and gives rise to boredom and monotony, which can also increase stress and reduce job satisfaction, with the feeling that work lacks meaning.

Meaning and variety as characteristics are brought to the job via skill variety, task identity (the degree to which the job requires completion of whole piece of work) and task significance (Loscocco & Roschelle 1991:192-5).

Furthermore, autonomy in the job as another important characteristic relates to responsibility for work outcomes and feedback that work activities are understood (Loscocco & Roschelle 1991:194). Autonomy was the factor that was found in successful workplaces that consistently led to job satisfaction and work commitment across occupations and organisations and job titles.

Juxtaposed with autonomy are factors such as job ambiguity (when the job is unstructured and poorly defined) and role conflict (when there is a disparity between job demands and employee's values and expectations). Zheng, Thundiyil, Klinger and Hinrichs (2014:110) state that these aspects increase job dissatisfaction and decrease work commitment. Curran and Prottas (2017:642) add that role ambiguity is one of the strongest stressors at work. Gilboa, Shirom, Fried and Cooper (2008:227) comment that it should be dealt with by ensuring that the criteria for job delivery are clear, that procedures for successful performance of the job are spelled out, and that timing or sequencing of work is explained clearly.

Organisational and contextual characteristics such as structural complexity lead to lower job satisfaction and work commitment, with manager emotional intelligence mediating project success (Rezvani, Chang, Wiewiora, Ashkanasy, Jordan et al 2016:1112). Generally positive work attitudes result when formal decision making is low, but actual decision making is high (Loscocco & Roschelle 1991:194).

Reporting on the 30 years of work ending in the 1990s, Loscocco and Roschelle (1991:195) refer to the positive impact unionisation has had on job satisfaction and work commitment, because it enabled the reduction of wage inequality and increased worker control, enabling them to voice dissatisfaction, rather than have to leave the company. Mathur (2017:np), however, questions the current relevance of unions and cites the general decline in union membership owing to automation and globalisation, against which workers are ill protected.

Promotion opportunities for upward mobility improve positive attitudes to work, but perceived fairness of the process of promotion is also a factor in attitudes to work. In the time (1970–1990) and context (American) of Loscocco and Roschelle's study (1991:192-5) white men were disproportionately represented in management, who were also responsible for decisions about promotion, and even more so in promotion without a test. In the emerging intersection of gender and race at the time, this was shown to impair the promotion of women and minorities. This situation was reflected in South Africa, which addressed similar issues in earnest only after the first democratic government was elected in 1994, and is struggling in this attempt in a just and fair way in the unique South African context.

2.3.2 Individual domain

The three main aspects in the individual domain are personality, mental health and physical health. These three characteristics when brought to the workplace or influenced by the workplace have an important effect on the QWL and financial status of the individual and that of the company and the country.

Personality is that stable and enduring set of characteristics that distinguish one individual from another, making him or her unique, but which at the same time allows people to be compared with one another (Gross 1996:177).

The World Health Organization (WHO) (2017:1) states that 'health' is "a state of complete physical, mental and social wellbeing, and not merely the absence of disease". Physical and mental health have an influence on one's ability to work. According to Fertman (2015:179) physical health is mostly defined as being pain free, having no physical disabilities, chronic and infectious diseases or bodily discomforts that require the attention of a doctor. WHO's definition of mental health is "a state of wellbeing in which every individual realises her or his own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO 2014a).

The three aspects of personality, mental and physical health as influencing QWL are now discussed.

2.3.2.1 Personality

Personality traits cause each person as a unique individual to react to risk situations differently, but the behaviour of an individual may change according to situation and related to time (Fuller & Vassie 2013:231-232). Personalities may be classified into introverts and extroverts, but also into stable (planning ahead in a controlled and reliable manner) and unstable (taking chances, being impulsive, being unreliable). Combinations of these features allow for positive stable extroverts (good leaders), stable introverts (calm, controlled, thoughtful) and negative unstable extroverts (impulsive, excitable) and unstable introverts (pessimistic, rigid). Schultz and Schultz (2010:288) mention hardiness, self-efficacy, locus of control, organisation-based self-esteem, self-control and negative affectivity as variables that affect individual vulnerability to stress in the workplace. Self-efficacy beliefs relate to how capable people think they are to exercise control over events that affect their lives. This is influenced by physiological habits such as fear, irritation, fatigue, and mood states (Nazari, Tojari & Esmaeili 2014:537).

One's personality affects how one perceives life, how one acts towards others and one's attitude to work. Two people can do similar work, with one being happy with his or her circumstances, and the other unhappy, as a result of personal factors (Arnold et al 2016:403; Dorasamy & Letooane 2015:261).

Negative affectivity as a personality trait is related to neuroticism and the experience of distress and dissatisfaction in all areas of life, not just on the job, with a tendency to focus on failures, weaknesses, and shortcomings (Schultz & Schultz 2010:291). As opposed to this, positive psychology identifies experiencing positive emotions, which serve to increase attention, thought processes and actions, and build resources at physical, intellectual and social level (Frederickson 1998, as quoted by Arnold et al 2016:399). It seems that individuals also differ in vulnerability or resilience in response to bad treatment by others (bullying), and that those without coping and conflict management skills, with low independence, extroversion and stability character traits, those with high conscientiousness and achievement traits and lastly, high anxiety traits and low social skills are prone to be targets of such negative behaviour, also in the workplace (Arnold et al 2016:415).

On the side of the bully, such excessive negative power exerted over others can be explained as the result of a personality with poor self-esteem and inadequate social competencies (eg low social control) and thus a need to protect own interests and to improve own position in relation to others. Arnold and Randall (2010:462) ascribe bullying behaviour in the workplace mostly to managers at 70%, with 37% to colleagues, and even to subordinates (12%).

However, Easton and Van Laar (2012) say that employees with specific personalities do not passively receive working conditions that are imposed on them, but shape their work environments with resilience and creativity through the values and individual needs that they bring to the workplace, thus finding satisfaction and meaning.

Warr, Cook and Wall (1979:129-148) refer to eight personality traits in their seminal work that indicate whether a person would be satisfied with their QWL:

- The extent to which a person wants to be engaged in work (work involvement)
- The extent to which a person wants to personally perform well in a specific job situation to achieve intrinsic satisfaction (intrinsic job motivation)
- The employee's need for satisfaction and achievement through skilled and autonomous work (referring to Maslow's higher order needs of self-actualisation) extending across jobs, explaining the importance an individual attaches to the attainment of higher order needs (his higher order need strength)

- The employee's perception of the presence of the valuable features of job variety, autonomy, task identity, task significance and feedback which may give raise to intrinsic satisfaction (perceived intrinsic job characteristics)
- The degree to which a person reports satisfaction with intrinsic and extrinsic features of the job (job satisfaction)
- The degree to which a person expresses satisfaction with his environment and everyday life (life satisfaction)
- The degree to which a person reports that he is currently satisfied/happy (happiness)
- The degree to which a person reports anxiety about features of his life and life-span (self-related anxiety)

Needs satisfaction models (section 1.8.1) are one way of explaining people's attitudes towards work. People have similar needs, as explained by Maslow, but differ according to their circumstances at which level they are on and want to be. Lower-order needs have to be fulfilled before higher-order needs can be met. Thus determining in which phase of life the individual is could help towards fulfilling individual needs, with the realisation that the majority might have similar needs, which could help towards greater satisfaction in the workplace.

Globally age has consistently been shown to be most related to satisfaction at work, with older employees being most satisfied, more involved in the job, and most committed to their work. Possible explanations are that people become more realistic about their expectations and wishes as they move through the life stages, that older employees occupy better jobs than younger ones, and that different age groups of workers have received different messages about what they can expect from the job, owing to societal shifts in work values (Arnold et al 2016:232; Loscocco & Roschelle 1991; Ng & Feldman 2010).

Younger workers often expect far more from their jobs than they get, with accompanying discontent. This explanation is especially important to understand Generation Y (those born between 1980 and 2000) (Robyn & Du Preez 2013:2). They add that this generation, among whom recruitment for succession planning is necessary, has characteristics that must be accommodated in the workplace if they are to be retained. These characteristics include being self-confident, being

outspoken, passionate, opinionated, loyal and impatient, with high expectations of their colleagues and managers in their ambition and work-life balance, and being in demand in the workplace (and knowing it). In return for fair benefits, flexibility and compensation, they work harder and achieve their goals effectively.

Nursing subdues the qualities of self-confidence and outspokenness in moulding the young recruitee to become a follower rather than a leader (Flinkman, Isopahkala-Bouret & Salanterä 2013: np). It is precisely in this situation that the older generation and the newer one clash, causing frustration between the older mentor and educator and the younger student nurse. At the same time, the precision and discipline required in nursing in combination with the need for altruism to put the patient's needs before one's own comfort, do not attract this generation to this career field. Often nursing as a career field is not a youngster's first choice, and many do not identify with the traditional picture of nurses as being non-assertive, and thus train for a secondary career field.

Arnold et al (2016:575-7) commented that younger workers tend to focus on building their reputation, acquiring new skills and progressing on the career ladder (task characteristics are thus more important), whereas older workers tend to put more emphasis on using the skills they already have and contributing to the collective good by developing others (personal characteristics are more important for job involvement, which become more stable with age).

Education raises expectations, and such expectations cause a lack of satisfaction with job rewards. However, education is also positively associated with work commitment. Alfes, Shantz and Van Baalen (2016:101) state that rising education levels, global mobility of jobs and economic crises led to over-skilled employees for as many as one in three workers in the UK, US, Canada and Germany. However, when such overqualified employees forge high-quality interpersonal relationships at work, they have lower perceptions of overqualification, as they feel their knowledge, skills and abilities are utilised.

Gender differences in the early years of emancipation found that women were more satisfied with their jobs as they were often concentrated in job titles, occupations and industries (as also experienced in nursing), which led them to evaluate their pay against other women, and thus positively (Loscocco & Roschelle 1991:190;196). With

the rise of feminism increased female appointments occurred in traditional male jobs, with women consistently reporting higher levels of job stress than men, with increased spontaneous abortions and shorter menstrual cycles related to reported stress, less job satisfaction, and being frustrated by the so-called glass ceiling in their aspirations (Schultz & Schultz 2010:292). However, Arnold et al (2016:212) reported that job dissatisfaction became less when income, occupational status, level of education and age were held constant.

Furthermore, Nickels, Kubicki and Maestripieri (2017:171) and Taylor, Klein, Lewis, Gruenewald, Gurung et al (2000:411) explain the differences in physiological reactions when dealing with stress between men (who tend to react with a fight or flight reaction, or become more selfish and competitive owing to their testosterone levels) and women who prefer to "tend and befriend", or become more "other-oriented" (more generous and cooperative). 'Tending' refers to the nurturing activities that are adopted to "protect" themselves from the stress, whereas 'befriending' refers to the development of social networks to "defend" against stress. Giurgescu, Misra, Sealy-Jefferson, Caldwell, Templin et al (2015:172-189) and Gonzáles-Morales, Peiró, Rodrigues and Greenglass (2006:228) report that women cope with stress through their social networking. However, although responses in behaviour differ, the physiological changes of stress are the same in both genders, indicating the same prevalence of cardiac disease, ulcers, etc.

The interface of gender, marital status and family influence job satisfaction among women and play a role in job satisfaction. Feminist theory has shown the impact of gender on family and work roles and needs, with working women still being responsible for childcare and the work at home (Goldschneider, Bernhardt & Lappegärd 2015:210). This has an effect on their success in the labour market, and previously influenced their choice of jobs to accommodate the family, for example part-time or sporadic work when they have children. However, this tendency changed significantly in the twentieth century owing to economic realities, women's aspirations and achievements, with full-time employment being necessary to make ends meet, with resultant effects on work-life balance. Work-family conflict was found to increase with the number of children, and with having ageing parents at home.

Fortunately, Gordon, Whelan-Berry and Hamilton (2007, in Schultz & Schultz 2010: 293) found that women over the age of 50 have less work-family conflict because their

children may no longer be living at home. Arnold et al (2016:232) explain the same phenomenon, but add that it is life-stage related.

Ethnicity and culture influence job satisfaction, especially if employment equity is not applied. Employees of different ethnicities and cultures tend to report dissatisfaction because of less rewarding salaries and discrepancies in equality when compared with workers of another ethnicity (Loscocco & Roschelle 1991:197). However, Spector, Cooper, Poelmans, Allen, O'Driscoll, et al (2004:119) found that Eastern and Latin cultures were more accepting of the need to work longer hours, because earning a living was more difficult for them in general. On the other hand, Western cultures experienced more work-family conflict owing to increased expectations of ideal work hours. Belias and Koustelios (2014:143) conclude that national culture seem to have statistically significant moderating effects on the impact of certain demographic, leadership, and organisational culture variables on job satisfaction and job commitment. This is demonstrated in post-apartheid South Africa, where white male employees experience more job insecurity than their previously disadvantaged counterparts (black, coloured, Indian and South African-born Chinese people, and women of all groups), who experience more discrimination, but these aspects do not cause more turnover intention in either of these groups (De Beer, Rothmann & Pienaar 2016:427).

2.3.2.2 Mental health

Feelings of happiness or of being depressed influence performance at work, but can also be generated from work situations, and ultimately influence the mental health of employees. Ganguly (2010:210) states that job satisfaction involves those feelings and attitudes that are generated by work and result in improved motivation, more interest in the job, and ultimately psychological satisfaction.

Work-life balance is negatively related to anxiety and depression, and is more beneficial in individualistic cultures (Haar, Russo, Suñe & Olier-Malaterre 2014:361). Arnold et al (2016:392) add that a combination of high demands and low control at work are especially harmful to the development of mental health and cardiovascular disease, with subsequent prolonged absence from work.

Stress at work can be experienced as motivational or harmful. Cavanaugh, Boswell, Roehling and Boudreau (2000:65) explain that challenge-related stress such as time pressure and high levels of responsibility leads to feelings of fulfilment and achievement, which contribute to health and longevity. Hindrance-related stress, presenting as excessive job demands and constraints (such as red tape, poor support from higher management, and job insecurity), interferes with achieving goals, and causes frustration and detrimental health effects. However, Jamal (2016:404-418) tested this theory with challenge-related issues (such as work overload) and hindrance stress (work conflict, ambiguity, resource inadequacy) and found that both these aspects were negatively related to job performance.

Depression, anxiety and substance abuse are the three most common mental health disorders caused by work-related stress that present at psychiatric services in South Africa, with depression alone causing 27 workdays lost a year per person, and 8000 suicides per year (Schoeman 2016:5,17-19). Nhlapo (2018:1) reports that one in four employees in South Africa suffers from depression, with the ages of 25 to 44 being the most affected.

Evans-Lacko and Knapp (2016:1527-1535) calculated the aggregate cost of absenteeism and presenteeism because of depression in eight countries against that country's Gross Domestic Product (GDP). Presenteeism as a concept has developed recently, and means that people are addicted to their work, either because they are driven by anxiety and/or insecurity, or because work provides satisfaction, enjoyment and a good social network (Arnold et al 2016:393). Evans-Lacko and Knapp (2016:1530) found that South Africa's workplace absenteeism was the highest at 0.7% (South Korea scored the lowest at 0.01%). Presenteeism cost calculations as associated with depression scored 5–10 higher. For South Africa it again measured the highest of these countries at 4.2% in proportion to the country's GDP (again lowest in Korea at 0.1%). Proportionally, South Africa has a much higher presenteeism to absenteeism ratio (6.8), second only to the USA (14.2). Furthermore it was found in this study that individuals with higher levels of education did not tell their employer about their depression, because they feared losing their job, and depressed individuals with higher incomes tended to have higher presenteeism.

The total estimated cost on average per person to be treated for depression in South Africa amounted to USD894, with more women (13.4%) than men (8.3%) suffering from it (Schoeman 2016:5, 17-19). Nhlapo (2018:1) reported that depression cost South Africa 5.7% of GDP in lost productivity (R232 billion) per year.

With anxiety, women (30.5%) also score higher than men (19.2%), with 28 days of sick leave on average reported among those that suffer from this. Furthermore, 11.4% of the total South African population abuse alcohol and 13.3% substances. Mental health problems are poorly attended to, with 75% not receiving treatment, and a loss in earnings at R54 121,00 per affected adult per year because of major depression and anxiety disorders (Schoeman 2016:5,17-19).

Stress conditions at work are also labelled 'burnout', which is defined by Freudenberger (1974:159) as "emotional and physical exhaustion which develops from work circumstances and characteristically leads to feelings of failure and being worn-out" and by "depersonalisation, reduced personal accomplishment" and "being cynical about the value of one's occupation and doubtful of one's capacity to perform". Maslach, Jackson and Leiter (1996:20) add "with energy turning into exhaustion, involvement turning into cynicism and efficacy turning into ineffectiveness". If burnout is not properly managed via an improved outlook on life and dealing with stress levels, it will cause total mental or physical disability.

Zamini, Zamini and Barzegary (2011:1965) talk of "emotional and physical fatigue syndrome" that causes job burnout and a decreased interest in and negative thoughts about the job. Schoeman (2016:9) adds symptoms of mental suffering because of stress or burnout at work that were not dealt with properly: emotional reactions (aggression, negativity, cynicism, criticism about work, irritability with co-workers or students), hyperactivity or reduced activity (difficulty to commence work, withdrawal, resignation), exhaustion (chronic fatigue, loss of energy), dissatisfaction with achievements, disillusionment about job, the use of food, drugs or alcohol to feel better, degradation (emotional distress, loss of social contacts), psychosomatic reactions like changed sleeping habits, or appetite and /or unexplained headaches, backaches, susceptibility to infection, sexual disorders or other physical complaints. These cause absenteeism, presenteeism, poorer work performance, higher job turnover, chronic work disability and disability grants, with despair ultimately giving

cause to suicide. More stress is put on the remaining employees, causing a domino effect regarding burnout.

The primary prevention of burnout is discussed under leisure pursuits (Section 2.3.3.2). It is important to identify burnout early, to limit progression and complication, prevent recurrence, and minimise the financial loss to individuals, families, the workplace and the country.

Mild and moderate mental illness is not considered a disability, and only in rare cases should severe mental illness (if adequately treated) be a cause for disability. Thus employee assistance programmes, regular screening tests and examinations to detect burnout and mental illness early, with suitably modified work, so that ill workers can return early and safely to work, should be available to all in the workplace (Schoeman 2016:39).

2.3.2.3 Physical health

An individual's physical health is reflected by an ability to perform daily activities without problems. Physical health is affected by three factors: the population's general burden of disease (which is fourfold in South Africa owing to this country's developing status), the accidents that are caused by stress at work, and poor work ergonomics, causing musculo-skeletal problems (Fertman 2015:179).

The general burden of disease in South Africa includes diseases of the affluent as well as the poor. Stress at work and burnout have the potential to result in heart disease, and hospitalisation for cardiovascular disease (Schoeman 2016:10). All cause mortality and morbidity, especially hypertension, ulcers, colitis, arthritis, skin diseases, allergies, headaches and cancer, and have been linked to infectious diseases and suppression of the immune system (Arnold et al 2016:393; Reed & Raison 2016:97). Thus chronic diseases can result from work, but also affect work when ascribed to one's genetic predisposition, lifestyle choices, for example no exercise and a poor diet. Poor ergonomics in the workplace can cause backache, neckache and accidents (also related to stress factors, such as insomnia), which can result in severe injuries, unemployment and related poverty (Schultz & Schultz 2010:285).

Furthermore, with HIV and ischaemic heart disease topping the South African disease burden (Health e-News 2016:1), these diseases, and resulting symptoms and

treatment have to be managed at work. Highly stressed workers miss more days on the job than those with less stress (Arnold et al 2016:392). Their absence results in even more stress for the remaining employees that have to cope with the extra workload.

The 2012 UK survey in Somerset County Council found that 40% of all work-related illness was owing to work-related stress, accounting for 10.4 million working days lost (Schoeman 2016:3). Arnold et al (2016:292) stated that the total annual cost of stress, anxiety and depression in the UK was 3.6 billion pounds according to a 2013 estimation, while in 2014 across the European Union (EU), it was estimated to be €617 billion. Schultz and Schultz (2010:284) reported that two stress-related diseases alone (heart disease and gastro-intestinal ulcers) added up to expenditures of $45 billion a year, and could cause employers to pay out significantly more paid out in healthcare benefits than those conditions that are not related to stress. Moreover, an accumulation of stressful events has an exacerbating effect on poor morale and dissatisfaction at work.

Easton and Van Laar (2012:1) reported that a low level of wellbeing at work can cost a country as much as 5-10% of its GDP. Schoeman (2016:3,42) calculated that the total cost for South Africa in lost GDP in 2005 owing to physical and mental illnesses affecting the workforce was 2.2%, with a total annual loss in earnings of R40.6 billion, which is unaffordable for a country with fewer resources than the UK.

Absentee management has become part of workplace health programmes to improve tracking, ensure regulatory compliance and enhance the company's productivity (Fertman 2015:184).

Traditionally workplaces have provided healthcare since the 1800s to treat injuries from dangerous conditions, high accident rates and supply health services in remote areas without nearby medical facilities. These have been modernised and employee physical health is now addressed through preventative health programmes to reduce healthcare costs, and is tailored to the needs of the employer. The scope of care can be from urgent and sporadic episodes for minor problems to chronic conditions such as hypertension and diabetes, with referral to specialists where necessary (Fertman 2015:180). In addition, programmes need to be implemented to return people to their original health and function, and prevent long-term complications, according to the

Employment Equity Act of 1998 (Schoeman 2016:39-40). This act describes the removal of unfair discrimination, the promotion of equity in the workplace, especially for people with a long-term or recurring physical or mental impairment, which limits their prospects of entry into or advancement in employment.

In South Africa, proactive companies have embarked on preventative screening and health risk assessments for employees, and measure organisational health as the degree of environmental and leadership support for wellness strategies (Discovery 2018:np).

2.3.3 Home Domain

Stress at home can influence job satisfaction (Arnold et al 2016:409). The home domain in this study includes relationships at home, and home-related stress, including stress caused by the interface of work and home. It also deals with leisure pursuits and family and friends, which are expected to help the individual cope with work stresses through relaxation and hobbies.

2.3.3.1 Family and friends

Workers' attitudes to work are influenced by their social and familial contacts. Jobs of siblings and parents are important measurements against which workers evaluate their own jobs (Loscocco & Roschelle 1991:195-6). As well as this influence, family and friends tend to be the support at home and provide help to cope with aspects of life. Schneider, Hannah and Keating (2010:9) comment that being together as a family is a "rare remedy" against stress, especially for the mother with long hours at work.

However, family can be a burden under certain circumstances, related to the double duty of working and parenting. Furthermore, elderly parents as part of the extended family give rise to the experience of the employee being 'sandwiched' between the responsibilities of caring for children and for parents. In 2010, 23% of South African citizens in the urban population were in this situation, more so than the developed countries with 6% (Japan) to 14% (US and Canada) (Zerbst 2010:1). Parker and Patten (2013:1) comment that this poses a financial burden with a reduction in savings to cover living expenses and to make rent, loans, mortgage and credit card payments in time, and lack of adequate provision and investment for own retirement.

Individuals measure their own jobs as satisfactory when they compare them with their spouse's occupation. This comparison can lead to perceptions of occupational prestige (Loscocco & Roschelle 1991:195-6) and caused many divorces among couples who were married in the 1960s and 1970s when wives outearned their husbands (Schwartz & Gonalons-Pons 2016:218). However, this pattern seems to have shifted with couples who were married in the 1990s because of the economic "squeeze" of the middle classes.

Socialisation with friends and family is a stress reliever and a necessary leisure pursuit to combat work-related burnout. Unfortunately this, together with other leisure pursuits, is often the first aspect that is cut when work and other demands decrease the time available for these necessary activities.

2.3.3.2 Leisure pursuits

Leisure pursuits are the aspects that help a person to relax and revitalise, and to keep one fit and healthy. This includes getting enough exercise, socialising with family and friends, and including time to practise hobbies and actions that are enjoyable to the individual.

Schoeman (2016:26-8) proposes that self-care activities to reduce stress should be central to day-to-day living, are necessary for professional and personal effectiveness and success, and should be consistent and focused, with sustained effort. The following activities are preventative measures towards a better physical and mental health.

Sleep is highest on the list, as it boosts the immune system, helps to balance hormones, and strengthens mental health and emotional resilience. It also helps with learning and memory, clears toxins and is anti-carcinogenic (Capelinni, McNamara, Preston, Nunn & Barton 2009:np; Knutson & Van Cauter 2008:1; Summa & Turek 2015:np; Tucker 2013:np; Walker 2017:107).

Exercise benefits the brain as it creates new cells in the hippocampus, decreases depression, improves immunity, and increases positive emotions such as happiness, joy and pleasure (Blumenthal, Babyak & Moore 1999:1; Erickson, Voss, Prakash, Basak, Szabo et al 2011:1; Giraldo, Garcia, Hinchado & Ortega 2009:np; Mead,

Morley, Campbell, Greig, McMurdo et al 2008:np; Rethorst, Wipfli & Landers 2009:np). Payne, Jones and Harris (2002:365) found that employees who felt they had higher job demands exercised less than those that felt they had lower job demands. This contributes to the relationship between work-related stress and heart disease.

Education, in the form of neurobics and for example new linguistic skills, helps to make new connections between nerve cells, helps with improved storage and retrieval of information, and protects against dementia and cognitive decline later in life (Buschkuehl, Jaeggi, Mueller & Jonides 2017:1; Kelley, Loughrey, Lawlor, Robertson, Walsh et al 2014:1; Luerding, Gebel, Gebel, Schwab-Malek & Weissert, 2016:np).

A good diet helps to balance the brain chemicals that are needed to function, and thus intake of micro-nutrients (vitamins and minerals) should be increased, with macro nutrients (carbohydrates, fats and proteins) being decreased (Shelton & Miller 2011:np; Walsh 2014:i).

Socialisation helps to decrease perceived stress, depression, ischaemic heart disease and mortality. Furthermore it improves mood. Laughter is known to improve mental health, memory and reduction of cardiac stress (Cacioppo & Cacioppo 2014:np; Cohen 2004:682; Holt-Lunstad, Smith, Baker, Harris & Stephenson 2015:1).

2.3.4 Social, cultural and economic domain

The social, cultural and economic context provides an important background to the way in which universities came about and why they function as they do. The details of the South African healthcare fault lines and problems of universities are discussed in Sections 2.5.2 and 2.5.3. This domain plays an important role, especially with politics of transformation at play, which characterise countries that were previously colonised as opposed to those that colonised.

2.4 QUALITY OF WORK-LIFE IN COMPANIES

Few organisations ensure a good QWL, even with the evidence that the benefits to the company are reduced absenteeism and turnover, improvement of work pride and job satisfaction, and ultimately financial performance. Steenkamp and Van Schoor (2013:76-77) say that employees are often not treated like human beings because the

value of human capital is not recognised. Schoeman (2016:13) adds that the employee is suffocated too often in the South African workplace through lack of control, unclear job expectations, dysfunctional workplace dynamics, poor job fit, extremes of activity, and lack of social support, causing a work-life imbalance.

Since the Hawthorne experiment in 1933 among electrical plant workers and the term 'QWL' was coined, several stages in history could be classified as dehumanising the job, with special reference to the post World War periods (Martel & Dupuis 2006:33-6). The tendency of people and managers to misuse their labour force is still seen in less developed countries, including those of southern Africa, as evidenced by the regular use of high numbers of child labour (UNICEF 2016:1) and human trafficking for slavery of all kinds (Freedom United 2018:np; Largo & Wasley 2011:1).

However, proactive leading companies globally have established rigorous programmes that serve as examples and golden standards in the workplace for QWL (Steenkamp & Van Schoor 2013:76-77). In the US, these companies have distinguished themselves as leaders in growth and profitability by attaining Standard and Poor's top 100 company status. They are known for their zero tolerance of workplace discomfort, and have rigorous programmes to ensure this status. It has also been proved that the most successful millennium companies are those that are able to balance social responsibility, financial performance (internal) customer satisfaction and loyalty, with these attributes:

- Health, safety, job security
- Pride in work and company
- Pay and benefits opportunities
- Camaraderie and friendliness
- Openness and fairness

Their success in encouraging employee participation, being sensitive to work and family issues, having more two-way communication, sharing the wealth and having more fun enables them to retain workers and thus decrease the cost of turnover, with a successful service-profit chain.

In the healthcare field, Magnet hospitals have been established as the golden standard in the US. Hospitals that obtain this status are seen as the employer of choice. as well as satisfying a set of criteria to measure the strength and quality of their nursing.

Nurses have a high level of job satisfaction, with low nurse turnover rates, adequate resolution of grievances, active involvement in decision making, and research-based practice to advance nursing. Nursing leaders in these institutions value staff and encourage and reward them, with open communication in the healthcare team, and a satisfactory personnel mix for the best outcomes and work environment (Roos 2012:11; The truth about nursing 2017:1).

Steenkamp and Van Schoor (2013:78) encourage innovation for the future regarding health in South African companies. Issues such as spirituality and religion and a shift to focus on human resources are being considered to deal with the challenges of the future, with more attention to "soft sciences" (culture, commitment and communication) being encouraged. These authors mention that the WHO also encouraged more attention to be given to the positive link between faith and health, which adds a positive self-image and a life worth living as consequences of focusing on hope, faith and spirituality.

While the "hard science" of cause and effect (and of teams, systems, tools, technology and standards) is an important part of occupational safety and health (OSH), it is only a fraction of the overall OSH, which calls for human emotional intelligence and emotional health in larger proportions to ensure OSH. Labour becomes a risk of the organisation if QWL is not addressed via education, maintenance and utilisation. The call for a healthy economy in which moral decisions need to be taken to deal with stress, conflict and cut-throat competition in seeking productivity has become louder – in the interest of reducing the suffering of the dependants of the economy (Steenkamp & Van Schoor 2013:81). Arnold et al (2016:93) referred to the rising numbers of worker compensation claims in Europe for "gradual mental stress", which is defined as "cumulative emotional problems stemming mainly from exposure to adverse psychosocial conditions at work", which reflects the chronic nature of many work stressors, and their long-term effects on employee health.

Human beings have to find meaning in their experiences, to make sense of them and to endure them. Because humankind have to work, even though their work might be unpleasant, finding meaning motivates them to continue and possibly make their unpleasant experiences bearable. Viktor Frankl (1976) survived the atrocities of the World War II in a Nazi death camp, and concluded that "meaning is the primary motivational force in man". However, Schoeman (2016:12) stated that persistent job

imbalance because of demands that are greater than resources results in exhaustion and reduced efficacy. Schaufeli, Leiter and Maslach (2009:200) mention how disengagement in work follows on conflict between of personal values and organisational ones, and officially stated values versus values in action. The individual needs resilience to deal with these conflicting values, or he or she will experience loss of meaning, with further disengagement, burnout and ultimately resignation or disciplinary outcomes (Rees, Breen, Cusack & Hegney 2015:10).

2.5 QUALITY OF WORK-LIFE IN UNIVERSITIES AND NURSING DEPARTMENTS

Universities are social institutions, filling a complex social space, existing in contexts in which they provide local and global input via the knowledge industry – through production, application and dissemination of knowledge and thus intersecting with other social spaces (Bawa 2017:1).

Universities are similar, in that their goals are to produce knowledge and graduandi for the needs of the country, but they differ in organisational culture. Dorasamy and Letooane (2015:266) state that it is important to recognise the organisational culture, and traditions that influence it, to be able to factor in support in this culture, or change of culture for the HEI. Zamini et al (2011:1964) refer to Quinn and Gareth's (1991) identified cultures in the management of universities as rational culture, ideological culture, consensual culture and hierarchical culture. While rational culture focuses on integration and competition with other organisations, it encourages core values of efficiency and effectiveness. Ideological culture emphasises decentralisation of power and an increase in external competitiveness, with widespread leadership goals leading to higher commitment of employees to the organisation. Consensual culture focuses on decentralisation of power with diversity of activities and maintenance of the system, with friendly, cooperative and confidential relationships and high morale. Lastly, hierarchical culture has at its core the centralisation of power and integration of activities. Unfortunately this model is followed by most universities, even though findings show that those organisations with consensual culture have higher productivity. Bawa (2017:1) says that the challenge for universities is not only about supplying output, but also about what is needed on the demand side. The question then is whether universities as a hierarchical culture and functioning as a bureaucracy

are able to address the demand side at all. Kinman and Jones (2008:42) reported that UK universities were moving away from a culture of collegiality (consensual decision-making, and shared values) towards a more bureaucratic non-participative style of management, the adoption of business values, erosion of job security, decline of pay levels, steadily increasing vacant posts, and an increase from 20% to 50% fixed-term contracts instead of permanent positions. According to Jarvis (2014:155), this is caused by quality assurance bodies such as the National Qualifications Framework imposing quasi-market principles without enough evidence by government on HEIs.

Economic realities of the globe, the goals of building knowledge economies, and the need to assure quality have added pressure to already overburdened university departments to increase the number of courses, students and throughput of these students (NDoH 2013a:23) to supply countries with knowledgeable workers to address problems with evidence-based solutions. Nursing educators in all university departments with responsibilities towards research, scholarship and teaching, and service to the community are challenged in these circumstances to balance their QWL effectively (Nokes 2014:np), contrary to the findings of Theron, Barkhuizen and Du Plessis (2014:np) that 75% of South African HEI educators in general are satisfied with their status, especially regarding outreach to the communities. Theron et al (2014:np) add that philanthropic outreach activities to the community are regarded as a fundamental goal for HEIs and a great contributor to the satisfaction of educators with work life.

The American Association of Colleges of Nurses (AACN) reported an acute shortage of nurse educators at national and state level owing to policies on age and retirement, non-competitive salaries, insufficient funds to appoint new staff, lack of qualified applicants, departmental workload and role expectations, and a limited pool of doctoral prepared staff. Difficulty in recruiting qualified staff because of the rapid growth of advanced practice programmes increases the shortages (Derby-Davis 2014:19). Specialisation in nursing is available in many fields, in South Africa too, and competitive salaries are paid to nurses with a nursing qualification outside the traditional field of nursing, as example case managers in medical aid schemes and advanced nurse practitioners, which limits the pool for clinical nursing and nurse educators. There is also an increasing trend to "poach" graduandi with master's degrees, MBAs and PhDs in management positions with better salaries than those

offered for teaching posts at universities (Dorasamy & Letooane 2015:259), also in the clinical field as nursing directors and managers of healthcare organisations.

2.5.1 The situation in African universities

African universities are faced with the problems of sub-Saharan Africa as home to the world's 10 poorest countries, with poverty and inequality, political strife and climate change causing vulnerability to disease, hunger and lack of access to education. Fighting to survive daily does not necessary leave education high on a person's list of priorities. The African Union (AU) has two main strategic frameworks to deal with this continent's problems regarding education: Agenda 2063 strives towards socio-economic change over the next 50 years; and its Science, Technology and Innovation Strategy for Africa (STISA) focuses on encouraging universities to become involved in improving education over the continent to advance innovation to deal with African problems (DoST 2017:9).

Agenda 2063 expects to see the number of high-school graduates that have access to tertiary education increase to 70 per cent by 2063, which will be twice the current global average of 32 per cent and more than eight times the current sub-Saharan African average of 8 per cent (Chipperfield 2016). This African enrolment which is envisioned for 2063 will be the same as the 2013 enrolments for the UK. UNESCO Institute for Statistics shows that this vision has already led to a rapid expansion of higher education across the continent, from 6 million to more than 12 million enrolments to universities in the last 15 years, as individuals realise that higher education is necessary for success, higher incomes and more rewarding careers (Chipperfield 2016).

Subsequent to this, Africa has seen a rapid increase in universities, also indicative of the move from agrarian economies to industrial and service economies (Chipperfield 2016:1). In Ethiopia alone, 60 new universities have been created over the last 20 years, with the national higher education system planning to enrol an extra 1.7 million students in the ten years leading to 2025. Similar trends are seen in Tanzania, Burundi, Rwanda, Uganda, Sudan, Ethiopia, Eritrea, Djibouti, Somalia and Kenya. However, at 620 the number of African universities cannot compare with the large numbers of Western countries, as there are almost 4000 in the US alone, some of which have

several campuses, for example New York City University with 26 campuses (Bawa, in Pienaar-Brink 2017:1).

Chipperfield (2016:1) comments on the significant shortages of qualified staff at these universities, with the problems of the extended period it takes for prospective educators to complete their studies up to doctorate, as a contributing factor. As a result, sub-Saharan Africa has 50 per cent more students per educator than the global average. This puts excessive pressure on academic staff with larger classes to produce quality students. Because tending to students is the first priority, the research goals that are expected to be reached are not achieved. Problems with recruiting, training and retaining academics are acute, and challenges such as chronic underfunding of African universities (DoST 2017:56), their non-accessibility to solving social problems, and the issues of language and communication exacerbate the situation.

Chipperfield (2016) concluded that with pressures of increased student loads and need for tertiary education, there are opportunities for knowledge sharing with countries that connect students and researchers through inter-regional mobility programmes. However, Bawa (2017, as cited by Pienaar-Brink 2017:1) adds that African universities need to enter the global knowledge system on their own terms. While they have to abide by global standards, they need to address local context and content urgently towards the much-needed solution of unique and difficult problems. In this context the proposed White Paper (DoST 2017:55-6) spelled out the intentions of the South African government to use intercontinental (and international) collaboration to address improved financing of the higher education sector, to enlist more supervisors for potential graduandi, and thus increase the pool of researchers as an urgent priority.

2.5.2 South African issues: Healthcare sector fault lines

The fault lines in the South African healthcare sector (Rispel 2016:17-18) includes poor management and governance, poor leadership, a district health system that is not yet implemented, and a health workforce crisis. Contributing factors to this situation is that South Africa has a less effective outcome than countries with similar GDP (8.5%) being spent on healthcare; and large disparities between the private and the

public sectors, with the latter 84% having access to less than half of this GDP for healthcare. Inequalities in health and healthcare persist between these two sectors and among the nine provinces, and between rural and urban areas.

Reform in health professional education is generally seen to improve the performance of the health workforce, and thus the health system in general.

Provincial health departments have had different interpretations of how the DHS should work, with large differences in how human resources and financial resources are used among provinces, owing to poor stewardship, politics and lack of capacity.

The five-year Human Resources for Health strategic plan has been criticised for lacking detail about how to secure the skills and right numbers of health professionals, for ignoring lower levels of government, and for missing the deadlines of the plan. Furthermore, the National Department of Health (NDoH) has limited capacity and uses costly external consultants, who cannot deal adequately with South African situations and problems (Rispel 2016:20).

Despite all these arguments, when WHO (2006) compared South Africa with other member states it recognised this country's higher ratios of health professionals, the well-established training centres, which are among the best in the world, the presence of highly skilled health workers, effective professional regulations, and the potential for better remuneration for health professionals (Rispel 2016:21). If with these fault lines, South Africa still fares better than many other countries, there is hope for improvement. Moreover, Rispel (2016:21) mentions the good foundations of healthcare, goodwill among stakeholders, and the virtually untapped potential among South African universities, which could all contribute towards positive change.

2.5.3 South African issues: Universities in general

Before 1994, HEI staff in South Africa were compromised, because many did not have access to a good education to meet the required educational transformation (Dorasamy & Letooane 2015:266). Since then, HEIs have had to reconsider their Human Resources (HR) strategies to upskill and enrich jobs, to improve knowledge, skills and competencies.

In addition, South Africa has become an international study portal for global students, with particularly large proportions of students from the African continent, since it is a less expensive option for studies than Europe or the US. Cloete, Mouton and Sheppard (2015:91) compared study fees for PhDs and concluded that on average a PhD first year would cost US$13 000 in a top South African university, which is three to four times cheaper than a top university in Europe or the US. As well as cost effectiveness, enrolment in South African universities is being promoted across African governments to contribute to science, technology and innovation. This African enrolment was reported by Cloete et al (2015:91) in doctorate studies in particular, with foreign student numbers increasing from 59% (in 2000) to 83% (in 2012), with 28% of the total doctoral graduates in South Africa being foreign students (mostly non-South African African).

Cloete et al (2015:109), however, comment that African enrolment does not mean that South Africans do well at university, as underpreparedness among students is rife owing to poor public primary and secondary schooling. Furthermore, significant numbers of students from African countries who are educated in South Africa obtain master's degrees and doctorates and South African university posts, with the accompanying experience, and eventually move back to teach at a university in their country of origin. Thus the opportunity for this type of teaching experience is given to a non-South African, with the subsequent lack of exposure to lecturing experience among the indigenous populations of South Africa and ultimately a loss to the South African population of experienced people and their knowledge to their home country.

In the 2017 White Paper (DoST 2017:40) government stated their intent to address South African needs, and ensure that black women and youth have preference for placement in universities as students, and that researchers and academics for the future are recruited among them. They will do so by ensuring that enough supervisors and mentors are recruited internationally and on the continent to fulfil this function.

With these plans for the future, one has to consider the status quo, capabilities and resultant QWL of South African university lecturing staff, as reflected currently. International trends in QWL among university educators are also seen at South African universities according to studies by the University of the Free State (Mapesela & Hay 2005; Pienaar 2009; Pienaar & Bester 2009), North-West University (Viljoen & Rothmann 2009), Durban University of Technology (Letooane 2013), Nelson Mandela

Metropolitan University, Rhodes University, University of the Witwatersrand, and University of Cape Town (Barkhuizen & Rothmann 2008; Viljoen & Rothmann 2009). Pienaar and Bester (2009:376) found that the work overload, role conflict, poor remuneration, inadequate performance management, and insufficient support for teaching and research were major causes of discontent at university level, with discrimination in race and gender, lack of transparency and poor communication as minor causes. Barkhuizen and Rothmann (2008:323) found that academics experience stress owing to inadequate pay and benefits, imbalances in work life, non-ideal work relations and overload. The norm of unrealistic deadlines and goals increases stress levels and affects family life negatively so that academics have to work longer hours, with a large proportion after hours. Letooane (2013:20) quotes Paton (2013) that most academics are under excessive pressure owing to performance-related scrutiny and expectations of management and students, with high levels of stress influencing mental and physical health adversely.

In addition, South African universities face unique challenges owing to casualisation of labour (Bodibe 2007:np), rapid urbanisation and immigration from Africa and the globe (Nationmaster 2014:np) and the need for transformation to fulfil the needs of the country in tertiary education. The challenges of academic restructuring, strategic planning, revision of academic programmes, quality assurance, total quality management, capacity building and community engagement (Letooane 2013:3, 56) result in universities as workplaces having to deal with evolving situations such as high turnover of staff and inability to fill vacant posts, with increased need for conciliation and arbitration (Mental Health News 2014: np).

Cloete et al (2015:81) quote Badat (2004) when summarising the main areas requiring change in South African universities as system and structures, equity, quality and responsiveness. These can be reduced to the two key areas of institutional restructuring and human resources transformation.

Institutional restructuring

Yorke and Longden (2004:14) commented on the magnitude of the challenge that faced South African higher education, owing to the rapid and massive transformation from apartheid to democracy, and the need for a new social order to deal with the changes in reality and opportunity, without the luxury of time, as failure is not an option.

In Australian studies, Rafferty and Griffin (2006:1154) found that organisational change on any scale causes feelings of uncertainty, job dissatisfaction and intention to quit, which would be catastrophic in the South African landscape, where there is a lack of qualified educators. Interestingly, they found that the way people perceive and respond to change has a greater effect on such stress than the change itself. The implication is that when employees see change as exciting and challenging, they are less vulnerable to stress than those that see change as a threat. Sadly, demands for change in South Africa tend to be fast and generally not well planned.

To deal with the need to adapt socio-politically to reality and encourage diversity in tertiary education, the South African Department of Higher Education and Training (DHET) orchestrated mergers between universities and technikons, which reduced the existing HEIs from 36 to 23 in 2004–2005 (Goldman 2011:35-6). Unfortunately these mergers were successful to various degrees, and the quality of teaching varies to a large extent across these types of universities, which are classified as traditional universities, comprehensive universities and universities of technology (Cloete et al 2015:43).

A merger between Rand Afrikaans University (RAU) and Technicon Witwatersrand (TWR) resulted in the formation of the University of Johannesburg (UJ) as the largest residential (and comprehensive) university in South Africa with 40 000 students and at least 3 000 staff members (Goldman 2011:37). Subsequently, Goldman (2011:50) reported in his study findings that staff became emotionally and thus psychologically burdened because of feelings of uncertainty, abandonment, frustration, sacrifice and ultimately dissatisfaction with the HEI. Goldman (2011:35) predicted that the academic staff's experience of the merger would have a major negative effect on research output, expertise and reputation, and would lead to possible migration to other HEIs because of disruption. This correlates with Rafferty and Griffin's (2006:1154) conclusions in Australia, which indicated that because relationships developed with supervisors and employees over time, and each understood what to expect from the other, mergers introduced concerns about job security, new managers and organisational policies, which might differ from the original contracts. Many people resist change, preferring the familiar, so they know what to expect.

Cloete et al (2015:34, 38) refer to historically black universities, which were short-changed financially by political changes. In the initial post-apartheid era, movement were towards strengthening their research, relevance, formal qualifications, and incorporating nursing, agricultural and education colleges in their HEI landscape. However, as the country's issues developed, and traditional HEIs opened to all races equally and became flooded by large student numbers, these historically black universities lost out in the shift from 'equity' towards 'development' in the later years of democracy. The National Development Plan 2030 was directly responsible for this effect, the effort of which was to keep up with international trends (Cloete et al 2015:31).

However, institutional restructuring via the policy of the 1997 Education White Paper 3 (Department of Education 1997) impressed the importance of increased access of black (African, coloured and Indian) and female students to master's, doctoral and postdoctoral programmes at all universities to improve the pool of researchers and the demographic representation of staff in higher education. It added that South Africa should be positioned as a significant knowledge economy and should grow increasing numbers of citizens with high-level qualifications (Cloete et al 2015:31-32). Thus strategies at system and institutional level to produce academics and researchers from own postgraduate pools, and to make postgraduate studies and academic careers more attractive were encouraged shortly afterwards by the Ministry of Education (MOE 2002) via the National Plan for Higher Education. Recruitment of students for science, engineering, technology and business, commerce and management in particular was encouraged, because these subjects are deemed important drivers of economic advancement. In answer to this need, the DoST set targets for a fivefold increase in PhD production between 2008 and 2018.

However, the National Development Plan (NPC 2012:318) as reinforced by the April 2017 Draft 1 White Paper on Science, Technology and Innovation (DoST 2017:9), stated that the South African university education system did not have the capacity to meet the need of the learners, and thus proposed these changes to be implemented at universities:

- Qualifications of higher-education academic staff should be improved from the 2012 level of 39% with PhDs to 75%, replacing the pool of ageing academics

and addressing the need to achieve higher proportions of academic staff with PhDs.

- Postgraduate master's and PhD students should increase to 25% of total university enrolments, with their focus on the sciences, engineering, technology and mathematics for South Africa to become a leading innovator.

- More than 5000 doctoral graduandi should qualify per annum to reach targets of a 100 doctoral graduates per million population by 2030. (South Africa currently produces only 28 per million, comparing poorly with international standards, even for developing countries). Thus the total of 2258 doctoral graduates produced in 2014 is expected to be doubled (Frick, Motshoane, McMaster & Murphy 2016:1).

- Universities should be strengthened to have an embedded culture of research and development.

- Performance-based grants should be provided to develop centres of excellence within and across institutions, with the encouragement of international exchange partnerships (Cloete et al 2015:36).

Human resources transformation

Human resources remain scarce and expensive. Contributing to the debate about the solutions to managing these problems are the statistical ratios of South African students to non-South African, and student to academic staff (Cloete et al 2015:82). With internationalism being advocated, a significant international student population is recruited for South Africa to become a hub for higher education and training to improve the country's economy in the Southern African Development Community (SADC). A large portion of these internationally recruited students contribute to the target of 5000 or more PhD students per annum. This means that fewer South African students are enrolled, if classes are limited to manageable numbers and the current educator to student ratio is considered.

Although African doctoral graduates constituted the largest proportion of all students in 2012, when South African nationals only were considered, white students still made up 39% of the total South African graduates in 2012, with South African African students lagging behind at 26% (Cloete et al 2015:94). The increased enrolments of students from the rest of Africa has a growth rate of 17.7%, while those for South African African students are only 9.6%. In addition, the growth rate of African female

students from other African countries outstripped that of South African African female students for both enrolments and graduations.

Thus large numbers of students from the rest of Africa are benefitting from access to South African universities instead of South African Africans. Cloete et al (2015:94) then rightly ask whether transformation in terms of race took place at all, and if it was not merely transformation in terms of nationality: good for the continent, but not for South Africa. However, with Draft 1 of the White Paper on Science, Technology and Innovation (DoST 2017), the South African government plans to correct this imbalance in the future by focusing on international collaboration and sending South Africans overseas for mentoring and supervision to enlarge the pool of mentors and supervisors for an increase in master's and PHD graduandi, to then become educators at South African universities.

In terms of the representativeness of the educator population, Breetzke and Hedding (2017:1) report an upward trajectory of black African academics from 2005 to 2015 and a downward trajectory of white academics in the same period. Although this has been experienced mostly at the traditional black universities, the trend is accelerating over the broad spectrum of universities, with a possibility of reaching a true representation of the South African population earlier than the predicted 2055.

2.5.4 Factors at South African universities that affect quality of work-life

The ideal of Higher Education South Africa (HESA 2014:7) is to create university cultures that respect and appreciate differences and diversity across class, gender, nationality, language, religion and sexual orientation to encourage new theories and methodologies. However, many factors could influence such an ideal, and ultimately the QWL at South African universities. These include age, gender, race/ethnicity, language, finances and student population. Furthermore the intersectionality of some of these factors, especially race, class and gender, plays a role in disadvantaging people of certain groupings more than others. Dlamini (2013:3) quotes Crenshaw and Knapp (2005) in asking that we adapt our opinions and thus our policies to recognise this situation and ensure that it is addressed in the workplace.

2.5.4.1 Age as a factor in quality of work-life

The UN projections for the global population are 8.5 billion by 2030 and 9.7 billion by 2050, with most growth in the less developed countries, half of the increase in the global population in Africa, with a youth "bulge" on this continent, and increased migration and rapid urbanisation (DoST 2017:7, 5). Thus the talent of African youth should be resourced and managed. The South African government intends to recruit aggressively among the current student population to develop and support them as future researchers and educators in their career, rather than focus on emerging and established researchers, to enable the ageing population of university educators to be replaced. Ageing educators will be encouraged to stay on to the age of 65 to mentor the younger generation (DoST 2017:38).

These plans will have an effect on the satisfaction from and the ability to cope with work life among the current university staff (Barkhuizen & Rothmann 2008:332-3). These authors mention that whereas 30–39-year-old lecturing staff experience most physical ill-health and 40–49-year-olds experience the most psychological ill-health owing to workload, educators 50 years and older have developed more rational cognitive coping mechanisms and thus cope better with workloads.

In addition, the younger female generation are at child-bearing age and often have to choose between having a family and furthering their academic careers. While choosing the latter enables them to focus on their career and further their studies, those that choose a family and an academic career experience hardships along the way in attempting to manage time, especially with their children at certain stages in which more input from parents is expected.

As argument for the younger generation of educators is the effect of the generation gap between students and educators, which might influence relationships at university level. South African university staff show an ageing population, with many near retirement, especially in nursing departments. Although tenure at a university is generally indicative of research experience and capability, there are a few decades of difference in the age between the new student and the educators at university. This often causes a lack of understanding of one another's worlds. Professor Ramugondo (special transformation advisor to the rector of UCT in 2017) positioned her status as being part of the transition generation – too young for the 1976 protests, but too old to

partake in the protest actions at HEIs. The younger generation see this situation as being "captured" for not joining the battle for free education and improved circumstances for ethnic students (Pienaar-Brink 2017:1). As well as the political implications, one has to look at the histories and experiences of the various age groups involved in education, and realise that these influence the ways in which they deal with one other, especially in the learning and teaching environment.

Nurse educators, on entrance as university employees at a more advanced age (seldom before the age of 30, and more often in their 40s or later) usually have obtained the necessary clinical experience (often having been recruited for their expertise in the clinical field). This experience is necessary for educators to be specialists in their field and to understand and accept the full scope of their practice, to enable them to teach it to the student of nursing. However, this contributes to the age gap between nurse educator and student.

Thus age as a factor affects relationships between educators and students and contributes to the debate about what influences a QWL.

2.5.4.2 Gender as a factor in quality of work-life

Post 1994 democracy, efforts towards gender empowerment of society suffered owing to the focus on addressing racial inequality, with black men being the beneficiaries of transformation, and African and coloured women benefitting the least, despite the Gender Equity Bill (Dlamini 2013:6). Although South African democracy includes women in the public sphere and in formal representative bodies, and gives attention to gender inequalities in national government, it appears that the still present "colonial" body and the "national" body are seen as male in this country (Hassim 2016:211). Women still have to comply with patriarchy for political survival in South African politics, which likens them to the ways in which colonised women had to negotiate the boundaries of colonial power through resistance or accommodation, or a combination of strategies (Hassim 2016:219-222). Thus, women with the same ambitions as their male counterparts see male agendas continually being reinforced, and are still excluded from equal participation in the economy.

The nursing career field is female dominated. This is reflected in the ratio of women to men in nurse educators employed by universities (Forum of University Nursing Deans

of South Africa (FUNDISA) 2010 and 2014b), and, being part of a patriarchally managed university, reflects the priorities of the male voice in higher education. Such female-run divisions and departments could easily be lower down on the priority list at university, also with regard to staffing levels and other needs of these departments, with faculty management's ears being deaf to their entreaties.

As well as these negative influences, women have to cope with the responsibilities of their households and children, which can evoke high levels of stress in their child-bearing years. Traditionally women bear the brunt of the responsibility of looking after their elderly parents. This responsibility rest more heavily on some cultures than others. In matricentric African families, African women have more roles to fulfil (Matlakala 2016:1), with more pressure on them to fulfil these in tandem with their nurse educator roles.

Most women that pursue and persist in jobs in the professoriate find QWL a challenge (Kachchaf, Ko, Hodari & Ong 2015:176). The differences between domestic realities (social life, elder care, pregnancy) and the ideal worker norm (a prevalent gendered standard) disable them from complying from this norm, with the subsequent exclusion from professional networks, lack of support, and questioning of their competence. Moreover, women who have children soon after completing their doctorate are less likely to achieve tenure compared with men at the same point in their careers. The majority of women scientists cite family issues (Wolfinger, Mason & Goulden 2008:388), and the feeling of being overwhelmed by academic life after the birth of a child. In an African academic context, Barkhuizen and Rothmann (2008:332-3) report higher levels of ill-health among female academics, owing to work stress because of lack of role models and increased role conflict when attempting to balance work with home life. Letooane (2013:47) confirms this situation amongst African female academics.

2.5.4.3 Race as a factor in quality of work-life

Equity in racial distribution in South Africa has been a topic for decades, and is still being discussed 23 years post democracy, with not enough transformation reported at university level among the educator population. Efforts to reform higher education in the democratisation process to rid the country of the legacy of colonialisation

(Dlanga 2014:np), face challenges to affirmative action and black economic empowerment and the ever-present fear of backlash because of reverse discrimination and even litigation (Von Bergen, Soper & Foster 2002:247). Letooane (2013:47, 56) argues that HEIs must undergo change to utilise the skills of male and female educators and the various race and age groups in South Africa to benefit society at large. However, although the National Development Plan (NPC 2012:327) includes increasing the number of African and female postgraduates to normalise staff demographics at universities, a much slower change has been effected at staff level in South Africa's high-performing universities in particular. Van Wyk (2014, in Cloete et al 2015:84) provides the unsatisfactory evidence that in 2012, only 26% of the 2174 full professors at South African universities were women, 14% were black, and 2% were black women. Govinder et al (2014) ascribe this to passive resistance, denial, the abuse of autonomy and an abhorrence of accountability at university management level (in Cloete et al 2015:84). This argument is countered by Price (2014) in Cloete et al (2015:84), who insists that it takes about 20 years for an academic to become a professor, and the numbers do not quickly reflect a turnaround because this factor. Cloete et al's (2015:84) answer is that such slow change is a reflection on South Africa's inability to produce enough doctorates, particularly black and female, the pool from which academic capacity must come to transform adequately towards equity in this country.

Women of colour struggle with the cultural stereotypes with which they have to contend on the road to a professional academic career in the US (which is supposedly more advanced in improving racially inequalities, as it started this process decades before South Africa) (Fryberg 2010:183). According to this author, senior faculty, usually white males, uphold traditional standards of excellence by their homogeneity "as though these standards are impartial evaluative tools, rather than products of the academy's historical practices of exclusion" (Fryberg 2010:183). This has a negative impact on participation, retention and advancement of diverse cultures in HEIs as academic culture determines what people see in evaluating junior faculty (Kachchaf et al 2015:175). If images of successful academics do not include faculty of colour, these groups are regarded as non-tenurable and as not contributing to the academic discourse and research, but are evaluated on how near to the "mainstream" culture of the academy they are. They are thus constructed as falling short of academy's high

standards, an image that can easily play the role of a self-fulfilling prophecy, rather than fallacy. This fallacy should be recognised and discarded by the individual in the quest for an academic career. This continual tension in ethnicity cause educators to experience less than ideal QWL, leading to their resignation, with even fewer ethnically relevant role models left for the next generation, thus depriving academia of the innovations and knowledge that diversity could offer (Breetzke & Hedding 2017:148).

With the changing student population demanding more representation of their own culture among lecturing staff, this cry for equity has become more desperate in the last three years with the slow pace of transformation, causing ill feeling on campuses, and was a trigger of the #Decolonisingtheacademy initiative. This initiative refers to the premise that Africans have been negatively influenced by Westernised education, that what educates and empowers one group (Western society) may not do so for the African, and that educational priorities need to be developed for the African context in particular. These protests, which started in 2015 in South Africa with the #Rhodesmustfall movement, correspond to the equivalent #Blacklivesmatter in the UK and US, and the effort to mobilise against institutional white supremacy, imperial capitalism, patriarchy and the resulting inequality based on class, race and gender (Wamai 2016:2).

Further pressure is put on the already depleted educator body in all departments of the university in having to deal with these initiatives. Their positions cannot be replenished because of lack of funding. This makes the university an extremely risky employer, with no employment certainty, which plays a negative role in QWL (Dorasamy & Letooane 2015:259, 264), especially of educators, many of whom are still employed on contract only, despite labour law rulings (Israelstam 2015:1).

2.5.4.4 Finances as a factor in quality of work-life

With racial obstacles being partially addressed in tertiary education after the democratisation of South Africa, economic hurdles remain. The DoST's (2017:56-59) White Paper states that although gross expenditure on research and development (GERD) in South Africa doubled from 1993/1994 to 2014/15, South Africa's global share of research and development was only 0.3% in 2013, compared with emerging economies such as Brazil (2.2%) and India (3.2%). In an economy that has grown

well, South Korea's GERD/GDP ratio was 4.2% in 2013, while South Africa's was only 0.7%.

This lower status has been ascribed to the global financial crisis, a decline in the prices of commodities, fiscal constraints, and low business confidence in South Africa. Thus foreign funding for research and development decreased from 15.3% to 12.2% in 2014/25. The main contributor to research and development is still the government, because other parties do not have incentive to fund research. South Africa is in a low economic growth phase, and this depresses business investment in research. Furthermore, as South Africa is seen as a middle-income country (DoST 2017:61), this disqualifies it in the eyes of the rest of the world from funding that is allocated to low-income countries. HEIs, as beneficiaries of funding for research and development, thus also suffer from lack of funding for knowledge creation as one of their main functions.

Expenditure on higher education from 1987 to 2009 received only 0.83% of the GDP in 1987, with a decrease to 0.68% by 2009. This left South Africa lagging behind the international average expenditure on higher education at 0.82% of GDP. Only countries in East Asia and the Pacific spend less of their GDP on higher education than South Africa, with South Africa even below the sub-Saharan average (De Villiers 2012:56).

Higher education's allocation of the total educational budget decreased from 15.43% to 11.51% in 2009. Even with an increased state allocation of money to HEIs from R1 422 million in 1987 to R19 534 million in 2010, increased student numbers diluted the state allocation for full-time equivalent students by 36% for universities by 2005, with a further decrease of 1.1% per annum until 2009 (De Villiers 2012:56).

De Villiers (2012:56) calculated the number of full-time equivalent educators in the period 1987-2003, and commented that while the number of students had increased by 141.3% (from 183 604 to 442 962) the number of educators had increased only by 53.5% (from 14 036 to 21 510), thereby increasing the workload incrementally.

Finances affect staff levels, funding of technology, teaching, and learning to deal with large classes. Without extra funding, restructuring of staff levels and posts seem to be inevitable in future, causing more and more uncertainty among staff. Some universities employ temporary educators to help with facilitation, while others have employed

temporary educators on full-time contracts for a few years, reflecting international trends. The inability of a university to adequately provide teaching resources inputs negatively on the QWL of those that have to deliver the products and reach the goals of a university, with a reported lack of retention of experienced and knowledgeable staff members (Dorasamy & Letooane 2015:267).

2.5.4.5 Student population as a factor in quality of work-life

With the AU agreement in 2013 for Agenda 2063, increased student enrolment followed at universities, with the accompanying problems that had to be dealt with (Chipperfield 2016).

First, educational weaknesses continue to exist at primary and secondary level, which spills over to tertiary level, resulting in students being underprepared for higher education (DoST 2017:21). This affects students from poor performing secondary schools in low income areas in particular (Davis 2010:xiv), as they do not have the resources or the understanding and social capital to be successful.

Second, application and admission procedures of the historically disadvantaged institutions in particular are inadequate owing to lack of funding, allowing enrolment of students as "walk-ins" instead of filling places for new entrants in advance by recruitment through advertising, and accepting only those that have greater potential to succeed. This contributes to students entering programmes of which they have no prior knowledge, and for which they are not suited, increasing the chances for dropout to as much as 40% by the end of the first year (Bunting 2004:24, 26).

Third, because government funding per student decreased, tuition fees in general had to be increased above the inflation rate to compensate for the high dropout numbers of non-subsidised private fee students, who were unable to afford to cross-subsidise indigent students (Bunting 2004:24). The National Student Financial Aid Scheme (NSFAS) was introduced in 1995 to help in this context, and provided funds for disadvantaged deserving students to afford higher education, with the state contribution increasing from R40 million in 1995 to R2.7 billion in 2010. This significantly changed the racial composition of receivers of this allocation from 50.2% black students in 1995 to 64.4% in 2008. Thus NSFAS helped to improve higher education for the poorer communities, with evidence that those that obtained this

allocation (which turns 40% of the scholarship into a bursary, if successful) performed better than students who did not. De Villiers (2012:62) comments that with the help of NSFAS the progress of these first-generation university students has been remarkable. Unfortunately, the multiple needs of the large numbers of students that are dependent on NSFAS funding are still not addressed adequately, with the media reporting that students were selling their food coupons (Davis 2017:1) and study material allocations to obtain the money. Promises in 2018 to improve access to the NSFAS scheme for 230 469 to 1.2 million students (Planting 2018:1) must still be realised. Late in the 2018 academic year, South Africa's Minister of Education Dr Naledi Pandor brought the allocation to a standstill on the discovery that NSFAS was being misallocated, with large numbers of students being unable to pay for their housing, which contributed to the stresses of student life, and ultimately influenced throughput negatively (Saele 2018:np).

A fourth point is that many students have no role models for behaviour and expectations, being first-generation students in their families. Davis (2010:xiv, 205) defines a first-generation student as one who does not have a parent or guardian with a four-year degree, and states that they have special needs at university. They tend to be less prepared for higher education than non first-generation students, as their parents are less knowledgeable about education in general. Being first-generation students affects every dimension of being a higher education student today as they lack family cultural capital (stories, anecdotes, and other information about tertiary education) to help towards intuitive orientation to higher education.

Lastly, Langa (2017:8) comments that students' argue that they reassert their blackness as an attempt to make sense of the ways in which they are positioned in a world that excludes and marginalises black people based on race, class and gender. This statement reflects the thoughts of Biko, Fanon and *hooks* as representing the black voice, that of the black female, and those voices that are traditionally seen as the "lower classes".

All these factors contributed to frustration levels rising to an unbearable level among students. The #FeesMustFall initiative, as a student-led protest movement in response to the increase in fees at South African universities, started in 2015 at the University of the Witwatersrand and spread rapidly to the country's other universities. Slow transformation and the inability to deliver the promised education soon enough to all

resulted in unprecedented acts of strikes and violence. Students (and educators) were fighting for higher education to become more affordable and equitable, and for the curriculum to be decolonised and made more applicable to the changing student demography.

The student revolt came to a halt after the South Africa government announced that there would be no fee increases in 2016 (Areff 2015:np), but started again in 2016 with the minister announcing an 8% increase for 2017 (Fengu 2017:np), with each university being able to decide for itself how much this increase would be. At the end of 2017 President Zuma resolved that a university education would be free for all students with a family income of less than R350 000 per year (Areff & Spies 2017:np), but unfortunately this declaration was not coordinated with the Ministry of Finance or NSFAS as the vehicle to manage student allocations. In addition, NSFAS was not held responsible for misallocations, with corruption and administrative inadequacies riddling the system and continuing to feed frustrations (Sowetanlive 2018: np).

Student anger were also fuelled by political motives, as confessed by the then South African Minister of Education, Dr Blade Nzimande, with illegal payments to the ringleaders of this war. The resultant disturbances to higher education and financial damages to the amount of 600 billion in 2015-2017 depleted the already empty purses of universities and the energies of staff (BusinessTech 2018:np). The current work and employment situations of academics are thus worse than before, with severe budget cuts and restructuring to amalgamate large and separate amenities at various campuses and streamline them (Swanepoel 2016:1). Everatt (2016:1) refers to the psychological fall-out that was caused as universities, schools, colleges and faculties in universities and even educators were pitted against one other, as they agreed or disagreed with the body of rebellious students. Workloads doubled and tripled for many programmes, as students could not write examinations on time in 2015 and 2016, with alternative arrangements having to be made for examination venues, and a backlog of work to be dealt with in conjunction with regular work from the new intake of students.

2.5.5 Nursing in South Africa: A historical perspective

Marks (1994:44, 210), as a well-known historian with deep interest in the development of nursing in South Africa, presents a picture of an authoritarian form of education and socialisation, in which nursing students were not allowed to question or comment on teaching in college, and with a strong emphasis on conformity. This type of authoritarianism evolved from the drive to achieve respectability and professional status, but the racial, gender and class overtures of this process marginalised African and Afrikaner women and men initially from this career field in Henrietta Stockdale's time (Marks 1994:167). Owing to apartheid segregation, this pattern of marginalisation of African women and men continued until the late 1970s.

The African nursing student population in Lovedale did not tolerate this. With the relationship of the University of Fort Hare with Lovedale Nursing College firmly established via Robert Sobukwe and his fiancée Veronica (a nurse), the ANC Youth League protested as early as 1946 for Africanising the curriculum and against governmental discrimination in the treatment of African nurses (Marks 1994:110). Unfortunately, government oppression prevailed, but these attempts were not the last time that African nurses were involved in the struggles for liberation. These events may be seen as the initial instigation for a changed curriculum in the nursing fraternity.

However, diversification in nursing in population groups came about only in the early 1980s, with unequal salaries remaining till 1986, and promotion and grading procedures still being discriminatory long afterwards. Although university education had been available since the 1950s for white nurses at the universities of Stellenbosch, Pretoria and the Free State to professionalise this career field, African nurses were allowed to improve their qualifications at universities only from the 1970s (Marks 1994:157). A period of massive improvement of educational qualifications for all races followed, but unfortunately this served only to create a highly educated black elite among nurses and doctors (Marks 1994:213). These professionals were often insensitive, with authoritarian attitudes to the needs of the diverse impoverished community, which was not helpful towards increasing patients' participation in their own healthcare. The hierarchy in the profession, or the "regimentation of women" (Marks 1994:209) causes a blame and shame attitude that is continuously passed down the hierarchy and applied unnecessarily to patients.

Marks (1994:211-213) states that the "dualisms in healthcare – as in between superior doctors and inferior nurses, between a powerful elite (registered nurses) and a powerless majority of less qualified carers and gendered stereotypes – contribute to the invisibility of nurses and their exclusion from consultation by the South African government or the ANC as ruling party". According to her, although nursing has become "increasingly sophisticated in its theory and training, the working experience of many nurses includes erosion of control and autonomy", and these dualisms "will have to be overcome to reconcile the needs of nurses with the demands for expanded and improved health services and humane care" (Marks 1994:213) This has implications and challenges for universities as HEIs to transform the curriculum and adapt it to needs of the population of the African continent for future nurses to be relevant.

2.5.6 Nursing in South Africa: Current university education

In 2016 South Africa had 22 universities that taught nursing curricula. Of these, 16 had master's and doctorate programmes (Coetzee 2010:60). The Forum of University Nursing Deans in South Africa was established to promote university nursing practice, research and education, and thus strengthen university education. This body also represents collective concerns of university schools of nursing at national and international level towards improving the quality of nursing care. According to FUNDISA, the number of nursing educators at these 22 universities was 351 in 2010, with a 20% increase to 425 in 2014, and a similar 19.4% increase of educators with doctoral degrees from 108 in 2010 to 129 in 2014. A large number of these educators were working towards a doctoral degree (FUNDISA 2010 & 2014b), to enhance the quality of nursing education at university level. What the figures do not convey are the increased numbers of courses, students and responsibilities. Nurse educators' efforts are influenced by the same factors as the general university educator population, but they often have the added responsibility of having to facilitate students at hospitals, that is, the clinical component.

2.5.6.1 Changes to nursing practice in South Africa that affect higher education institutions

Regular postponement of promulgated new nursing courses and curricula has resulted in the non-implementation of the 2013 National Strategic Plan for Nurse Education, Training and Practice 2012/13-2016/17 (Rispel 2016:18). When the new courses and curricula are eventually initiated, SANC will close the register for the old courses, and the new curricula will educate the new category of registered nurses and midwives to provide comprehensive nursing care. This R174 course (SANC 2018:np) will be taught at bachelor's degree level, with the comprehensive R425 course (including registration for medico-surgical nursing, psychiatric nursing, community health nursing and midwifery) being phased out. Because the new course on the National Qualifications Framework (NQF) level 7 will have to communicate with the next course at NQF level 8 according to requisites of the South African system of higher education (Bruce, Klopper & Mellish 2011:32), many changes had to be built into curricula by universities to provide for the new system of education, with the new R176 three-year staff nurse course (SANC 2018:np) being offered mostly by colleges (Kotze, Armstrong, Geyer, Mngomezulu, Potgieter et al 2013:82-84).

At the same time the National Health Insurance Plan (NHIP) is in the implementation phase. With this process, the then South African Minister of Health, Dr Aaron Motsoaledi was questioning the ability of universities to deliver an end-product nurse that would guarantee provision of quality patient care. The minister actioned research at three nursing colleges with the new curriculum to determine whether they would be more successful than universities in delivering quality nurses (DHET 2015:6). Pressure was thus mounting from several platforms, in the midst of shortages among nurse educators at universities, to prove that university education for nurses is successful and of good quality.

The Western Cape Provincial Department of Health (WCDoH 2017:np) re-launched their Vision for 2030 (initially launched in 2014), indicating the need for incorporating the latest governmental policy in current undergraduate and postgraduate courses in HEIs (Cloete 2017:np). This includes the promotion of development of mid-level workers and skills elevation, for example the development of the three-year staff nurse curriculum, encouragement of increased short courses to improve Continuous Professional Development (CPD) uptake in the province and the curriculation of more

relevant postgraduate university courses. This would ultimately help to supply educated staff for the National Health Insurance Plan. There is recognition that national government is not going to allocate more money for such programmes to provinces. It thus means that all involved (including the HEIs), will have to think of ways of working smarter to deal with these expected changes and being people centred when dealing with staff, the increasing patient burden and the burden of disease. WCDoH has been the only one of the nine provincial departments that is dealing effectively and responsibly with its budget and expenditures, obtaining an acceptable audit. With most health professional posts being filled, they might be able to realise this vision (Cloete 2017:np). However, if the other provinces do not follow suit, this will bode ill for the health of the largest part of the South African population.

2.6 CONCLUSION

QWL was defined and positioned within the international and the South African contexts, specifically in universities. The framework of QWL as described in the domains of Van Laar et al (2007) was explained and the factors that are identified in the literature that could influence the QWL at universities. Lastly, some issues of nursing departments were depicted in reference to influences on the QWL of nurse educators. Nurse educators thus face many challenges that could influence their QWL. The QWL of academics at universities has been determined in research nationally and internationally, but this study addresses the unique contextual challenges of nurse educators in nursing departments of universities in South Africa to be able to develop guidelines to input positively on their QWL.

In Chapter 3, the methodology of the study is described in full as positioned in the mixed methods design.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Researchers and authors, especially in the domains of psychology and human resources, have indicated a strong relationship between a good QWL and satisfaction with their workplace, and the effect a poor QWL has on staying and turnover. Turnover is a costly enterprise for any company or institution, as the cost of recruiting and orienting a new employee can be exorbitant, and affects the quality of teaching and learning at tertiary educational institutions, which struggle to compensate for poor-quality primary and secondary education and an inherently politicised arena.

Universities as employing bodies have issues that could affect educators' perceptions of their QWL at these tertiary institutions, not less so in South Africa with its history of colonisation, apartheid, struggles for equity, and the financial and political constraints that provide boundaries to addressing the situation successfully.

It was thus proposed in Chapter 1 that it would be purposeful to use a mixed methods approach to investigate the opinions of nursing educators at South African universities and those of their HODs regarding their QWL. This would help to devise guidelines to improve on it in the final chapter of this thesis.

In this chapter, the philosophical underpinnings of the study are presented to give context to the researcher's choice in methodology and reasons for engaging in the research. This discussion is followed by a comprehensive explanation of the methodology with the help of the 13-step methodological framework by Collins et al (2006).

3.2 PHILOSOPHICAL UNDERPINNINGS

The researcher is a South African nurse educator of Afrikaans culture, who is employed in one of a few universities of the same culture, which is being influenced by social pressure to reform towards a mainly English teaching and learning environment, an ever-increasing multicultural student component, a staff component

that is less than ideal in numbers, and a lack of funds to deal with these historical, contextual and political challenges. As such, the researcher comes from a predominantly Western epistemic tradition, in relation to various forms of knowledge, with a need to align this tradition with the ontological process of becoming a scholar. The axiological position of the researcher is described in interests in terms of own values and ethics within the discipline and the need to adapt to societal needs.

In this study, post-positivism and social constructivism are combined and augmented with dialectical pragmatism in mixing and determining the underlying philosophy of the study. Teddlie and Johnson described dialectical pragmatism (2009, in Tashakkori & Teddlie 2010:88) as the dialogical engagement with paradigm differences that would generate new knowledge and insights by examining quantitative and qualitative stances fully and dialectically to determine where the emphasis would lie for a combination solution. It is pragmatic as it deals with a concern about solutions to problems and possible approaches available to address it (Creswell 2014:11).

Thus, as a post-positivist, the researcher uses descriptive and inferential statistical techniques in the survey, and also engages with a constructionist's tools of analysing interviews to dialectically and pragmatically help in examining solutions to the phenomenon of a QWL at South African universities as the nurse educator's place of work, by inductive reasoning.

Research is always carried out in context of the social, historical and political aspects of life, and recognition has to be given to the external and the internal worlds of individuals. South Africa is said to be currently going through what other African countries went through decades ago in recovering from colonialism. This study is important for the culture, social reality and time in which it has been placed, as these factors force researchers to deal with issues that present in life, which necessitates reactions to dealing with society and populations adequately. Marks (1994:167) recognises that the "drive for nurses to achieve social and economic recognition as educated, professional women has been a major aspect of the history of modern nursing all over the world". Furthermore, nurse educators are part of a society that has suffered from and having imposed colonialisation on parts of this society. In a unique African way, the process of shedding the historical shackles that hold this continent

back from development and economic freedom is being shaped. The conflict inherent to this situation should be resolved, for this to happen.

In recognition of this, help is needed to formulate and understanding the goal of the research clearly. By using a quantitative approach in this research, the nurse educators as the persons dealing with students and attempting to balance their own manifold duties within the allocated working hours, gave their opinion of their circumstances. Added to this data was the descriptive qualitative information provided by the heads of the nursing departments, who deal with the administration of the university and the financial resources, to give context and information about the availability of resources and constrictions experienced by the nurse educators. By combining the data from all role-players in this situation, new knowledge and insights were generated to produce the necessary combination of solutions according to dialectical pragmatism.

3.3 STAGING THE RESEARCH

In this chapter, the study is described in the three stages of formulation, planning and implementation, according to the framework of Collins et al (2006). A visual representation simplifies complex interrelationships, such as are generated in mixed methods research (Tashakkori & Teddlie 2010:11). Such a visual presentation of the 13-step methodological framework as adapted from Onwuegbuzie, Frels, Collins and Leech (2013:136) is shown in Table 3.1, as combined within these three stages.

Table 3.1 The 13-step methodological framework

FORMULATION STAGE: Chapters 1 & 3
1.Determine the goal of the study
2.Formulate the research objectives
3,Determine the research mixing rationale
4.Determine the research mixing purpose
5.Detemine the research questions
PLANNING STAGE: Chapter 3
6. Select sampling design
7. Select mixed methods design
IMPLEMENTATION STAGE: Chapters 4-8
8. Collect the data
9. Analyse the data
10. Legitimise the data
11. Interpret the data
12. Write the research report
13. Reformulate the research questions

Source: Adapted from Onwuegbuzie et al (2013:136)

The formulation stage includes steps 1-5 of Onwuegbuzie et al's (2013) methodological framework for the mixed methods research process. Chapter 1 gave a general overview of this stage, with more detail being provided in Sections 3.3.1 to 3.3.5 in this chapter.

The planning stage includes the selection, first, of the sampling design as Step 6 and, second, of the mixed methods design as Step 7 (Sections 3.3.6 and 3.3.7).

The Implementation stage with steps 8-13 is introduced in Sections 3.3.8 to 3.3.13 and followed through in Chapters 4 to 8. A more comprehensive discussion of all the stages and steps thus follows.

3.3.1 Formulation stage: Research goal

Knowledge and understanding of the goal of the research guide the research questions, and help to determine the sample and where the emphasis on methodology will lie regarding the design (Onwuegbuzie 2016:1).

The aim of this study is i) to add to the knowledge base, while influencing the personal, social and institutional QWL of nurse educators by ii) understanding the complex phenomenon of their work-life balance, and iii) generating new ideas on how to handle the situation in a multicultural and fast-evolving context.

This goal then translated into describing and exploring the QWL of nurse educators employed at nursing departments in order to generalise from respondents of a survey from a voluntary sample of the whole population. The generalised results from the survey were enriched by the opinions of heads of nursing as participants in interviews, as a smaller sample, with larger presentation among the population of heads of nursing departments, to be able to generalise analytically what is happening in as many nursing departments at university level as possible.

Thus the use of this partially mixed method focused on convergence by applying the QUANtitative survey and QUALitative interviews, which took place one after another, instead of simultaneously, as this was more practical for the researcher, who as an employee of a university, was simultaneously responsible for certain outputs apart from this research study.

The survey and the interviews in this research had equal status and weight, with mixing of data taking place only at the analysis phase. The discussions obtained via the semi-structured interviews helped towards understanding trends and unexpected findings of the electronic survey. This new knowledge and insights were used to produce a combination solution, with the development of guidelines to address the QWL of nurse educators.

3.3.2 Formulation stage: Research objectives

Determining research objectives is the second step in the mixed methods research methodological framework (Onwuegbuzie et al 2013).

The first objective for this study is to describe the demography of nurse educators at universities in South Africa.

The second objective is to determine the effect of these demographic factors on the QWL of nurse educators at South African universities

The third objective is to measure the effect of the categories of home, individual and work factors on work-related quality of life and its subdivisions, according to Easton and Van Laar's model.

The fourth objective is to compare the WRQoL scores of the South African nurse educator sample with that of the UK university educator sample as provided by Easton and Van Laar (2007).

The fifth objective is to explore the experiences of heads of nursing departments regarding their own and the general QWL at their university's nursing department.

The sixth objective is to enrich the data obtained in the survey with the interview results by mixing the findings for an in-depth understanding of all the factors influencing the QWL of nurse educators

The seventh and last objective is to develop guidelines, which would help towards an improved QWL in nursing departments at South African universities in future.

3.3.3 Formulation stage: Rationale for mixing methods

The rationale for using mixed methods is to triangulate the two sets of data to measure the same outcomes, to complement in measuring overlapping or different facets to yield richer understandings, to develop with the one method informing the next, to initiate by seeking paradoxes and contradictions, and lastly to expand the breadth and range of inquiry by using different methods (Greene, Caracelli & Graham 1989, in Benge 2012:21).

In this study, the use of a combination of the quantitative and qualitative research approaches accentuated the strengths of both and minimised their limitations of both (Creswell 2014:218). It also helped to blend the findings towards a better understanding of the problem of QWL via meta-inferences.

Procedurally, mixing methods helped in evaluating the instrument of Easton and Van Laar (2012:1) for South African use among the nurse educator population to determine QWL, by understanding the research problem better by comparing the information obtained from the nurse educators from the quantitative phase with the perspectives of the heads of nurses of the qualitative phase, by understanding nurse educators and nursing departments/divisions better as a marginalised group, and by improving the understanding of the need for an intervention programme from the data collected through this research.

3.3.4 Formulation stage: Purpose for mixing methods

The framework of Collins et al (2006:67-100) helps to depict purposes for mixing quantitative and qualitative data under the four components of participant enrichment, instrument fidelity, treatment integrity and significance enhancement. Participant enrichment refers to optimising the sample through mixing quantitative and qualitative techniques; instrument fidelity is the maximising of the appropriateness of the instrument: treatment integrity is ensuring that all the processes are in place and followed through ethically: while significance enhancement is ensuring that interpretation of the data is enhanced through mixing the quantitative and qualitative techniques. The purpose of using mixed methods specific to this research is thus depicted in Table 3.2.

Table 3.2 Rationale and purpose for using mixed methods

Rationale	Participant enrichment		Instrument Fidelity			Treatment Integrity			Significance enhancement	
Purpose	1.Optimise sample by encouragement of all nurse educators to respond to the survey 2.Identify outliers (deviant cases) 3.Obtain the views of heads of nursing department via interviews		1.Create items for first part of instrument to complement and compare with validated second part 2.Determine validity of instrument via nurse specialists 3.Pretest instrument to assess utility of questions and adjust 4.Explain within and between variations in outcomes on instrument			1.Provide participation information in application of questionnaire and interview 2.Identify treatment infidelity 3.Evaluate implementation of questionnaire and interviews for fidelity 4.Address the questions and concerns of specialist participants			1.Use findings of quantitative and qualitative methods 2.Discover paradoxes and contradictions to rephrase research question	
Research Question focus	Quantitative and Qualitative		Quantitative and Qualitative			Quantitative and Qualitative			Quantitative and Qualitative	
Stage of study	Before	During	Before	During	After	Before	During	After	During	After
Sequence	QN+QL	QN→QL	QN+ql	QN→ql	QN→ql	QN+QL	QN+QL	QN+QL	QN+QL	QN+QL
→ = sequential + = concurrent QN: qualitative QL: qualitative Uppercase = dominant Lower case = less dominant										

Source: Adapted from Collins et al 2006:67

3.3.5 Formulation Stage: Research questions

The purpose of reflecting carefully on the research questions is to help determine the complexity of the study, the interactivity levels and synergism in all the phases, the size and type of sampling for all the phases, the appropriateness of a concurrent or sequential design, the types of data to collect and the ways in which to analyse, validate, interpret and utilise these data (Onwuegbuzie 2016:5).

The research questions for this study are separate for the quantitative and the qualitative phases. Thus the level of integration of the questions is low, but they are dependent on one another, because the results of the qualitative interviews enrich those of the quantitative survey, and the results of both inform guideline formulation in the following phase. The relationship of the questions to the research process is predetermined, as the questions were based on literature, practices, personal tendencies and disciplinary considerations at the outset of the study (Tashakkori & Teddlie 2010:275-304).

With descriptive qualitative research being employed in the qualitative phase, there was no pre-selection or manipulation of variables and no prior commitment to one theoretical view of the target population (Lambert & Lambert 2012:256)

3.3.5.1 Quantitative research questions

- What are the demographic characteristics of nurse educators at universities in South Africa?
- What effects do these demographic characteristics have on the QWL of nurse educators?
- What effects do the categories of individual, home, and work factors have on work-related quality of life and its subdivisions according to Easton and Van Laar's (2007) model?

3.3.5.2 Qualitative research questions

- What are heads of nursing departments' perceptions about factors that impact on the QWL of their nurse educators?
- What suggestions towards improving a QWL can be borrowed from heads of nursing departments?

3.3.5.3 Mixed methods research questions

- How do the opinions from the heads of nursing departments help towards understanding/complementing the survey results?
- What suggestions and guidelines would help towards improving a QWL in nursing departments at South African universities?

3.3.6 Planning stage: Selection of the sampling design

Collins, Onwuegbuzie and Jiao (2007:267-294) mention that the most frequent combination as a sampling scheme is non-random sampling in the quantitative and qualitative phases. Convenience sampling as a non-random method can be explained

as choosing settings, groups and individuals that are conveniently available and willing to participate in the study.

The setting for this study was South African universities with nursing departments. The quantitative survey and the qualitative interviews both had non-random convenience features, as the whole population were invited to participate quantitatively instead of merely a sample. The questionnaire was sent to all university educators, and all HODs were contacted for interviewees for the qualitative phase. Both samples consisted of those educators and HODs that chose to respond positively to the invitations to partake.

3.3.6.1 Quantitative sample size, power and standard deviation

Population sizes were determined from the FUNDISA booklet, which indicated the names and the number of nurse educators currently teaching at all the South African universities with nursing departments. At the time of the study (2016-2017), there were 22 such nursing departments at universities. The total number of 425 nurse educators constituted the study population for the quantitative survey. Inclusion criteria were that the person should be a nurse educator at a South African university, that permission had been given from his or her university and gatekeepers to take part in the research if he or she so wished, and that he or she had a valid email address with which to contact him or her to request participation and to do the survey online.

Pallant (2016:210) explain that power helps to determine whether there is a significant difference between certain categories/groups in the study and to ensure that enough respondents partake to give confidence in the results. Thus, the higher the power, the more confidence there is that there is no real difference between groups. Types of tests also differ in power, with parametric tests being more powerful than non-parametric tests. The power should be close to 1. For the purpose of this study, the alpha level was set at 0.5.

In this study, age was a primary determinant taken in this study to determine the power. This power would detect a significant difference between the means of the responses of the four age groups of the sample, which had to be at least 20, 20, 20 and 20 (a total of 80 participants) and an alternative of equal means. To reduce the

prevalence of Type 1 or 2 errors, the power was determined retrospectively with a one-way ANOVA. This test yielded a result of 0.92157, which reflects a 92% power to detect differences among the four means of 2.89, 3.14, 3.32, 3.55, with a standard deviation of 0.24, using an F-test with 0.05000 significance level.

3.3.6.2 Qualitative sample size

In descriptive qualitative research, any purposeful sampling technique may be used (Lambert & Lambert 2012:256). As with any other type of qualitative research, the goal is to obtain cases that are rich in information for saturation. The minimum number of participants for interviews for a qualitative study is 6, and the maximum ranges from 9 to 12. Such sample sizes should be ample to ensure generalisations about the results (Johnson & Christensen 2010; Langford, Schoenfeld & Izzo 2002; Morgan 1997; Onwuegbuzie 2016:6)

For the interviews as the second part of this mixed methods study, the total population of 22 heads of nursing departments were chosen, with n=12 as a convenient sample, being the most accessible of this population, who were the heads of universities in the largest cities that were reachable from the researcher's nearest metropole airport. This gives a good representation of urban university status, but less so of rural and smaller town universities, which might be more representative of the African population, which would have less inclusion in this sample. Attempts were made by Internet and telephone to contact these other university heads for personal interviews or via Skype. However, most did not react to a request for an interview. Data were then collected via purposive sampling, using semi-structured interviews, until data saturation was attained.

The rationale for using the heads of the nursing departments as participants was because of their greater insight into the functioning of their university, owing to their involvement in the management processes, financial matters, institutional memory and policies. Inclusion criteria were that the person must be a head or have been a head or acting head to be able to comment on the QWL, problems and suggested guidelines to ensure a QWL at a South African university.

In the last phase, when data collection and analyses had been completed in phases 1 and 2, data were integrated and used to develop guidelines. Experts in the field of guideline development, such as nurse educators, heads of nursing departments, and a human resource manager were purposively selected to validate the guidelines. Inclusion criteria for the sampling at this stage were that persons must have been involved in education at South African universities for more than three years, and preferably at more than one South African university, to make valuable contributions to the development of guidelines.

3.3.7 Planning stage: Selection of the mixed methods design

By taking a dialectical pragmatic stance, quantitative and qualitative stances could be examined fully and dialectically to produce a combination solution.

For the quantitative post positive phase, cause-and-effect relationships were sought as well as the ability to reduce complex relationships to enable understanding or to value a "reductionist philosophy" (Creswell 2009, in Benge et al 2012:106). This understanding helped to pose questions to the HODs in the qualitative phase in order to construct a further detailed understanding of the factors that impose on or enhance a QWL in university nursing departments.

3.3.7.1 Typology of the mixed methods design

A three-dimensional typology of mixed designs is presented in Table 3.3, which is classified according to the level of mixing, the time orientation and the emphasis on approaches (Leech & Onwuegbuzie 2009:268-9). At the level of mixing dimension, the researcher would state whether a partially or fully mixed method is used, while in the time dimension, the researcher would have to state whether the study is concurrent or sequential. Lastly, in the three-dimensional typology, in the emphasis dimension the researcher should indicate whether the phases have equal status, or whether one has a dominant status over another.

Table 3.3 Notional system for mixed methods design

Mixing Dimension	Time Dimension	Emphasis Dimension
Partially Mixed **Methods**	Partially mixed concurrent equal status design (P1)	QUAN + QUAL or
		QUAL + QUAN or
	Partially mixed concurrent dominant status design (P2)	Quan + QUAL / Qual + QUAN or
		QUAN + qual / QUAL + quan
	Partially mixed sequential equal status design (P3)	QUAN → QUAL or
		QUAL → QUAN
	Partially mixed sequential dominant status design (P4)	Quan → QUAL / Qual → QUAN or
		QUAN → qual / QUAL → quan
Fully Mixed **Methods**	Fully mixed concurrent equal status design (F1)	QUAN + QUAL or
		QUAL + QUAN
	Fully mixed concurrent dominant status design (F2)	Quan + QUAL / Qual + QUAN or
		QUAN + qual / QUAL + quan
	Fully mixed sequential equal status design (F3)	QUAN → QUAL or
		QUAL → QUAN
	Fully sixed sequential dominant status design (F4)	Quan → QUAL / Qual → QUAN or
		QUAN → qual / QUAL → quan

Source: Adapted from Leech and Onwuegbuzie (2009:269)

In this research study, the researcher used a partially mixed method with a sequential time dimension, with the emphasis on equal status, which puts this research in partially mixed sequential equal status design (P3). Ultimately this implies that the quantitative and qualitative phases occur the one after the other, with the two phases being given approximately equal weight, and mixing occurring at the data interpretation stage. Figure 3.1 illustrates the mixed methods research design for this study.
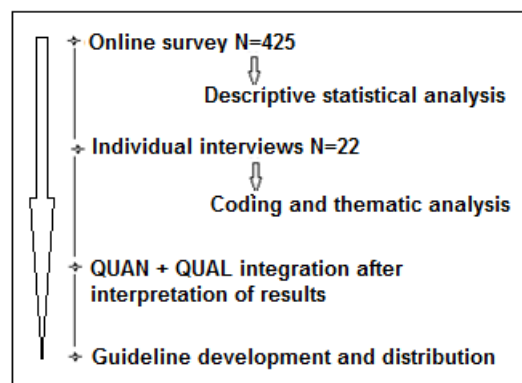
Figure 3.1 Mixed methods design for study

This method was chosen for its simple, but inclusive design. It would have been ideal, but impractical to interview all 425 nurse educators at South African universities. By doing a survey among them, with open-ended questions included to give more information, those that were willing to participate and give their opinions did so, with weekly encouragement over the five weeks of the survey to them by email to complete the online questionnaire. By interviewing as many heads of nursing departments as possible in the qualitative phase, opinions were obtained from those that have been nurse educators, but owing to their positions had access to management decisions at university level. This knowledge helped with information about the reasons that certain decisions had been taken, and what the prevailing status of QWL was according to those that run their departments. By following this order, the data of the survey were enriched, and mixing of data took place mostly after both sets had been collected. Data obtained with the pilot interviews helped in formulating the interview questions.

3.3.7.1.1 Assumptions

It is assumed that all respondents and participants in this study answered the questionnaires and interviews with honesty and accuracy, which would contribute to the collection of trustworthy information from which to draw conclusions and inferences. Although respondents and participants could have divergent views of political and other causes for the QWL experienced at their universities, they all suffer from these consequences, and one assumes that those that responded to the questionnaire and request to be interviewed were able to unequivocally voice their concerns, without feeling threatened or pressurised.

A further assumption was made that the standardised instrument yielded reliable data, comparable with the normative sample of university staff (Easton & Van Laar 2012).

3.3.7.2 Delimitations and limitations of the study

Delimitations of the study indicate the breadth of the study by explaining the context and the focus. The focus of this study was on all South African universities with nursing departments. Subsequently it became a national study, including the 22 universities that had nursing departments in the data collection period in 2016 and first part of 2017. The study was limited to the nurse educators at these universities and their

heads of nursing departments. Although an attempt was made to include nursing student clinical facilitators, they were not all listed in the source used for contacting them (FUNDISA booklet) by their own universities, therefore answers to questions about QWL were mostly from the categories of nurse educators and their operational heads or acting heads of departments.

Limitations of the study deal with the validity of the quantitative phase and the credibility and legitimation of the qualitative and mixed methods phases. Threats to internal and external validity, credibility and the ability to legitimise the findings are potential limitations to this mixed methods approach. Benge, Onwuegbuzie and Robbins (2012:66) state that the assessment of legitimisation is the most important step of research. The research question, design, sample size, sampling scheme, data collection and analysis of data are of little value if legitimisation is lacking. In fact, it could then be said that the study was harmful (maleficent). The importance of legitimation strategies lies in ensuring that the research process is holistic and synergistic. Legitimate mixed research findings are used to clarify concepts and philosophies, and help to introduce group standards and eventually universal standards (Onwuegbuzie 2016:10).

The use of specific models for validation and legitimation would help in acceptance and usage of the results, as this serves to prove that all these aspects were thoroughly thought through and appropriately addressed before the study was commenced. These actions enhance the study, and help with evaluation at the end of the success in addressing them, so that the validity and credibility of the study findings are not in doubt.

Onwuegbuzie (2016:9), in measuring validity, presents the quantitative legitimation model (Onwuegbuzie & McLean 2003) for the quantitative phase, with the qualitative legitimation model (Onwuegbuzie & Leech 2007) for the qualitative phase and the mixed research legitimation process (Onwuegbuzie & Johnson 2006) for the mixed phase.

3.3.7.2.1 Quantitative legitimation

The quality of the conclusions to be drawn from the results of the analysis is determined by internal and external validity of the study. Johnson and Christensen (2010:247) explain that internal validity refers to the certainty that variables are related to one another in a causal relationship, and are not threatened by other plausible explanations such as selection bias. Internal validity refers to how thoroughly the study was conducted (regarding design, operationalised definitions, measurement of variables, and what was and was not measured). In contrast, external validity refers to the extent to which the data and context of the study can be generalised (since the sample is representative) to populations, settings, times, outcomes and treatment variations with randomisation being an important factor in improving this type of validity (Johnson & Christensen 2010:247).

The quantitative legitimation model explains internal and external validity in all the phases of the quantitative part of mixed methodology (Benge, Onwuegbuzie & Robbins 2012). In the quantitative legitimation model (Onwuegbuzie & Johnson 2006:48), more than 50 types of threats to validity are listed, of which 34 threats to internal and external validity occur at the design to data collection stage, 26 internal and external validity threats occur during the data analysis stage, with 10 external and internal validity threats in the interpretation stage. Because this study was non-experiential, internal validity was less of a threat. Only those threats that were applicable to this study are mentioned in Table 3.4. In Section 5.3 in Chapter 5 the ways in which these threats were circumvented in the quantitative phase are explained in detail.

Table 3.4 Threats to validity in the quantitative phase

Threats	Research design/Data collection	Data Analysis	Data Interpretation
External validity/ External replication	Population validity Ecological validity Temporal validity Researcher bias Specificity of variables	Population validity Researcher bias Specificity of variables Mis-specification error	Population validity Ecological validity Temporal validity
Internal validity/ Internal replication	Instrumentation Selection interaction effects Behaviour bias	Statistical regression Restricted range Type 1 to Type X error Researcher bias Treatment replication error Multicollinearity Mis-specification error	Effect size Confirmation bias Statistical regression Distorted graphics Illusory correlation Causal error

Source: Adapted from Onwuegbuzie and Johnson (2006:48)

3.3.7.2.2 Qualitative legitimation

Internal credibility is defined as the truth value, applicability, consistency, neutrality, dependability and credibility of interpretations and conclusions within the underlying setting or group (Onwuegbuzie & Leech 2007:234-235). External credibility, as with external validity, is the degree to which the findings can be generalised beyond the study to other populations, settings, contexts and times. Onwuegbuzie and Leech (2007:233-249) describe 26 possible threats to internal and external credibility in qualitative research. Table 3.5 shows internal and external credibility threats that are considered to be of possible significance in the qualitative part of this study and are reported on in detail in Chapter 6, Section 6.5.

Table 3.5 Threats to credibility in the qualitative phase

Threats	Research design/Data collection	Data Analysis	Data Interpretation
External validity/ External replication	Order bias	Catalytic validity Communicative validity Action validity Investigation validity Interpretive validity Evaluative validity Consensual validity	Population generalisability Ecological generalisability Temporal generalisability Reactivity Order bias Effect size
Internal validity/ Internal replication	Descriptive validity Observational bias Researcher bias Reactivity	Researcher bias Observational bias	Researcher bias Confirmation bias Illusory correlation Causal errors Effect size Ironic legitimation Paralogical legitimation Rhizomatic legitimation Voluptuous legitimation Structural corroboration

Source: Adapted from Onwuegbuzie and Leech (2007:233-249)

3.3.7.2.3 Mixed research legitimation

The legitimation of mixing research rest on nine threats that need to be considered, as identified by Onwuegbuzie (2016:10). Table 3.6 lists all nine threats. All of these threats were considered in legitimisation of the mixing part of the methodology of this research and such considerations are discussed in Chapter 7, Section 7.8.

Table 3.6 Mixed methods research legitimation

Legitimation of mixed methods research
Sample integration
Inside-outside
Weakness minimisation
Sequential
Conversion
Paradigmatic mixing
Commensurability
Multiple validities
Political

Source: Adapted from Onwuegbuzie (2016:10)

3.3.8 Implementation stage: Collection of data

Chapter 3 also introduces an explanation of the implementation stage with Steps 8 to 13, which are dealt with in detail in Chapters 4 to 8.

The collection of data for this mixed methods research was done with a questionnaire via an electronic survey as first quantitative phase, with an interview schedule for the following qualitative phase of the study.

The various instruments and their uses in the research phases are explained in this section as well as the ethical aspects that had to be considered in the process.

3.3.8.1 Quantitative Instrument

In the questionnaire, content validity, criterion-related validity and construct validity need to be ensured (Creswell & Plano Clark 2011: 210-11). Content validity determines how the specialists assess whether the questions are representative of the possible items, whereas criterion-related validity indicates that the scores relate to an external standard, such as scores on a similar instrument. Construct validity determines whether the instrument measures what it is intended to measure.

The two parts of the questionnaire consisted of demographic information and other requested data as the first part, with the questionnaire about WRQoL as the second part (Annexure D).

In Part 1 of the questionnaire had content and construct validity were addressed in part by the literature search and by interviews with colleague nurse educators for a qualitative course as preparation for the study. In addition, two young colleagues that had resigned were asked to comment on the questions to determine whether all the issues had been addressed. The supervisor, as a specialist on the topic of QWL also gave input, suggested corrections, and referred the researcher to veteran specialist nurse educators to serve as a panel of experts, and peruse the questionnaire for content validity. Some have been HODs in charge of nursing departments at South African universities, and thus were responsible for QWL of nurse educators, with longstanding experience of teaching.

This panel were asked to look at individual questions in Part 1 and rate them on several dimensions, for example clarity of wording, relevance of the item to the construct, appropriateness for the target population along a continuum of 1 = not relevant, 2 = somewhat relevant, 3 = quite relevant, 4 = highly relevant. These evaluators were asked to comment whether the item should be retained exactly as worded, whether major or minor revisions should be made, or whether the item should be dropped. Agreement among the experts was measured by taking the number of experts who agreed, dividing it by the number of experts. However, only two experts were available to be on the panel, and 100% agreement was not obtained. Subsequently, most of the items were retained.

A statistician at the Biostatistics Department of Stellenbosch University was also consulted about the practicality of analysis of the questions, with some recommendations for changes. This helped to ensure the validity of the design, internal validity (what was to be measured) and external validity (ecological validity in which differences in ethnicity and socioeconomic status in the provinces could influence the answers to the questions).

Part 2 of the questionnaire was tested in healthcare and higher education groups when Van Laar et al (2007) operationalised, verified and compared the instrument with other measurements of work-related quality of life previously. A reliability coefficient of 0.85 indicates that 85% of the variability would reflect true individual differences, and 15% would be owing to variations because of extraneous factors (Polit & Beck 2017:306-

7). A final Cronbach Alpha of 0.91 and subscale reliability between 0.76 and 0.91 was obtained by Van Laar et al (2007).

An instrument's reliability is also tested continuously in the way that scores for respondents should be consistent and stable over time. Reliability, content validity, criterion validity and construct validity at the level of the score quality of Part 2 of the instrument have been proved among many employee groups in different countries. Criterion validity was further determined through previous factor analysis by Easton and Van Laar (2012) for this purpose. Obtaining construct validity for this study was attempted by comparing the information obtained from determining the QWL of nurse educators with the WRQoL model of Easton and Van Laar (2012).

Pretesting of the instrument was done through application to nurse college educators of a private hospital group with their permission and that of their director of nursing. The ease of use was tested at this stage. It was found that the electronic survey did not allow the respondents to continue unless each question was answered. This was rectified by allowing respondents to progress through the questions and omit answers they wanted to skip. Unfortunately this meant weighing up the comprehensiveness of answers versus the response rate.

Answers were perused and changes were made to Part 1 of the questionnaire to include three more questions about a body to represent the needs of nurse educators. Part 2 was not tampered with, and remained the original validated instrument that Easton and Van Laar (2007) created for the purpose of measuring QWL

Lastly, in order to give permission for the study, each of the ethical committees and gatekeepers of the 22 universities perused the questionnaire, and added advice to improve Part 1 by removing or rephrasing questions that would elicit sensitive information, which might compromise the anonymity of the respondents or the university.

3.3.8.1.1 Content of the questionnaire

The first part of the questionnaire, which contained demographicdata and other requested information, enabled the researcher to understand the circumstances and

context of respondents and the population collectively. After giving the demographic information, respondents had to give opinions of the status of their QWL at the university on a Likert scale (Completely disagree = 1, Disagree = 2, Neutral = 3, Agree = 4, Completely Agree = 5), and answer open-ended questions about issues that they found problematic in their work setup.

Data requested from questions 1-6 of the questionnaire elicited the age, gender, home language and ethnicity, marital status, number of children and availability of support systems in the community. Questions 7 and 8 determined from the respondents whether they were the only breadwinners in the household and the career field of spouse or other breadwinners. Questions 9-10 dealt with the highest qualifications of the educator's parents.

Questions 11-15 dealt with the current qualifications that the educators have, how and why they fall short, and what other qualifications are needed in this post, or to be advanced to the next post level. They also attempted to determine if and when educators had completed their doctorates.

Question 16, which elicited information about their workplaces, was asked only as a check to determine whether all of the nurse educators of the 22 universities had taken part in the survey. No comparisons were made with other data, so the respondents were able to stay anonymous.

Question 17–24 asked about work-related issues: whether bursaries were available at their universities, how long they had been employed, whether they had full-time or contract posts, what their activities consisted of proportionally, what level of students they taught, and which modules and numbers.

Questions 25 and 26 were open ended, asking respondents to contemplate the aspects of work life and home life that caused them most stress. Question 27 gave them 23 stressors to pick from, in case they did not consider these stressors in Questions 25 and 26. The purpose was to compare these 23 stressors with the WRQoL information that was obtained in the second part of the survey through inferential statistics to determine causal relationships.

Question 28 dealt with the effect of stress on absenteeism, as well as registering whether educators took enough leave to prevent stress, with Question 29 dealing with ways in which stress is handled.

Questions 30-32 elicited information about staying, why educators wanted to work at their universities in the first place, and what kept them there.

Questions 33-36 were added after these issues had been identified in the pilot study, and had to do with whether issues were dealt with conclusively and satisfactorily in the departments, whether a body (such as a union) was present on campus to represent them, whether they belonged to such a body, and whether they were satisfied with the ability of the body to represent them.

The last question of the first section was Question 37, which was also open ended, which asked the respondents to name the single factor, which, according to them, should be changed about their circumstances at work.

The second part of the questionnaire (Question 8) included Van Laar et al's (2007:1) 23-item 6-factor WRQoL Scale to determine the QWL of South Africa nurse educators, to compare it with those of UK university staff, and to determine relationships between the answers to Questions 1-37 with answers on the WRQoL scale.

The subscales of the WRQoL instrument portray Easton and Van Laar's (2012:13) model with the six psychosocial factors of general wellbeing (GWB), home-work interface (HWI), job and career satisfaction (JCS), control at work (CAW), working conditions (WCS) and stress at work (SAW) that contribute to QWL. GWB is measured by items 4, 9,10,15,17, and 21, HWI is measured by 5, 6, and 14, JCS is measured by 1, 38, 11,18, and 20, CAW is measured by 2,12, and 23, WCS is measured by 13,16, and 22, and SAW is measured by 7 and 19. Of these items, some (7, 9, 19) were phrased negatively, and item 24 was not used to calculate the factor scores (Easton & Van Laar 2012:43).

After the items on the questionnaire had been finalised, the questions were adapted to fit into the electronic survey monkey, with the same Likert scale scoring as above, reading from Strongly disagree = 1 to Strongly agree = 5.

3.3.8.1.2 Ethical considerations regarding the questionnaire

The University of Portsmouth has copyright of the WRQoL scale of Easton and Van Laar (2012). Permission was obtained via this university from the authors of the instrument to use it in this study (Annexure B).

The researcher obtained permission from the University of South Africa, via their Higher Degree Committee for the study (HSDC/480/2015) in December 2015 (Annexure A) for ethical clearance.

Permission was sought from the 22 research and ethics review committees of the universities (Annexure E), and the academic chairpersons as gatekeepers of the nursing departments to collect data from their nurse educators in 2016. Because of the Protection of Personal Information (POPI) Act of 2013 (South Africa 2013), universities requested that the researcher should sign consent that the information would be confidential and provide for the rights of persons regarding unsolicited electronic communications and automated decision making.

The nurse educators were sent a letter of explanation by email, with an electronic link to the survey, and had to give consent to the study via a button in the survey before they could progress to the survey questions. The electronic survey was set so that it did not collect information from ISP sites, and did not register the email address of the respondents who answered for privacy and confidentiality. Some universities expressly required this for the sake of the respondents and the university (Annexure E). The reason was that some had small nursing departments, and respondents might be recognised and experience backlash because of their opinions. With these precautions in place, it was anticipated that respondents would find it therapeutic to express issues about their work situation, rather than suffer psychological harm.

3.3.8.1.3 Quantitative data collection

An introductory explanatory letter of invitation to participate in the study was sent to nurse educators by email (Annexure D) with a secure link to a website in the electronic survey to ensure anonymity (Buchanan & Hvizdak 2009:39). Participation was voluntary and the rights of nurse educators to refuse to participate or withdraw from the study were respected. The respondents had two choices: to ignore the email

request, or click on the link and give permission by the push of a button, because the first question in the questionnaire asked the participant to consent to participating in the study. Using a secure link to a private Internet site in the email ensured anonymity (Buchanan & Hvizdak 2009:39). Participation was voluntary and the rights of the nurse educators to refuse to participate or withdraw from the study were stated and respected. Some universities requested that a link to the questionnaire should be posted to their Intranet, but when these were contacted for this purpose, only one university reacted, with successful placement on their Intranet.

In addition, all the emails with requests to respond to the attached questionnaire that were sent to University of Limpopo's (UL) server bounced back, with none being delivered. On investigation, it was discovered that the Medunsa campus of UL had become Sefako Mekghatho University (SFMU) in 2015, and email addresses and staff had changed. Permission had to be obtained from the management of this university to include them in this study, but management said that this would not be possible via the ethical committee before the 2017 academic year, as this committee would not meet again in 2016 to decide about such matters.

The difficulty experienced with staff that did not work at the universities any more (indicated by more emails that bounced back) was addressed by obtaining the names and email addresses of the nursing educators of universities on their websites. Some university nursing departments were helpful, and supplied a list of their nurse educators to the researcher, while others allowed only the publication of a notice of the survey on their Intranet, with no direct contact allowed to the researcher. Nurse educators of these universities were unaware of the survey on the Intranet, and became aware of it only when a colleague commented on this survey.

The survey was sent out on the 5 September 2016 and ended five weeks later on 15 October 2016. The October recess of the universities was included in this period. A good response to the survey was experienced initially, which tapered off, but which increased again during and just after the recess period (Figure 3.2).
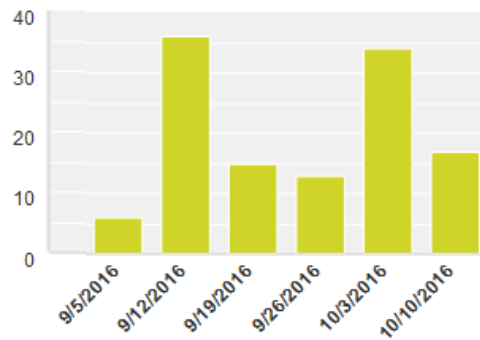
Figure 3.2 Response period and number of responses

3.3.8.2 Qualitative instrument

An interview schedule was drawn up for the semi-structured interviews to use with the heads, acting heads or previous heads of nursing departments. Questions were considered that would elicit information about factors that influenced the QWL of nurse educators, and the success HODs had in addressing these factors with resources available to them. Trustworthiness was addressed by utilising various data sources from the literature, specialists, and participants (specialists in management of a nursing department at a university) to promote inductive reasoning.

Two pilot interviews were carried out with recently retired HODs. This helped to remove excess information and questions to the potential participants to ensure shorter interviews. The refinement of the interview technique and schedule took a while, thus the quantitative and qualitative research processes planned were not undertaken at the same time, but a few months apart, with the quantitative data analysis having been done by the time that the bulk of the interviews had been arranged allowing for a sequential data collection time frame.

3.3.8.2.1   Content of interview schedule

The interview schedule had four questions that were related to QWL:

- o   What do you understand under QWL?
- o   What are the individual factors that impact on a QWL?
- o   What are the home factors that impact on a QWL?

o   What are the work factors that impact a QWL?

Probing questions were asked under each factor to ensure that i) rich data were obtained, and ii) aspects under each factor were covered, for example age, gender, ethnicity and personality with individual factors, and marital situation, children, extended family with home factors. Recent happenings in academia for example #FeesMustFall and #Decolonisingtheacademy were touched upon as subsections of work factors that influence a QWL. The interviews lasted from 30 minutes to an hour, with short notes being taken during the interview when possible to ensure the researcher followed up issues that needed to be investigated more thoroughly.

3.3.8.2.2   *Ethical considerations regarding the interview schedule*

For the qualitative interviews, the heads/acting/previous heads of nursing departments were shown their institution's consent to contact them and given an explanation of the study objectives and plans for dissemination prior to the interview. Risks to confidentiality, anonymity and privacy were avoided by ensuring participants were notified of their right to anonymity and the researcher's duty not to divulge their names or universities. They were then asked to read and complete a consent form for the interview and the use of the audio-tape recorder during the interview (Annexure F). Consent forms was signed, enclosed in envelopes, and sealed and kept in a safe as proof of consent, which was given for five years, and was not to be used to identify participants afterwards.

Refreshments were offered to every participant to ensure that the interviewee was comfortable during the interview. In some instances, the interview had to be interrupted because of their work pressure and people that needed attention, but was continued afterwards according to the need and availability of the interviewee.

Psychological harm was not at risk, as these HODs were seasoned negotiators and managers who were used to dealing with human resource issues in their departments. All were willing to divulge the information after the researcher gave them evidence of consent for the study.

3.3.8.2.3   Qualitative data collection

Descriptive qualitative data collection mostly involves minimal to moderate structured open-ended and individual interviews (Lambert & Lambert 2012:256).

As a purposeful sample from the initial total population of 22 HODs, interviewees were recruited individually via email and telephone by the researcher from the database of FUNDISA, who explained the purpose of the study and requested an interview at a time and place that suited the interviewee. Unfortunately many did not respond to the email request for an interview.

Interviews were arranged at a suitable date, time and venue for the potential participant. The period in which most of the interviews took place coincided with the universities' first semester recess in July and August 2017, as expressly requested by most interviewees, with the pilot and earliest interviews being completed in May 2017. Most found it convenient to be interviewed in their own nursing departments, and the researcher travelled to these venues over the country. Most of the larger and better known (for research and student output) universities were covered, unfortunately with no access to those universities that traditionally had dealt exclusively with African student populations. However, the larger universities have absorbed a more diverse student population and staff component in recent years, and it was hoped that in this engagement with one another, some issues would come to light. This would contribute to ensuring confidence in the truth of the data and credibility.

One telephonic interview and one Skype interview were also done for those willing interviewees with whom physical contact was impossible, owing to distance and inaccessibility.

Data were collected individually by a voice recorder via the semi-structured schedule. Some field notes were taken, together with audiotaping the interview. Transcriptions were made verbatim by the researcher, and by a paid transcriber. The researcher's interpretations sought to ensure that the interviewee's true opinions were portrayed in the transcriptions and in the data analysis by re-listening to the tapes together with the transcriptions, to ensure accuracy and credibility to this phase. Bias by the researcher was minimised by intentionally focusing on the data obtained from the participants, and not involving personal opinions (bracketing) when reporting on the data (Creswell

& Poth 2018:75). A diary was kept to summarise reflections on the events of the interview, to consider data analysis, and to ensure that personal opinions considered the circumstances of the interview in order to further decrease bias.

Member checking was engaged on after the interviews had been transcribed, by sending the interviews to the interviewees to ensure that they agreed or wanted to explain certain aspects that might not have been expressed well. The response rate was low, but those that responded helped to ensure dependability.

Data from the semi-structured interviews were transcribed in such a way that people or nursing departments of universities would not be identified in the transcription. Recorded interviews were deleted after transcription and immediately after themes were checked by the supervisor to prevent voice recognition and being linked in any way to a person or institution. After this process, the transcribed data were kept in a cloud (Dropbox) for this purpose for five years, password protected, with a guarantee from Dropbox that the information is scrambled, and thus not accessible to outside parties. The data will be discarded five years after the research results are published to improve privacy

Confirmability was covered in this phase by careful documentation to enable an inquiry audit as necessary afterwards.

3.3.9   Implementation stage: Analyse the data

In this section, analysis of the data of the quantitative, qualitative and mixed methods phases are discussed in short to illustrate Step 9 of the 13-step methodological process. The quantitative analysis phase is fully reported on in Chapter 4, and Chapter 6 reflects the data analysis of the qualitative phase. Chapter 7 is the result of the mixed methods analysis.

3.3.9.1 Quantitative data analysis

Comparative and inferential statistical analysis for the electronic survey was done with the help of the Statistical Package for Social Sciences, and graphs and histograms from MS Excel to explain the findings. Relationships between independent and

dependent variables were examined. Reliability of the instrument was established by acceptable Cronbach's alpha as for with tests with multiple possible answers, as explained below. Validity of the instrument had been determined previously (Section 3.3.8.1).

Underlying assumptions were checked before each parametric procedure was used with interferential statistics, for example assumptions of normality, multivariate normality, homogeneity of variance, co-variance, interval data and independence (Benge 2012:128). Histograms were first examined to determine the degree of skewness, if any, to understand where the data distributions were, and to make accurate assumptions.

Bonferroni adjustments were done where applicable to limit the possibility of Type 1 error when more than one test was conducted, so that the Type 1 error rate would remain at 0.5 for all tests (Field 2009, in Benge 2012:128). Statistical significance was reported on through P values that were significant below 0.5. Cronbach alpha was determined on the sets of scores from the WRQoL questionnaire (Part 2), and the Likert-scale questions in the demographic part of the questionnaire (Part 1).

Non-parametric tests were done to determine differences between the groups where the dependent variable was not continuous (as is required for a parametric test) (Field, in Benge 2012:133).

The answers to open-ended questions in the electronic survey were qualitatively analysed and coded, reflected on, and compared with other statements to determine to which theme they belonged in the reduction stage. Data were organised into themes that addressed recurring ideas, but novel ideas and those that made an impression were included in the discussion to ensure that all opinions were represented.

3.3.9.2 Qualitative data analysis

Comprehensive data collection was done, with available members checking the transcripts of their interviews, which would help with transferability of findings of this study to situations with similar populations, parameters and characteristics (Lincoln & Guba 1985, in Polit & Beck 2017:164, 562).

Familiarisation and immersion in data then took place. Data analysis of descriptive qualitative research does not employ a pre-existing list of rules, as do other qualitative epistemological/philosophical stances, and the codes are obtained purely from the data (Lambert & Lambert 2012:256).

Atlas.ti 8 software program was used to code the interviews and to sort the qualitative data into themes and subthemes. This program helped to make linkages between ideas and to ensure that all the ideas of the HODs were translated into data that could be compared among interviewees and would contribute to better understanding of the phenomena.

Confirming evidence was sought, quality enhancement efforts were documented, and thick vivid descriptions in text were used. The possibility of applying the research in other contexts was increased by honest reflection and reporting on findings.

3.3.9.3 Mixed methods data analysis

For the mixed methods analysis, the results of the quantitative survey (Chapters 4 and 5) were reconsidered, as well as the themes and subthemes of the qualitative phase in Chapter 6. These chapters were meticulously searched by perusing them word for word to determine where data from the nurse educators coincided with or differed from data from the HODs. The open-ended answers in the quantitative phase helped to 'qualify' information, and enriched the data from the nurse educators, to give more context to satisfaction or dissatisfaction with their situation. Quantification happened in the process of mixing those answers of nurse educators that correlated with the themes emerging from the interviews with the HODs and incorporating them in the discussion in Chapter 7. Inferences were drawn from these data sources and new themes and subthemes emerged in Chapter 7, which brought meso and macro factors to the fore that influenced a QWL, as well as the information from respondents and participants.

3.3.10   Implementation stage: Legitimise the data

Aspects related to the legitimation of the data are discussed in in Section 3.3.7.2, which deals with the limitations and delimitations of the study. The legitimation and validation of the obtained data for this study is discussed in Chapter 5, and in Chapters 7 and 8, where possible threats to internal and external validity, internal and external credibility and mixed methodology are identified. This list includes the manifestations of the possible threats within the study and the manner in which they were addressed by the researcher.

3.3.11   Implementation stage: Interpret the data

Qualitative data were interpreted accurately, with the supervisor involved in perusing the transcriptions together with the recordings and the themes identified by the researcher. The supervisor's suggestions for the themes were heeded and they were adapted. These aspects helped to maintain credibility.

Descriptive qualitative data are presented in a straightforward logical summary of the informational content to the audience for whom it was written (Lambert & Lambert 2012:256).

Careful documentation (Polit & Beck 2017:562) took place in Chapter 3 and in Chapters 4 and 6 in reporting of the findings of the two phases, which contributed to the dependability of the study. Dependability is also attained when the participants' evaluation of the findings, interpretation and recommendations of the study supports the data (Korstjens & Moser 2018:121). Triangulation between data and method (Polit & Beck 2017:562), data and literature in Chapters 4 and 5, and the quantitative phase with the qualitative phase and the literature findings in Chapter 7 help in completing the interpretation and establishing dependability.

Confirmability is established by ensuring that data and interpretations of the data are not figments of the researcher's imagination, but are derived from the research effort, by transparently describing the steps from the start of the project to the development and reporting of the findings (Korstjens & Moser 2018:121-2).

In Chapter 7, the data are interpreted by mixing the quantitative data in Chapter 4 and interpretations of this data in Chapter 5 with the data of the qualitative phase as reported in Chapter 6 to make meta-inferences in Chapter 7. Data interpretation thus takes place in several chapters of this research, but a culmination of the mixed method effort is presented in Chapter 7.

In Chapter 8, the research questions and objectives are considered again, to determine whether these were answered by the study. This chapter also contains the guidelines that were developed and reported on. A description of the development of these guidelines is presented next.

3.3.11.1   *Guideline development*

Guideline development is the last step of this research study, and recommends steps towards practice or policy (WHO 2014b:1), helps in decision-making, addresses all the issues such as benefits and risks of a decision, and is based on a body of evidence that should be synthesised (Polit & Beck 2017:28). Synthesis in this study takes place through the logical processes of inductive and deductive reasoning (Polit & Beck 2017:8). Deduction helped in using the evidence from the two phases and the literature, in formulating categories of guidelines. Induction followed on creation of recommendations for each guideline towards implementation (De Swardt 2012:50) which were perceived to help towards a QWL for nurse educators at HEIs.

3.3.11.2   *Guideline validation*

Internationally recognised methods should be used to develop guidelines to ensure their quality by being explicit and transparent, and to have input from experts as stakeholders with different perspectives, minimising the risk of bias in recommendations, measuring the benefits and harms, ensuring that it can be implemented in local settings and contexts and adapted to them, and are tailored to a specific audience (WHO 2014b:2).

The consensus of a body of experts is sought for the adequacy and relevance of such recommendations for a specific context (Polit & Beck 2017:28; WHO 2014b:25-26).

For this study, after the recommendations from the body of quantitative and qualitative evidence had been drawn up, experts in South African nursing HEI education as managers and previous HODs and end-users and an expert in human resource management were asked for their input.

These experts were chosen because of their knowledge of the fields of nursing and human resource management. They were provided with an electronic copy of the proposed guidelines and instructions, and asked to assess and validate them, and suggest how they could be improved. The guidelines were reviewed for clarity, validity and applicability, taking into account financial implications and their generalisability.

The benefits are the introduction of relevant new policies for a more satisfied workforce. This is the first study of its kind, which compares nurse educators' opinions of their QWL at this time with this set of factors at play in the history of the country. The unique contribution of this study lies in the final recommendations to deal positively with the QWL of nurse educators in nursing departments of universities.

3.3.12 Implementation stage: Write the research report

The research report in Chapter 8 includes a discussion of the applicability of the model of Easton and Van Laar (2007) and other motivational theories for the findings of this research.

3.3.13 Implementation stage: Reformulate the research question

Recommendations for future research are made in Chapter 8, which reformulates the research question to address the issues that this study brought to the front, which need further exploration.

3.4 CONCLUSION

Chapter 3 dealt in detail with the research methodology of this study via the steps of the Onwuegbuzie et al's (2013:137) methodological framework.

Chapter 4 discusses Step 9 in more detail, namely the analysis of the quantitative phase.

CHAPTER 4

QUANTITATIVE DATA ANALYSIS

4.1 INTRODUCTION

This chapter presents the data analysis of the quantitative phase of this mixed methods study. It deals with Step 9 (analysis of data) of the 13-step methodological approach (Onwuegbuzie et al 2013:137), with Section 3.3.8.1 as background to the analysis.

The purpose of the quantitative data analysis was to determine the factors that influence the QWL of nurse educators at South African universities, then to score them on the WRQoL questionnaire (Van Laar et al 2007) to determine satisfaction with their QWL and, lastly, to compare their WRQoL score with that of international academics.

4.2 ANALYSIS OF DATA

The quantitative data from the first phase yielded these results.

One hundred and twenty-one (121) nurse educators out of a calculated 425 initiated the electronic survey, indicating a 28.5% response rate. Response rates tend to be low with electronic surveys, but because all eligible members were invited, everyone in this population had an equal opportunity and choice to participate, instead of being randomly chosen by the researcher. One would surmise that those who had something to say had answered the questionnaire.

Not all questions were answered by all respondents. Finally only n=84 (69.4% of the 121 respondents) questionnaires were complete. Although the first part of the questionnaire was used for descriptive purposes, it was necessary to compare responses of this part with those to the WRQoL questionnaire. Thus a complete questionnaire was required for such comparisons. The respondents were therefore divided into complete and incomplete groups to determine whether there were differences between the two groups in the answers to the first part of the questionnaire to generalise these answers to the whole group. This was also done to determine whether the complete group would be representative of the total population, and not cause representative bias with the WRQoL answers. Few differences were found between the two groups in the first part of the questionnaire, indicating that they were

similar in characteristics. The data for the total group were thus used for description, and only the data for the completed group were compared with the results of the WRQoL questionnaire, with no selection bias expected, owing to its similarity to the total group. This discussion differentiates between these groups as the 'total' group (WRQoL questionnaire not completed by all) and the 'complete' group (WRQoL filled in by n=84).

Table 4.1 Demographic information

Demographics		Complete Group		Total Group	
		Frequency	%	Frequency	%
Gender	Male	6	7.2	10	9
	Female	77	92.8	101	91
Age group	21-30	0	0	1	1
	31-40	13	16.7	18	17.3
	41-50	20	25.6	25	24
	51-60	35	44.9	45	43.3
	61-70	10	12.8	15	14.4
Language (and ethnicity)	English	25	30.9	33	30.3
	Afrikaans	42	51.9	54	49.5
	Other	14	17.3	22	20.2
Length of time employed	0-2 years	5	6	7	7.4
	3-5 years	24	28.6	26	27.4
	6-10 years	31	36.9	33	34.7
	>10 years	24	28.6	29	30.5
Marital status	Married/living with partner	54	64.3	68	60.7
	Single/not living with partner	30	35.7	44	39.3
Highest qualification	< Masters	12	14.3	14	13.2
	Masters	33	39.3	47	44.3
	PhD	34	40.5	38	35.8
	Post doctorate	5	6.0	7	6.6

4.2.1 Gender and age

Table 4.1 indicates that n=111 respondents were willing to divulge their gender, of whom n=10 (9%) were males and the majority of n=101 (91%) females. The gender of nurse educator respondents reflects the current status quo in South Africa (SANC 2017). Nursing is a female-dominated career field, with only 9% male nurses, despite drives to introduce more men to this field.

The age of the n=104 respondents that divulged this information ranged from 30 to 70 years. The mean age was 50.6, and the median was 52, indicating a negative skew to the right, and thus an older population, with a standard deviation of 9.428, indicating a flatter spread and a large variety in the age group of this sample. The mean age group of the study respondents mimics the current South African registered nurse population, but with a generally larger population (57.7%) of 50 years and older, as

opposed to SANC's stated 48%, with only 17% in the age group 31–40 years, compared with SANC's 20% (SANC 2016).

The largest concentration of nurse educators fell into the 51–60 age group (45) (43.3%) with a tapering off in the 61–70 age group (15) (14.4%). This correlates with the predictions ten years ago that 4000 academics (27% of the total population) as the best qualified and most experienced professors and associate professors would have a higher rate of retirement at 50% by 2018 (Badat 2008:9). The next largest age group was the 41–50 group (25) (24%), with only a few in the youngest age group of 31–40 (18) (17.3%). This percentage for the younger population of nurse academics was lower than the 30% of academics, who have an average age of 35, and correlates with statements of the Ministerial Task Team (MTT 2011:23) after the Nursing Summit in 2011 that 77% of nurse educators were older than 40.

4.2.2 Language and ethnicity

Representativeness of ethnicity was determined by enquiring about the mother tongue of the respondents. Although ten of the eleven South African languages were reflected, with classification into three categories, namely Afrikaans speakers (54) (49.1%), English speakers (33) (30%) and African language speakers (14) (17.3%) (Table 4.1), African languages were underrepresented. In this category, SeSotho (5) (5.5%) was the largest component, then IsiZulu, IsiXhosa and SeTswana with n=4 (3.6%) each. Only one each (1) (0.9%) of xhiTonga, IseNdebele, sePedi and IsiSwati mother tongue speakers took part in this study. Two more respondents mentioned that they spoke 'other' mother tongues, but they did not specify which language they spoke or which nationality they represented. It was assumed that they could be from outside South Africa.

Underrepresentation was possibly a result of the inability to obtain consent for the study timeously from two important universities, which cater traditionally mostly for African populations. Nevertheless, it is obvious from the DoST (2017:35) that the total African and women PhD-qualified academic staff of 39% (in 2013) must be increased to 75% by 2030 for greater diversity and population representation in South African HEIs.

Ethnicity and equity problems elicit feelings of lack of career aspirations, as there is little chance of promotion for certain groups, owing to the need to diversify, act affirmatively and rectify past discrimination. This could be the reason for strained relationships, with racism, political agendas, and professional jealousy being evident. South Africa currently has many issues to deal with, one of the most pressing being anger from the majority of the African population because of lack of resources, lack of access to equal opportunities and inability to improve circumstances.

4.2.3 Marital and family status

Question 5 elicited the marital status of the respondents. For comparison, these respondents were divided into two categories, namely single and married/living with a partner.

Although the majority (68) (60.7%) of the respondents were married or living with a partner (Table 4.1), the rest (44) (39.3%) were divorced, single or widowed, with no-one to share the household and responsibilities. This presented the added burden of managing aspects at home, with these responsibilities possibly spilling over and affecting their QWL. Women in general spend more than 8.5 hours a week on domestic activities, even after adjustments are made for work hours, spousal employment and other factors (Hochschild & Machung 2012:5; Jolly, Griffith, DeCastro, Stewart, Ubel et al 2014:344).

Question 6 dealt with the age groups of dependants that lived at home and for whom respondents were responsible (Table 4.2).

Table 4.2 Number of family members who are dependents

Age groups	Total Group	
	Frequency	**%**
Children 0–6 years	18	20.9
Children 7–13 years	19	22.9
Children 14–18 years	20	24.7
Children 19 years and older	24	28.6
Elderly, eg parents, parents in law and grandparents	27	34.2

*The total of respondents is higher because respondents mightt have dependents in more than one category

Eighteen (20.9% of n=86) respondents reported that they had small children of 0–6 years in the household. This age group is quite dependent and needs (breast) feeding,

safe crèche care and constructive activities with stimulation to reach intellectual and physical milestones. Romeo and Robinson (2018:700) found that children who had engaged in more conversation with adults (such as their parents) exhibited improved verbal skills, confirming Wills and Brauer's (2012:437) findings that children of mothers that work could have poorer language skills, especially if they worked overtime, and because of maternal stress.

Nineteen (22.9%) of n=83 had children of the school age group 7–13 years. Rajalakshmi and Thanasekaran (2015:207) refer to the large number of "latchkey" children in this age group and the ill effects it has on these children and society to return home alone. Schneider et al (2010:3) calculated that children are unattended and need extra care for at least 2½ hours between the end of the school day and the time that parents arrive home. This inability to meet family commitments contributes to parental stress at work.

Twenty (24.7%) of n= 81 reported that they had teenage children between 14 and 18 years old, who need less attention with homework, but more emotional and psychological input. Dunkley (2013:225) emphasises the role of mothers in maintaining a mother-adolescent relationship, which correlates with Schneider et al's (2010:49) findings that mothers are more aligned with the emotions of adolescents. Adolescents tend to exhibit more anger when their mothers return from work harassed than when their fathers do, indicating the need for mothers to be present and to be attuned to the moods in the family setup.

Children of the age group 19 years and older are usually self-sufficient and able to help with the household, but are possibly still a financial burden. Twenty-four placed themselves in this category (28.6%) of n=84. More respondents who completed the WRQoL scale (39.1%) had children in this category than the total respondents (28.6%), which is confirmation of the maturity/age group of the respondents.

Elderly parents were part of many households. Twenty-seven (34.2%) of n=79 had parents, parents-in-law and even grandparents living with them. Increasingly more people have to look after the older generation as well as the younger, and are 'sandwiched' between generations in the attempt to provide for the needs of both groups.

Provision of day-care facilities at the workplace has been found to relieve some of the concerns of employees, helping to deal with the '"time squeeze" that Schneider et al

(2010:6) report, with resultant outsourcing of care activities (Trautner 2016:1). Question 7 dealt with the number of respondents that had help from a crèche/day care facility in their workplace in caring for their dependants. Less than a third (29.9%) of n=107 respondents had this luxury, while 70.1% (n=75) had to cope on their own, a further burden on those respondents who did not have partners to help out.

4.2.4 Sources of household general income

Of the n=109 respondents, 61 (56%) had a dual income in their households, with the rest (48) (44%) being the only breadwinners. This is a high percentage of breadwinners for (mostly) women, with generally more responsibilities towards households than men, and a larger number of female breadwinners than a survey calculated in the US in 2013 (Finances Online 2018:1). A total of 34% of working mothers, as opposed to 39% of fathers, are the sole financial providers of households in the US, with the stress of having to work overtime. With the realisation that if something goes wrong, the household loses its only source of income, these single breadwinners could be suffering from anxiety, with the resultant deteriorating performance, and self-limiting behaviours in that major self-sacrifices are made in prioritising needs.

Question 9 elicited information about the career fields of the other breadwinner in the family of n=70, which ranged from teacher/academic (n=12), financial sector (n=10), technical sector (n=9), computer related (n=8), medical sector (n=7), agricultural sector (n=5), government (n=5), corporate business (n=3), hospitality (n=1) to clergy (n=1). Nine had retired/pensioned/disability pension partners. None had stay-at-home/home-maker partners, indicating the economic need for both partners in the household to work.

4.2.5 Parents' literacy levels as role models to further education

Question 10 dealt with levels of education of fathers and mothers. Answers were tabled with respondents' level of education (Question 11) for ease of reading and understanding (Table 4.3) It seems fewer fathers were involved in encouraging respondents to become academics, because 18 (16.7%) did not know their fathers well enough to know what these important role models had accomplished academically in their lives. This shows general lack of social capital, with only a small

proportion benefitting from having qualified parents, indicating perseverance and resilience as personality traits for the majority of nurse educators.

Table 4.3 Highest qualifications of parents and self

Qualifications	Father's highest qualification		Mother's highest qualification		Participant's highest qualification	
	n	%	n	%	n	%
Do not know	18	16.7	8	7.4		
Illiterate	3	2.8	4	3.7		
Abet + Grade 1–6	4	3.7	5	4.6		
Grade 7 (finished primary school)-	8	7.4	6	5.6		
Grade 8–11	19	17.6	21	19.4		
Grade 12/matric (finished secondary school)	20	18.5	21	19.4		
Diploma/Certificate	11	10.2	23	21.3		
B Degree	13	12	12	11.1	3	2.8
Honours/postgraduate diploma	3	2.8	1	0.9	11	10.4
Master's	4	3.7	3	2.8	47	44.3
PhD	5	4.6	4	3.7	38	35.8
Post doctorate					7	6.6
Total	108	100	108	99.9	106	99.9

Mothers tend to be better qualified, thus possibly have the ability to earn a living from their qualifications and to influence their offspring (the nurse educators) in the importance of academic qualifications. It reflects perseverance, often under difficult circum-stances, an ideal personality trait to grow in children (Duckworth 2016:45), which contributes to control at work (Schultz & Schultz 2010:289) and ultimately QWL. Finn, Leibbrandt and Ranchhod (2016:2,9) state that the increase in the general levels of education and a reduction in the inequality of education in South Africa has played a role in accelerated improved qualifications in the last two decades.

At least 47 (44.3%) have a master's degree, followed by just over a third with a PhD (38) (35.5%) and seven (6.6%) that have post-doctorate qualifications. Eleven (10.4%) have honours degrees and/or postgraduate diplomas. Three have a bachelor's degree. Although this sample is well qualified, almost two thirds (n=61) must obtain their doctoral degrees, if the goals of the DoST (2017:38) are to be reached that the majority of educators are PhD qualified.

4.2.6 Requirements for promotion to next post level and problems experienced in this process

When asked what was needed for promotion to the next post level in their department (Question 12), most respondents (39) (36.8%) answered that they needed a doctoral

degree, followed by those (33) (31.1%) who said they already have the necessary qualifications, then those (19;17.9%) that needed a master's degree (Table 4.4).

Table 4.4 Qualification needed for promotion to next post-level

Minimum requirement (qualification) to enable you to be promoted to the next post level within a nursing department /school/division	Total Group	
	Frequency	%
Other	11	10.4
Diploma	1	0.9
Master's degree	19	17.9
Doctoral degree	39	36.8
Post-doctoral studies	3	2.8
I already have all the qualifications I need to be promoted to the next post level	33	31.1
Total	106	100

Of those that said 'other', four needed to publish, and five required postgraduate diplomas, mostly in education and management.

In answer to Question 13, the major reasons for not being able to obtain the necessary qualifications were lack of time (48) (46.6%), lack of finances (16) (15.5%) and not expecting to be rewarded for obtaining more qualifications (17) (16.5%) (see Table 4.5).

A reciprocal relationship is indicated between having learning opportunities at work and job satisfaction and QWL. Dorasamy and Letooane (2015:266) and Theron et al (2014:np) advise prioritising workplace learning in HEIs in programmes to advance career progression, especially for management positions in the organisations. Training in particular of aspects of business knowledge, human resource practices and personal and management skill is advised to improve performance in HEIs. The Sector of Education Training Authorities (SETA) provides such opportunities through workplace skills plans (and personal development plans) that HEIs have to draw up to provide for the needs of their employees (South Africa 1998b:4).

Table 4.5 Problems with completing next qualification

Problems that you may have with completing your next necessary qualification to be able to continue working in your current post	Total Group	
	Frequency	%
I do not need any more qualifications	28	27.2
I do not have any problems to obtain a next qualification	16	15.5
A lack of time	48	46.6
A lack of finances	16	15.5
I will not be rewarded for more qualifications	17	16.5
Total	103	100

*Respondents could have stated more than one reason for problems to complete their next qualification

Nine people stated other reasons for problems with obtaining the necessary qualifications, namely having to face equity (affirmative action), having no support (unspecified), age and the need to leave the university in the next three years, work overload, more than one person studying in a small department, too few academics being employed, and being on contract for almost a decade and thus not qualifying for a sabbatical. Being a contract worker means that one does not get time off to complete one's studies (as a peer's university in the same city would allow). It is thus a situation of having to earn money to survive or resign to complete a PhD.

Criteria for promotion are dependent on publishing articles and graduating students. These are dependent on others and their efficiency in the review process. Decisions about publishing were also mentioned. Because a number of students do not complete their studies, significant input is given without a result, and thus large-scale frustration occurs. Control over whether students complete is minimal, because the student's motivation and financial position play major roles in this.

When asked whether they were working towards a PhD, of n=34 that found this question applicable, 26 (76.5%) answered affirmatively.

In Question 15, respondents were asked when they anticipated finishing their PhDs. Of n=34 that still had to do it, most answered that they would finish within the next two years (n=19) (55.9%), with ten (29.4%) answering that they will finish within three years and five (14.7%) stating that they would take four years or longer, mainly because they had just started the process. This indicates a promising number of respondents that would be properly qualified in the immediate future, that need support with their venture, and that should be retained in the system.

4.2.7 Institution employed at and help in obtaining further qualifications

The answers to Question 16 were used only to determine which university's responses were outstanding, and are not mentioned because of confidentiality.

Help in obtaining further qualifications (Question 17) reflects encouragement to employees to improve their academic abilities. This has a rollover effect on student satisfaction, because students value the satisfactory interaction between teachers and students in class (Mihanović, Batinić & Pavičić 2016:55), adding to arguments that universities that optimise the success and productivity of their academic employees

improve student success and the productivity of the organisation (Ismail & Arokiasamy 2007:145; Zamini et al 2011:1964).

Ultimately 46 (49.5%) of n=93 confirmed that there were programmes/bursaries to help improve their qualifications, but only if they studied at their own university. Thirty (32.3%) said that these are available, even if they study elsewhere (Table 4.6).

Table 4.6 Financial assistance to improve qualifications

Programmes/bursaries at educational institution to assist educators to improve their qualifications	Total Group	
	Frequency	%
Yes, only if I study at my employee institution	46	49.5
Yes, even if I study at another educational institution	30	32.3
No	8	8.6
Unsure	9	9.7
Total	93	100

Only three respondents answered that if something was not offered at their university, Unisa (or another university) would be paid for. At least five respondents said that this is not available for those on contract. This situation is contradictory to the general vision of helping academics to obtain their necessary qualifications and teaching skills. It seems that such nursing departments/universities have to strategise better to help to improve the qualifications of the next generation of academics.

4.2.8 Length of employment and type of contract at university

Few new appointments were made in the last two years (Question 18). Universities of South Africa (USAF 2016:1) mentions underfunding. With the current situation of fee-free tertiary education, it is unlikely that universities would have budgeted for more educator posts, as the finances were not available, despite the plans of DoST.

Most respondents have been employed for 6–10 years (33) (4.7%), then the 3–5 year group (26) (7.4%), and a fifth employed for 11–20 years (21) (2.3%). Eight had been employed by their university for longer than 20 years, of whom three had been employed for more than 30 years.

To determine the effects of one variable on another, groupings were simplified to count all those respondents with employment longer than 10 years together (Table 4.7), indicating that almost one third of educators fell into this category.

Table 4.7 Length of time employed at university

Length of time employed	Total Group	
	Frequency	%
0–2 years	7	7.4
3–5 years	26	27.4
6–10 years	33	34.7
>10 years	29	30.5
Total	95	100

The answers to Question 19 indicated that 60 (63.8%) of n=94 were full-time employees, and 23 (24.5%) had only year-to-year contracts. Ten respondents said that they had contracts that extended beyond the typical one-year period (for example three years). One participant had a contract for less than a year for portions of the work.

Table 4.8 Type of contract with university

Type of contract with this educational institution and the length of time in this position	Total Group	
	Frequency	%
Full-time employee	60	63.8
Year to year contract	23	24.5
Contract less than a year for portions of work	1	1.1
Contract for more than a year, but not a full-time employee	10	10.6
Total	94	100

In the UK, 54% of academics are on fixed-term contracts instead of permanent positions, of whom 48% are women (Higher Education Statistics Agency 2015/2016). South Africa has also allowed this situation to persist to cope with student numbers, despite pressure since 2015 to comply with the Labour Relations Act 66 of 1995 (Ramutloa 2015:1), which states that contract work should be limited to three months, and that employees on long-term contracts should be employed on a permanent basis. Renewed efforts in 2018 to enforce this legislation have been fought in the South African constitutional court by NUMSA (Capetalk 567 AM: 2018, np) and it has to be seen whether universities abide by this situation.

4.2.9 Involvement in academic activities

It seems that respondents do not have enough hours in the day to fit in all their responsibilities, especially research, which is necessary for obtaining further degrees and for scientific discovery at post-doctoral level.

The median time (hours) spent per week on each activity was calculated (Table 4.9) with teaching accounting for 30 working hours out of 40 per week, and thus little time for other activities.

Table 4.9 Time spent per week on academic activities

Activities	Total Group		
	Median	Percentile 25	Percentile 75
Research (eg post-doctoral)	5	0	20
Scholarship (academic study or achievement, articles generated)	10	5	20
Teaching	30	20	50
Student contact (clinical and mentoring included)	15	10	25
Administrative	10	10	25
Service/outreach to the community	5	0	10
Other /please specify	0	0	0

Lourens (2016:106) explains the guilt experienced at home and at work in trying to balance academic requirements with home life. Judge, Ilies and Scott (2006:779) add hostility to the guilt feelings. Ilies, Schwind, Wagner, Johnson, DeRues et al (2007:1368) report the employee's ultimate withdrawal from families at home as an end product.

4.2.10 Types and numbers of students

Question 22 asked of respondents to report the level of students they teach. Of a total of n=49 respondents (22) (44.9%) taught undergraduates only, with (51) (54.8%) dealing with both postgraduate diploma and honour's degree students. Master's students were taught by (39) (41.9%) and doctoral students by (21) (22.6%).

Respondents were asked to list the subjects and modules that they taught (Question 23). A number of nurse educators teach on more than one platform, which can be exhausting. Only a few deal with PhD students, with increased stress, being part of a minority that are available to supervise on this platform, owing to a lack of PhD qualifications among nurse educators. The combinations of students taught by respondents are presented in Table 4.10.

Table 4.10 Combinations of students taught

Teaching platforms	Total Group	
	Frequency	%
Undergraduate (UG) only	22	44.9
UG and postgraduate diploma (PG)	11	22.4
UG, PG diploma and master's	5	10.2
UG, PG diploma, master's and PhD	4	8.2
PGDip and M	7	14.3
Total	49	100

Answers to Question 24 reveal that the numbers of students taught at university level are considerately more than at secondary school level, with (15) (16.7%) respondents teaching more than 150 students in the first semester and (22) (22.8%) teaching this amount in the second semester. The number of students taught could be as high as 430, with quite a few indicating that they taught up to 250–300 students in both semesters. The mean in the first semester was 87, and that of the second semester 97 (Table 4.11). In both semesters the mean is positively skewed with large, flat distributions with standard deviations of 86 and 85 in the first and second semester, respectively.

Table 4.11 Number of students taught

Measures of central tendency		Total group	
		Taught in 1st semester	Taught in 2nd semester
N	Valid	93	94
	Missing	28	27
Mean		87.18	97.18
Median		60	64
Minimum		0	0
Maximum		430	400

4.2.11 Factors causing stress in work life

Data for this question were analysed qualitatively, and four themes and several subthemes emerged. High workload and management and leadership were identified as the most important thematic issues, followed by student issues and relationships with colleagues. Because answers to open-ended Questions 30, 31, 32 and 37 overlapped with answers to Question 25, these answers are reported in this thematic analysis for a complete picture and to prevent repetition.

4.2.11.1 High Workload

This aspect was quoted most often by respondents as causing stress in the workplace. Reasons for this occurrence were mostly resignations and shortage of staff and thus staff undercapacity. With this decreased staff component, it is expected of the remaining staff to deal with all the responsibilities of the vacant educator positions.

Comments from Question 30 that relate to this theme include that higher education is overly focused on outputs and no longer on scholarship. One respondent answered that he/she would love to stay on, but "the after-hours work, lack of free time weekends, demands from work, lack of appropriate salary" are taxing and "I witness my colleagues' health deteriorating, with absenteeism from work owing to their PhD studies. Many cannot complete their daily undergraduate work, have anxiety, and are developing chronic diseases owing to stress. All are over 50 years. I am not sure if I want to experience the same." Another adds that he/she loves the academic work, but not the unrealistic pressure.

Postgraduate supervision at master's and doctoral level is heavy and affects educators greatly when few are available to deal with the large load of master's students. These few then have to deal with supervision in their free time, which affects the number of hours for sleep and the turnaround time spent in responding on assignments, tests and feedback to master's students. Calls were made to reduce student numbers to cope with the situation, with the following respondent answering: "More realistic expectations of what must be done. I am totally overwhelmed", and another stating "not to keep piling work onto people as others are leaving and there is apparently no money to employ more educators".

A respondent asked for help in marking students' work, so that "more time is made available to enable completion of all aspirations and tasks" and that one would be "less busy and have a better work life balance".

Several mentioned that the condition for their staying would be that the environment and working conditions should change. This includes the physical environment, as work space at campuses is an issue, with office space and venues for administrative work being inadequate in some instances. One respondent mentioned the lack of classrooms, and another said that the whole building was inadequate, which must be

inconvenient in a teaching and learning setup. This situation was to be expected with the increase in student numbers, and the lack of funding over the last few years.

It was suggested that balance should be created via a gym at work, and having a better platform such as a union, or simply an open-door policy to state cases that should be considered.

These responses describe the results of efforts to cope with the workload.

- Increased pressure and feelings of guilt are experienced when deadlines are not met and educational activity and research quality are compromised. Marking assignments and tests is especially time consuming and, together with heavy administrative duties, causes educators to always feel behind with work, and being unable to do the work to their satisfaction. Feelings of being overwhelmed, not balancing expectations and time, inability to prioritise among important activities that and frustration were expressed. The most poignant of these was the statement "feeling I am not good enough, because of factors outside my influence – I always feel behind".

- Being aware of their responsibility and accountability, educators take work home and attend to it in the evenings and over weekends, resulting in a seven-day work week with more than eight working hours a day. One nurse educator mentioned that most of his/her work is managed at home, with fewer interruptions.

- Crisis management has to be done because accessibility to the outside world has increased because of Internet and email. On coming back from (sick) leave, one has to respond to many queries, causing interruptions in dealing with what matter most, namely teaching and learning. This causes short courses to be neglected, as there is not enough time to produce the quick results expected from them.

- Other negative results owing to time constraints include the inability to make productivity units, to progress with own studies and to produce scholarly work and publications and fewer opportunities to develop professionally via continuous professional development (CPD). Having to cope with this situation over the long term creates negativity among staff with strained interpersonal relationships and conflict.

- Increased stress at work correlates with the American Heart Association's (AHA) (2017:4) report, which indicated that one to two out of three employees see work as a significant source of stress, and one in five suffers from depression. It is also an indication of symptoms of burnout, which includes emotional exhaustion and a reduced sense of personal accomplishment (Maslach & Leiter 2016:103).

4.2.11.2 Management and leadership

This was the second most important issue, with aspects of management and leadership affecting QWL at all levels, especially at the national level of the higher education sector. WHO (2002:9) and other international bodies recognise that management styles and inflexibility in the job cause burnout (AHA 2017:4; UK National Work Stress Network 2017:11).

Organisational culture, which is formulated by interaction of members in the organisation, is a set of universally shared beliefs that shape the thoughts and behaviours of employees and managers (Zamini et al 2011:1964). This culture can be idealistic or realistic, depending on one's position (for example high-level manager or lower-level employee). Management usually expects work to be done according to their beliefs and wishes, whereas employees deal with the reality of the physical work situation and different cultures of fellow employees. Incongruence between the ideal situation and the real one causes discomfort and insecurity in the occupational space of nurse educators.

Bureaucracy was experienced in dealing with issues. Educators realised that there were not enough resources to deliver services and to maintain buildings and equipment. Bureaucracy is blamed for the lack of solutions to problems, and is seen as undermining employee satisfaction, with faculty management not understanding the needs of the programme, being "situated at a distance".

Certain issues were mentioned frequently.

- There were feelings that "management does not care much about the nursing department, especially the dean". Leadership is described as not being there, only "boss-ship". Although some respondents mention that the situation had improved in their institution, "poor management choices in previous years still

have a hold on their trust". Another respondent wished that the leader knew her role and was able to manage the division properly. A need for openness and transparency was verbalised.

- There are unrealistic expectations from management in the wake of the shortage of staff. Appreciation and support for fulfilling functions are necessary. It is expected of leadership to strengthen infrastructure through development, for example providing norms for supervision of students at master's and PhD level, as well as having a re-look at the amount of teaching, which was excessive.

- The need to allow more projects was identified, as well as needs for more support in generating and publishing articles. Mechanisms such as sabbatical leave to provide support to staff who study for professional academic development were requested.

- Allocation of modules was questioned. Some educators were allocated to modules in which they had no interest, with resultant dissatisfaction. One respondent felt that allowing an educator to teach the same subject, rather than be moved around, would address issues adequately, while another thought that changing semester modules back to year modules would be a solution.

- Adequate management support increases job satisfaction, commitment to the organisation, and intention to stay, while inspiring leadership styles prioritise the development of individuals, set a personal example, and ensure clear setting of goals, and thus affective help in reduction of stress in the workplace (Ng & Sorenson 2008, in Arnold et al 2016:413)

- Political influences on the campus were recognised, with the wish that violence and disruptions from students should be curbed. Political decisions do not necessarily equate to good business and management decisions, and the impact of finances and culture on decisions was recognised.

- Surrounding factors such as national and local events, politics and economics influence success in academia (Jeffreys 2015:429). Within the traditional hierarchical centralised power and activities of South African HEIs, implementing change to adapt to the country's needs poses intricate thought processes to be employed, with the role players opposing each other instead of working together.

- Respondents asked for better cohesion and work performance from structures in the institution, for example procurement and finances. Goldman (2011:41– 42) found that dysfunctional support systems increase the workloads of academics.

- Unresolved reported problems are often complex, varied, ongoing or re-occurring. Problems related to the lack of permanent positions and high workload in particular have not been addressed adequately.

- Communication about the solution of problems is not adequate. "Sometimes you don't know how problems were addressed" as "feedback is sometimes delayed" or "limited". This lack of feedback is seen as there being "no transparency, hidden agendas not brought to life or challenged, no raising of complaints for fear of future job security and fear of poor future working relationships, no group discussion of conflicts or negative issues – colleagues talk among themselves" and there are "too many camps". Another mentions that "not all problems are discussed with the staff. ['We] do not know what is going on behind the scenes" and another that "the resolution or not of reported problems is seldom fed back to the originator".

- This inadequate communication is particularly dangerous for relationships at work, where interpersonal conflicts and withholding information are related to affective wellbeing and more inclined to induce stress than outside the workplace (Schultz & Schultz 2013:119). Politically there is low tolerance in South Africa at this time owing to poor or misunderstood communication in all sectors of society (Du Plessis 2016:1).

- Although the workplace is much more diverse than in the past, nurse educators do not necessarily manage this diversity better. One respondent's only wish is for "one colleague to leave", while others indicated that their one wish is to "leave the department, this workplace". Another respondent summarised the situation that he/she would like to change: "the tacit underpinning atmosphere – because of the manner in which faculty management engages with nursing – there is deep-seated distrust, fear, anger, frustration and sadness that is almost ingrained as a way of being". With employment equity and bureaucracy being part of university life, one would expect such issues and unhappiness. It is surprising that such change management was not factored in. It is also sad, as

this situation is continuing, with probably a major influence on the QWL of these groups of educators, and possibly having caused many psychosomatic and social problems already.

- A wish for fair consequent and equal support for all staff members and students was expressed, with non-discrimination against certain race groups, in this case Afrikaans-speaking staff and students. Further wishes were that cultural diversity training was needed, that equity issues should be looked at again, and that the criterion for appointment should be the best person for the post, that an effective performance appraisal system should be applied and administered, so that staff can be assessed fairly on their performance, followed by the necessary disciplinary measures where poor performance or refusal to do allocated tasks is an ongoing concern.

- Many HR department problems were raised, which are not the direct responsibility of the HODs and management in the division or the department, but of the university. Inability of HR departments to deal with staffing proactively forces the remaining workforce to "absorb the workload and additional students". "Nursing is like a forgotten department and just has to fall in what the university decides for all faculties". In this bureaucratic system, "issues are sometimes not resolved, or staff opinions are ignored, specifically those relating to teaching and clinical accompaniment – teaching takes the background as the focus is on research". "It does not matter if your teaching is not up to scratch, the workload is not evenly distributed". There is a need for efficient and effective staff, inclusive of staff that are better qualified with master's and PhD degrees.

- Unfair labour practices are experienced, especially with contracts and renewal of contracts. People that have been teaching in contract posts for a while have to apply for permanent positions, and do not qualify automatically. Lack of job security as an organisational factor causes burnout, and is of concern to universities in general. Dorasamy and Letooane (2015:264, 265) state that it is the function of management to "ease employees" feelings of uncertainty about their jobs and ensure that their jobs are reliable and secure'.

- Those in contract positions asked for more job security with benefits, and thus that their contract position would become permanent. More clarity about their contract positions was asked for, and that employers should comply with the

basic conditions of employment to make those on contract positions for longer than five years permanent automatically.

- Some universities struggle to find the right person to head the nursing department. Not having an HOD causes uncertainty. Respondents also said that competence is a problem, with some leaders "more interested in own career trajectory and achievement than in achieving excellence in the nursing department" with "no vision, no ideas, no will to take the department to another level, just shrugging shoulders and saying what can be done?"

- Line management seem to be especially problematic. One manager was seen as having a laissez-faire management style, increasing the powers of the personal assistant (self-appointed), to the frustration of the person that reported this. Concerns are not addressed by line managers, there are different norms and expectations for different people (also expressed as double standards), and management promises for support are not kept. Educators had to manage unwise decisions from above, and poor organisation affects the department. Barling and Frone (2016:211) stated how passive leadership causes psychological resource depletion of employees.

- A better platform to state cases should be considered, according to respondents, probably such as a union, or simply an *open-door policy* or regular feedback by leadership (participative management).

- Some educators are coordinators for programmes, which involves extra workload, but with no recognition or remuneration. Poor salaries and lack of benefits were issues, with limited funds to address these aspects. The education required from an educator is quite high at PhD level, but salaries are still much lower than those of the NDoH, where employees are not required to be so well qualified. A respondent stated that "titles are not required in the real world to provide quality nursing care".

- Dorasamy and Letooane (2015:259) confirm that private and government sectors offer better salaries to more highly qualified university employees and so "poach" these educators, depleting the HEI workforce.

- Ageism and discrimination were expressed against those older than 65, with several requests that retirement age should be increased to 65, or even postponed to 70 years, or made voluntarily instead of enforced at 60 years.

- Different expectations of age groups, gender and racial groups were experienced in the distribution of workloads. One respondent stated that there was no peace among colleagues because of discrimination at work. Some experienced that "incompetent and corrupt staff members are supported" in this way. Racism was mentioned as playing a role, with "power play and racial tension often inhibiting the resolution of problems, as authority is thus undermined". This result in "split loyalties", with each protecting "his own interests". Thus many "system and process issues remain unresolved" and staff turnover remains high. As a result, a detrimental effect is experienced in school functioning and colleagues' performances with continuous resgnations and staff shortages.

- To address this, transformation should take place through accessibility, liability and productivity, so that more equity, accountability development and quality will follow (Dorasamy & Letooane 2015:260).

- Administrative help was a general problem. There was an inability to control administrative assistants and the lack of numbers of administrative people caused educators to handle large amounts of administration, adding to their feelings of having an increased workload. Management is expected to streamline the system by investing in supporting staff, such as administrative clerks, to manage and increase output. Aspects most wished for included administrative support and research time. This need was expressed as "adequate staff to ensure I can do the work I need to do, rather than having to pick up work that others should be doing".

- University secretarial staff do not have the competencies and skills to fulfil their jobs, which, apart from impacting negatively on their own job satisfaction, impairs achievement of the organisational goals and job satisfaction of their colleagues (Ezenwafor 2013:431).

4.2.11.3 Student Issues

Issues with students have greatly affected teaching and learning, and thus the input required from educators. A great deal of problem solving is necessary to deal with daily undergraduate programme issues and unanticipated needs. Large student numbers and the inability to supervise them complicate the whole process. Dorasamy

and Letooane (2015:265) confirm that large quantities of underprepared students have to be registered, although not necessarily of the quality to be successful in HEIs.

There is also difficulty in placing students owing to their numbers and the lack of clinical facilities. Furthermore, valuable hours are wasted in traffic when travelling between places of facilitation to reach students.

The quality of the students was also lamented, with the wish that more intelligent and fewer students from programmes at lower NQF level (bridging) would be recruited. Further comments were that students are weak, they do not want to read, they need teaching, and are not self-directed to learn on their own, their engagement with the learning matter is a problem and their progress is poor. Students are seen to be demanding because of having to factor in remedial action for them. Absenteeism and unethical behaviour also contribute to many students not finishing the academic year. Conflict resolution should be facilitated among students.

Such comments reflect underpreparedness of the national school system, as well as programme offerings and teaching methods of HEI that do not meet the needs of transformed public higher education (Wadesango & Machingambi 2011:7).

Student protests and conflicts disrupted academia. One educator referred to their arrogance and that "students have all the power in the university". Racism was also experienced in the teaching and learning setup.

Everatt (2016:1) confirmed these attitudes and animosities at university level, and commented on how they soured relationships between educators and students in the fight for affordable higher education and a more Africanised curriculum.

In spite of all these issues, some comments were made about how pleasant it was to observe the growth in students. Thus, within nursing departments, attitudes and willingness to address student issues are still a priority when the need for continuous adaptation to realities and opportunities is on the agenda.

4.2.11.4 Colleagues and relationships

The last theme involves dissatisfaction about relationships with colleagues, whom are found do not have the same work ethic, do not contribute as much as they should, with absenteeism rife. One respondent mentioned dealing with negative experiences by

blocking them via defence mechanisms developed. However, others agreed that their health are negatively affected. possibly feeding into the loop of absenteeism. Comments were made about the incompetency of co-workers and even classifications of laziness. Strained interpersonal relationships affect the atmosphere in the environment, with professional jealousy, racism and political agendas playing a role.

With change in the workplace and universities in South Africa because of mergers and enforced affirmative action, many resentments have developed, which can be painful to all parties.

The American author **bell hooks** (1997:176) mentions the myth that racism does not exist in in modern society. She states that society masks it with ideas of pluralism and diversity, further hiding the ugly reality that people have to live by, which presents as experiences of being terrorised, victimised and accused of discrimination. This speaks to the "othering" of another culture or person that does not share your views, and the ultimate covert and overt denigration and non-recognition of that person in the workplace, in such a way that mental stress makes the workplace intolerable.

Unfortunately in this female career field, which is known to "eat its young", this "cannibalism" does not stay with the young. Hence nurses often do not seem to be much further on the way to resolving their "divided sisterhood" (Marks 1994). Hassim (2016:216–223) comments on how the focus on racism takes attention away from the fact that women are discriminated against and discriminate against one another, and how this plays into the hand of patriarchy, especially in the South African context. If people are not going to recognise this, South African women is never going to be part of so-called democracy.

4.2.12 Factors in home life causing stress at work

Guilt and hostility are experienced at home and at work, in trying to achieve a suitable balance (Hochschild & Machung 2012:5). All in all, women tended to devote an average of 15 hours more per week to their families than men (adding up to an extra month per year). These findings correlate with the four themes and their subthemes, as presented in the following narrative.

Several respondents of this study mentioned that they do not have any factors at home that cause stress at work, with one stating that is the other way around: that work

affects family and home life negatively. The majority, however, did mention such factors, which were classified in the themes of family responsibilities, lack of time, financial demands and personal issues.

4.2.12.1 Family responsibilities

The theme of family responsibilities was evoked from most participants. It was classified into the subthemes of marital, parenting and household responsibilities. General comments were that respondents were not always available for the family, owing to the workload. One respondent said that being active in one's own family causes stress, while another explained the many demands of the extended family. Priority clashes takes place regularly, and it is realised that such family conflict can also cause mental distress. Respondents found it important to nurture family relationships and children's development in the family, for which there is not always time.

4.2.12.1.1 Marital responsibilities

Pressure was experienced from husbands "who get tired of looking at the back of a computer"; husbands/partners who had to be assisted with activities, and supported in their studies; a husband who was away from home with a demanding job; and juggling between being an educator and a pastor's wife. Ill health and the death of a spouse after two decades of marriage caused stress. Working on the success of the marriage takes time, which is in short supply.

There is also pressure on the marriage owing to a lack of understanding of what the educator's work entails, work pressure, and personal responsibilities, which have to take second place.

4.2.12.1.2 Parenting responsibilities

In the parenting category, taking care of both children and the elderly was mentioned. Extended families and responsibilities towards not only for elderly parents, but also for the next generation, cause stress. Caring for a demented father, an aged mother and ill parents takes time and effort. This correlates with Eurofound's (2017:141) findings

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about the influence of such demands on QWL in Europe among 27 states, with the prediction that this would increase in the future.

Motherly responsibilities never cease, even after a busy day at office with academic deadlines to be met while at home, and generally being mentally exhausted when having to assist children with homework.

Time is needed to deal with a child with developmental problems and to encourage academic performance in children, and to ensure that children arrive in time for extra-mural activities. Children have to be supported with their full academic programmes to enable them to keep up. The needs of young children have to be catered for, and can be tiring alongside other responsibilities. Having to fetch children from school can interrupt a working day. With younger children, childcare might be a problem, especially for work functions that need to be attended after hours.

It was reported that children had to be supported emotionally after the death of a spouse, taking up a lot of mental energy. Challenges of dealing with children with chronic illnesses, disabled adult children and mentally ill children with challenging behaviour were some of the issues. Grandchildren might also be part of the household that needs support.

4.2.12.1.3 Household responsibilities

Household responsibilities do not disappear when one is at work. On arriving home, these have still to be dealt with (Hochschild & Machung 2012:5; Jolly et al 2014:44). Several respondents mentioned that they had no help with the household, and that home demands remained their responsibility, with no assistance. Attention also has to be given to construction, maintenance and repairs to the house and garden.

4.2.12.2 Lack of time

This issue was verbalised by many, as time with family and friends and for self was precious. Aspects such as pursuing academic writing at home, catching up with work at weekends to meet targets and travelling in heavy traffic to and from work were given as reasons for not having enough time for recreation activities. To be able to meet with family and "being relaxed and not feeling guilty about not getting my work done" or not

"spending every evening and weekend at my computer" remain unfulfilled dreams for most. Not being able to switch of the "work brain" causes tiredness, lack of sleep, no time for personal needs, a lack of social life and feelings of despair and wondering "when will work ever be finished".

Ultimately contact is lost with family and friends owing to demands of work. This causes stress, because "I am putting my family second because work yells louder".

4.2.12.3 Financial demands

There is an inability to adequately deal with income and budgeting owing to insufficient salaries. Comments were received of previous positions that paid better and lack of promotion, which brings financial constraints. Contract positions cause a lack of financial security in the long term, and affect planning and career paths negatively. Those with children find that they need a large financial input to deal with running costs. Being able to be connected to work via Internet and email at home is also costly.

4.2.12.4 Personal issues

Personal issues reported by the respondents involved physical problems, for example not being able to lead a balanced life, neglecting exercise and not eating properly, causing health problems. However, emotional and mental wellbeing were also affected, with mental fatigue, frustration and illness presenting and making it impossible to pursue personal aspirations. One participant stated how exhausting it was to "have mental arguments with colleagues that I cannot voice".

Problems of society affect individuals, with loneliness as a single person being mentioned and safety issues and the "possibility of crime happening in the neighbourhood". The neighbourhoods in which people live in and the high crime rates in the country may also bring stress.

4.2.13 Reasons for a poor quality of work-life

When given a few options about prevailing unsatisfactory factors to a QWL, the following information emerged, in Figure 4.1. The majority of the respondents agree with most these statements,
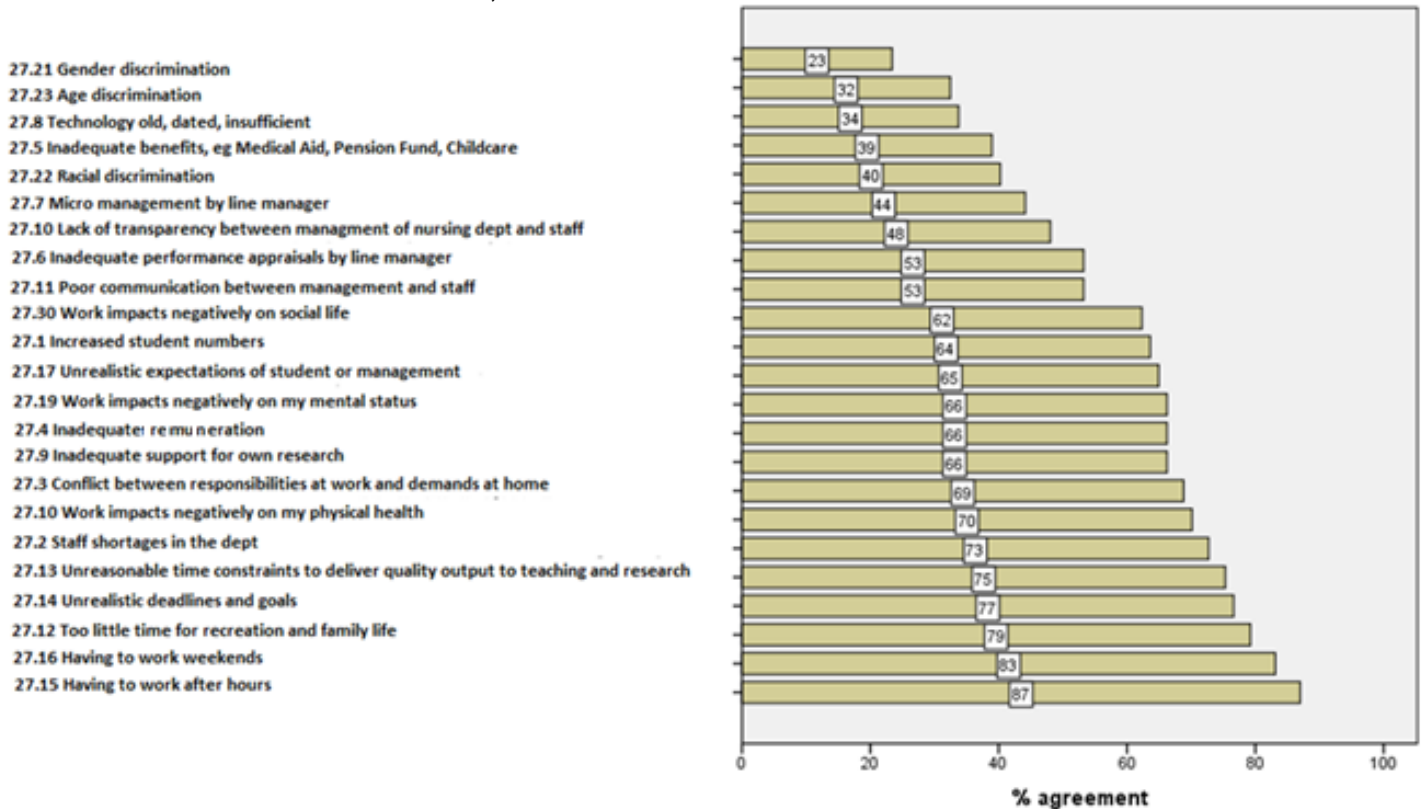
Figure 4.1 Factors quality of work-life

4.2.14 Absenteeism, leave and sick leave

One might imagine that absenteeism would be high among the nurse educators with all these negative aspects that are reported to affect QWL. However, n=30 (37%) of a possible 81 respondents said that they never took sick leave. Generally the median number of days of sick leave taken over the last year was two, and the average was 3.68 days, with a large spread of 0–64 days, indicating that the health of some individuals was compromised. More than a third said that they never take sick leave and thus workaholism or presenteeism might be applicable, with the negative result of being physically present at work, but not mentally (Mail & Guardian 2015:1). This could result in reduced commitment, motivation, and satisfaction and physical or psychological health problems causing poor productivity. Furthermore, even though a

person might be on sick leave, the responsibility of master's and PhD students does not disappear.

Official leave taken for work or studies was much more, at a median of 12 days, with n=11 (13.3%) of a possible 83 respondents never taking official leave. This leave ranged from 0 to 40 days. This type of leave correlates with attending seminars and giving presentations, as well as research projects after academics become official researchers. Arnold et al (2016:409) state that the psychological health of women improved after a respite from non-work demands with business trips.

Non-parametric Mann-Whitney U-tests were done to compare data that were not assumed to be equally distributed – educators agreeing or disagreeing with statements in Question 27 about QWL – to determine whether absenteeism (the dependent variable) is greater in the groups that agree or disagree that their QWL is affected by the three factors indicated in 4.2.14.1-3 (independent variables). There were thus greater absenteeism found in the group that agreed that these aspects affect them, than amongst the group that disagreed about being affected.

4.2.14.1 Absenteeism related to inadequate time for recreation and family life

Those that agreed that there was too little time for recreation and family life took significantly (*p*=0.030) longer sick leave (median 15) than those that disagreed (Figure 4.2*). This could be the result of stress from work-life imbalance, and correlates with the findings of Arnold et al (2016:392–3) regarding exhaustion from work, consequently having to take sick leave.
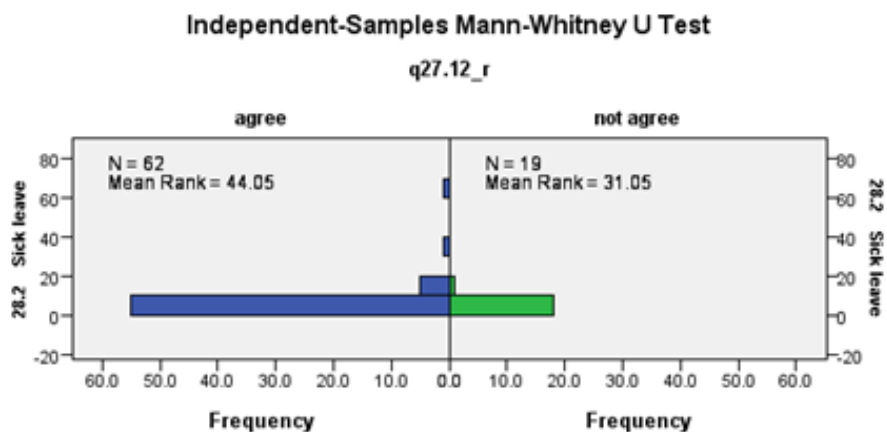
Figure 4.2 Sick leave related to a lack of time for recreation and family life

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4.2.14.2 Absenteeism related to physical health being affected negatively

Stress accounts for 12% of work absenteeism a year in the US (Kocakulah, Kelley, Mitchell & Ruggieri 2016:90). There is also a relationship between job stress, low job performance, high absenteeism and a greater intention to leave (Jamal 2007:75). Respondents that agreed that work affected their physical health negatively took significantly (p = 0.035) more sick leave than those that disagreed (Figure 4.3).
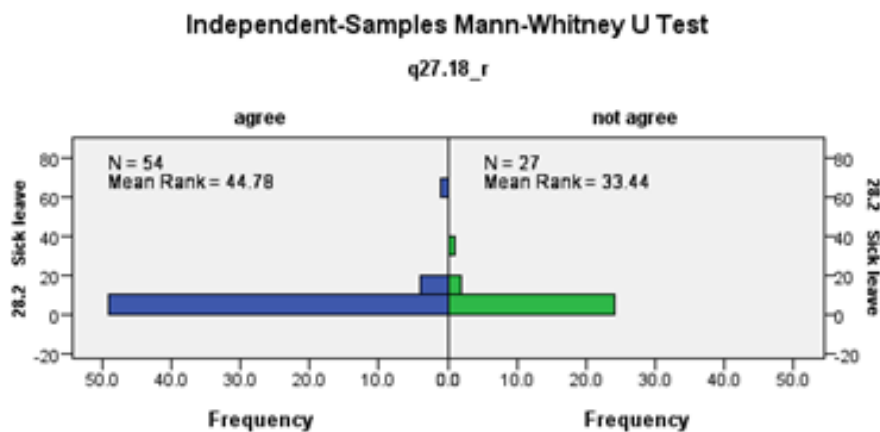
Figure 4.3 Sick leave related to effect of work on physical health

Kivimäki and Kawachi (2015:74) indicated that chronic stress at work resulted in coronary heart disease. Schultz and Schultz (2010:284) estimated that at least 50% of general visits to doctors are as a result of stress, with a large share of psychosomatic disorders being caused by emotional factors due to stress at work.

4.2.14.3 Absenteeism related to mental health being affected negatively

Li, Dai, Zhang, Shu, Wu et al (2018:271) found a significant correlation between job stress and depression.

In this study, those that agreed that work influences their mental health negatively tended to take significantly (p = 0.022) more sick leave than those that disagreed (Figure 4.4). This correlates with Schoeman's (2016) statement about depression and anxiety resulting in an inability to balance work and life.

Independent-Samples Mann-Whitney U Test

q27.19_r
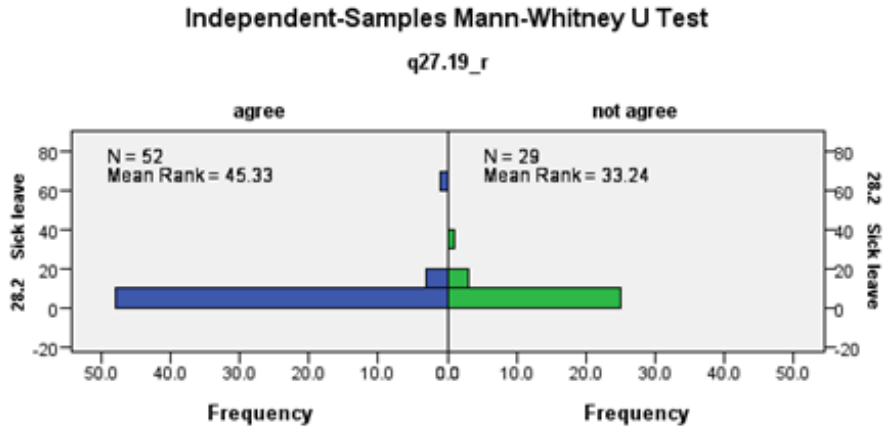
Figure 4.4 Sick leave in relation to effect of work on mental health

4.2.15 Coping with pressure

The respondents were asked to report how they cope with pressure at work. The findings are represented in the Figure 4.5.
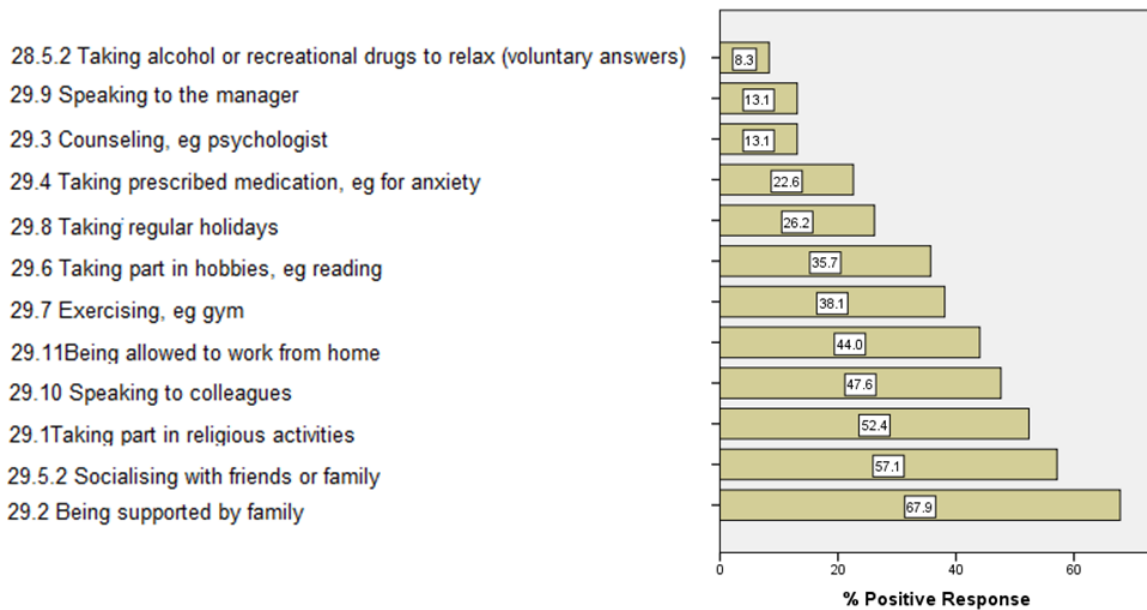
Figure 4.5 Coping mechanisms to deal with pressure at work

Support from family was the response of most (57) (67.9%), followed by socialising with friends (or family) (48) (57.1%) and taking part in religious activities (44) (52.4%).

Bernard (2009:143) found that among African-American women in leadership positions, prayer and spirituality are used by most as coping mechanisms, which helped them to align religious and spirituality beliefs with the issue at hand. This is in line with Steenkamp and Van Schoor's (2013:78) proposal to deal with stress and

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burnout prevention, and help towards the ease that congruence between business and personal principles brings.

Park, Otake, Takumi and Mizuno (2018:617) mention that support by colleagues helped to buffer job insecurity, large workloads and poor working circumstances. In this study, almost half of the respondents trust their colleagues enough to speak to them about dealing with stressful situations (40) (47.6%). Although these authors also found that support by superiors helped with interpersonal relationships at work and mental health, in this study, only eleven (13.1%) felt they could talk to line management about problems.

Being allowed to work from home makes a difference in coping with work pressure (37) (44.0%). Some take part in hobbies (35.7%), exercise (38.1%), while ensuring that regular holidays taken is also important to 26.2% of the respondents.

Working through official holidays to meet deadlines is also an option mentioned to deal with the work pressure. Working part time in order to give more time for family and health, and working with a coach were mentioned by some respondents as options to deal with work pressure.

Prescription medication for anxiety and insomnia are taken by 19 (22.6%), and counselling has been undertaken by 11 (13.1%). Unfortunately alcohol or recreational drugs are reported to be used by 7 (8.3%) willing to disclose this status, to relieve the symptoms of work pressure.

Several respondents chose at least 3 to 5 methods, which should help towards coping with the situation. Schoeman's (2016) suggestions regarding all the factors that help a person de-stress in Section 2.3.3.2 are related to this finding.

4.2.16 Intent to stay

Tourangeau, Wong, Saari and Patterson (2014:1019) agree that there are differences among generations, but found that the most frequent incentives for nurse faculty to remain at their universities, were support from the dean and colleagues, reasonable workloads, adequate resources, manageable class sizes and work and life balance. Disincentives thus are the opposites of these, including exposure to bullying, belittling and other types of incivility in the workplace.

When asked whether they intended to stay at their university for the next five years, of a possible N=83, 38 (45.8%) answered affirmatively, 18 (21.7%) answered negatively, with 8 (9.6%) planning to retire and 19 (22.9%) undecided. If those that answered negatively and those who were uncertain are counted together, almost half (44.6%) seem to be contemplating whether they to stay. This reflects poorly compared with the reported third of HEI academics that are considering such an action (Theron et al 2014:np).

The top five reasons for South African HEI academics who are considering leaving their jobs are dissatisfaction with financial compensation (market-related issues), offers of promotion elsewhere (confirmed by Bitzer 2006 and HESA 2014), unhappiness about career opportunities, retirement and offers of higher pay in another company (Theron et al 2014:np). Theron et al (2014:np) refer to Bitzer (2006), who said that inconsistent application of promotion policies in HEI leads to deterioration of academic standards. Lastly, HESA (2014:1) commented that academic staff in HEIs have inadequate developmental opportunities.

Although educators would appreciate promotion, they realise the realities of the present time: "I would appreciate promotion, but understand that the 'FeesMustFall' campaign has made this impossible."

Being on a short-term contract influences the decision to leave, as work security is not guaranteed. However, another respondent enjoyed working on contract, as the flexibility in hours helps with the ability to take care of the children. Individual situations should be considered to ensure that reasonable needs are addressed.

Reaching a certain age also influences intent to stay, as some institutions have reduced the retirement age to 60. Although a large contingent of respondents are nearing retirement, some have the option of staying longer if their research output is satisfactory for three years. They implied that they would stay if an impending decision about this was positive.

Several said that they have considered other positions and would leave when the opportunity arose, while keeping an eye on vacancies in other sectors and institutions, especially if it involved career advancement to a leadership position. This situation correlates with the findings of Dorasamy and Letooane (2015:263) that 42% of academic staff are dissatisfied with career opportunities in their university, and of

Tabassum (2012:84–85) who reported that with lack of career growth contributing negatively to QWL, dissatisfaction would cause people to seek employment elsewhere.

Lastly there is the worry that even though respondents are unhappy and intend to make a change, that they do not know if they are employable and will get another job with their skillset. This echoes the report of **Dorasamy and Letooane** (2015:265) of feeling "stuck, with no prospects of growing" at the HEI, and with 42% of HEI employees feeling that there are no career opportunities for them. Arnold et al (2016:245) affirm that older adults have more doubts about their ability to adjust to a new job role than younger ones.

4.2.17 Reasons for commencing work at this institution

Given all the challenges with employment at a university, one would like to consider the factors that initially attracted these nurse educators to seek a position at such an institution. Most nurse educators (81) (96.3%) indicated that intellectual stimulation was a motivator for such an action (Question 31.5), with 73 (86.6%) reporting that they wanted to teach at a university (Question 31.2) and 63 (75.6%) stating that the institution with which they wanted to be associated had a good name (Question 31.1). The majority (58) (69.5%) saw it as a strategic move in career development (Question 31.7), with 47 (57.3%) stating that the focus on research attracted them (Question 31.9).

Just over half (46) (54.9%) mentioned that regular work hours from Monday to Friday (versus the shift work of the clinical environment) had attracted them to their present position (Question 31.10) (Figure 4.6). However, two educators commented that although shift work was avoided, they still had to deal with after-hours work. This cancels out the benefits of having no shift work.
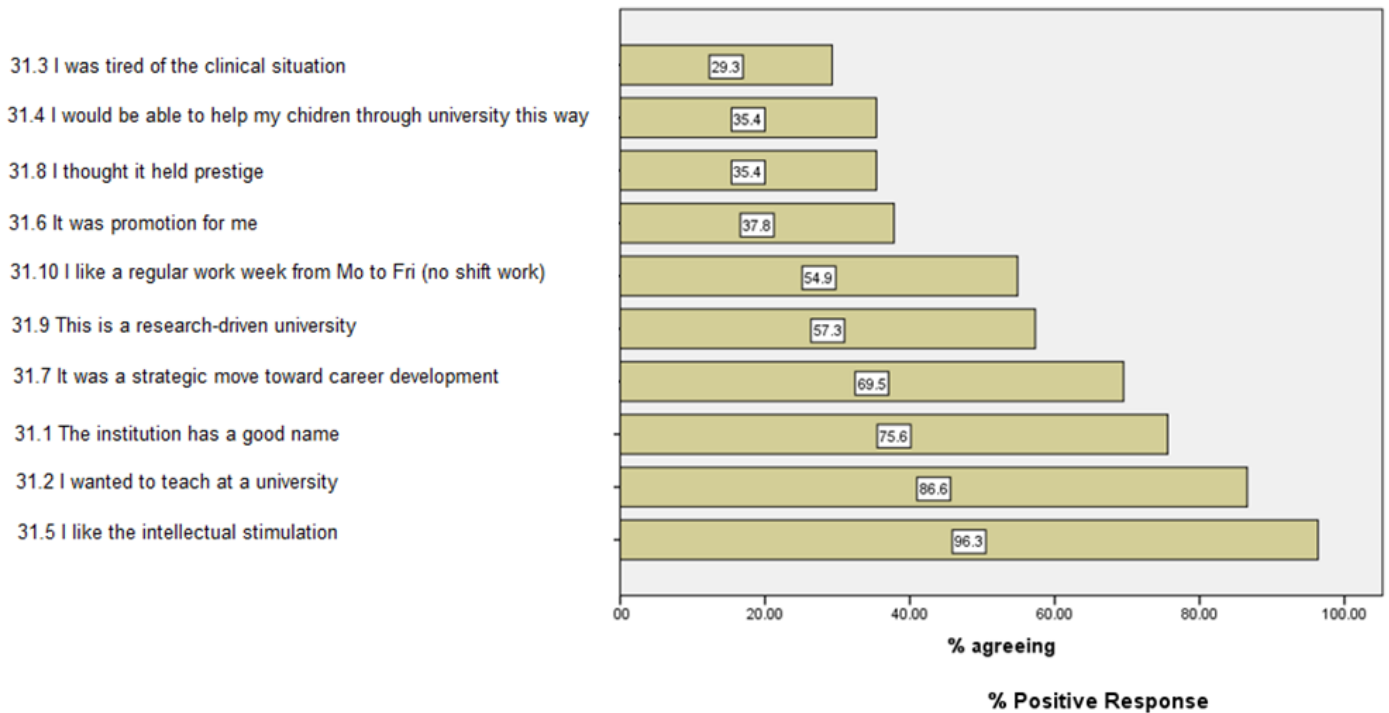
Figure 4.6 Reasons for accepting work at university

Some respondents provided more comprehensive explanations for their motivation to seek employment at a university:

Motivating students and passing on skills were given as reasons "I enjoy and find great reward in correlation of theory and practice. I have been a clinical facilitator for nine years and can now teach in class and take it to the bedside."

Some felt that this was a natural next step and prevented stagnation in the clinical situation. Invitations to join the university staff were given as a reason, as well as the university being the place at which they had studied (and with which they were familiar with and had emotional ties). Lastly, their husbands/partners had been transferred to a certain university town and this was mentioned as a reason.

4.2.18 Motivating factors that keep educators at their institution

Most respondents are still motivated to stay on at their institutions, despite the obstacles. Their salaries are not a motivational factor, as they do not consider themselves well paid. Neither is a subsidy for their children to study at their university.

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Most of the respondents disagreed that limited opportunities in the province would motivate them to stay on at their institution.

It thus seems that having a full-time post (job security), being happy working at the institution (positive affect), working with certain colleagues (support and socialising successfully at work) and having room for professional growth and development (possibility of career advancement and enhanced future expectations) are the most important motivators for staying at their place of employment (Figure 4.7). These fall under the category of Herzberg's motivation rather than the hygiene factors, and on the higher levels of Maslow's hierarchy of needs. Frederickson (1998 quoted by Arnold et al 2016:401) also mentions the "broaden and build" theory at work here, where positive emotions and broad-minded coping spirals upwards to enhance emotional wellbeing. Herzberg reasons that if management wishes to increase satisfaction in the job these are the aspects to address and encourage (Herzberg, Mausner & Snyderman 2010:xiv).
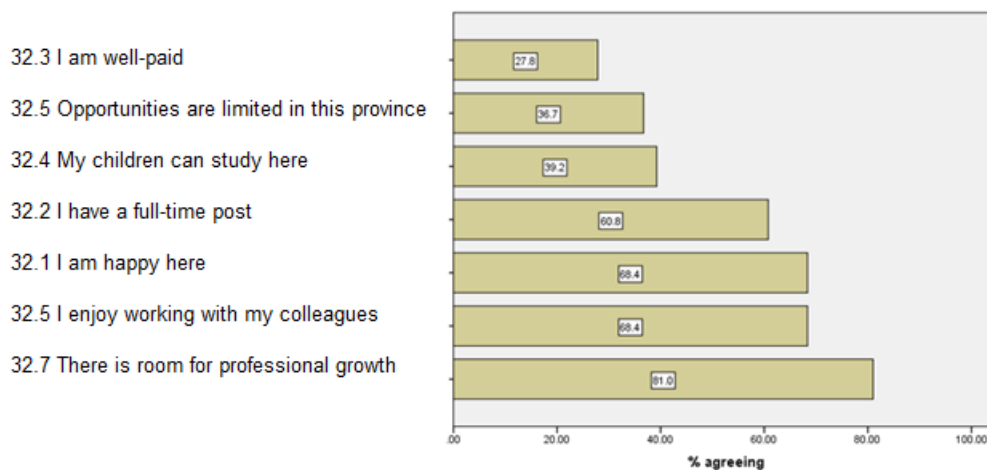
Figure 4.7 Reasons for staying at university

Other reasons were also positive: "It is where I should be. I would like to finish my PhD. The hours (although you have to work after hours) is [sic] flexible, the intellectual stimulation and the fact that I like teaching students". Having established meaningful units and being involved in stimulating projects help towards loving and enjoying work. "'I enjoy teaching here and experience satisfaction as I see the students that attend this university grow, and improve their lives and the lives of their immediate family and communities." Dorasamy and Letooane's (2015:264) research affirms the satisfaction

that is derived from feedback from former students' and their ability to excel and obtain distinctions.

However, negative comments indicates dissatisfaction with what Herzberg describes as hygiene factors. These include that the person had had a future vision of growth, but that the realities of the job does not allow this or that there are no benefits to staying at the workplace owing to contract worker status. Lastly, it is impossible to move to another institution, unless a complete change in job focus is considered, as the specific workplace is the only university that provides a programme in their speciality.

These findings correlate with the statement by Schultz and Schultz (2010:288) that those that are less satisfied with their jobs are more vulnerable to stress, as they have less control.

4.2.19 Dealing with problems in the nursing department

Of N=83 respondents, n=27 (32.5%) answered that problems were dealt with conclusively and satisfactorily, while n=38 (45.8%) denied this, and n=18 (21.7%) were uncertain about the matter.

Answers to this question were dealt with in Section 4.2.11, as they fit in with that discussion, especially aspects such as bureaucracy, poor management and leadership, workload and discrimination.

4.2.20 Representation in the workplace and its effectiveness

Question 34 asked whether there was a body at their workplace to represent them. Of the respondents, n=61(72.6%) answered affirmatively, n= 18 (21.4%) negatively, and five (6.0%) said that they do not know whether there is such a body.

Question 35 indicated that 52.4% (n=44) of respondents belonged to such an body at work. This lack of interest in belonging to a union or similar organisation might be an indication of lack of trust in the effectiveness of such bodies. Eyewitness News (2018:1) reported that interest in unions is waning, and that only 30% of South African workers belong to unions. Current trends in unionisation at universities are vast in their differences, with some that are active, with most staff belonging to them, and others

with virtually no staff members. It seems to be a matter of tradition and whether it is culturally acceptable to belong to this method of collective bargaining.

Lastly, Question 36 asked whether those who belonged to such a body were satisfied with its ability to represent them. Twenty-nine (78.4%) said they were satisfied.

When asked for reasons for negative answers, respondents answered in two ways' First, they have not used such a body before "I have never tried to use them (or) I have not had reason to utilise their services yet [or] I was not in the position that they need to represent me; I have not had enough time to attend this forum [or] the body seems to be very much political[ly] driven [so] I have never made use of it." Dorasamy and Letooane (2015:265) confirm mistrust of the representative of the union at university level, as "they do not consult with employees when they make decisions" that affect their QWL.

Second, if such a body did attempt to address issues, it did not obtain satisfactory responses, and thus respondents do not have trust in its ability to help them: "This body is captured by management; the body is not autonomous enough; sometimes issues become politicised; [or] there are promises of coming back about problems {this] often does not occur, but this is probably due to the volume of cases the union leadership should handle in this institution; when I have sent them an email request, they have not responded, so I do not have much confidence in them; our problems with contracts were mentioned but no feedback given yet; [the body has] no impact on job security owing to institutional policies, fear of reprisals; I am not convinced that things can be changed." This fear of jeopardising their position when working through a union to address grievances is recognised in Kalfa et al (2017:287) and Dorasamy and Letooane (2015:265). Kalfa et al (2018) mention that "unions are not subversive enough to subvert the managerial logic". Dorasamy and Letooane (2015:265) report that employees feel that their concerns are ignored and their initiatives are not recognised, therefore they do not partake in bringing about change.

4.2.21 Most important aspects to address

Answers to this question were amalgamated with thematic content of answers to Question 25 (Section 4.2.11) to enrich the content, and minimise duplication.

Remuneration as a resource was the most important aspect, with respondents asking for "a vast improvement of salaries". Suggestions about contractual positions and workload, diversity management and leadership issues, dealing with political influences on campus, the quality of students, adequate workspace were mentioned here, which were included in Sections 4.2.11.1 and 4.2.11.2.

4.2.22 Van Laar, Edwards and Easton's Work-Related Quality of Life Questionnaire

The final question in the questionnaire, Question 38, deals with the scores of the nurse educators on the WRQoL scale when measuring the attributes of general wellbeing (GWB), home-work interface (HWI), job-career satisfaction (JCS), control at work (CAW), working conditions (WCS), stress at work (SAW) and the total work-related quality of life (WRQoL), as affected by their QWL and the factors (individual, home and work) that influence their QWL.

The scores of the respondents on the WRQoL scale for each factor are discussed next, as determined by the scoring system of Easton and Van Laar (2012:44) with which individual and group score status can be determined.

Work-Related Quality of Life (WRQoL) Scale

Personal Profile

Name.................................... Date....................

Write the **Column Totals** from the **WRQoL Scale Marking Sheet** in the relevant boxes below. To calculate the overall WRQoL score add up the 6 column totals.

	GWB	HWI	JCS	CAW	WCS	SAW
Column Totals from the WRQoL Marking Sheet						
Full Scale WRQOL Score (total of the six Column Totals)						

Key: GWB: General Well-being; HWI: Home-Work Interface; JCS: Job-Career Satisfaction; CAW: Control at Work; WCS: Working Conditions; SAW: Stress at Work.

For each of the WRQoL factors in the table above, find the equivalent factor column in the table below and circle the corresponding value. You can read off the percentile equivalents in the left hand column of the table below. Higher percentiles indicate a better Quality of Working Life (QoWL). You can create a **WRQoL Profile** by joining your adjacent subscale raw scores. Next, to help you interpret the scores go to the **Work-Related Quality of Life (WRQoL) Scale Personal Record** sheet.

PERCENTILE TABLE

PERCENTILES*		GWB	HWI	JCS	CAW	WCS	SAW	Full scale WRQoL
Lower QoWL	10	6-18	3-7	6-15	3-8	3-9	2-4	1-66
	20	19	8-9	17	9			67-72
	30	20		18-19		10		73-74
	40		10	20	10			75-77
Average QoWL	50	21		21		11		78-80
	60		11	22	11		5	81
	70	22		23				82-84
	80	23	12	24	12	12	6	85-86
Higher QoWL	90	24	13	25	13	13	7	87-90
	99	25-30	14-15	26-36	14-15	14-15	8-10	91-100

*UK National Health Service Norms (N ~ 953) for untransformed data.

Figure 4.8 Work-Related Quality of Life scoring system

Source: Easton and Van Laar (2012:44)

After data were obtained, Questions 38.7, 38.9, and 38.19, which were phrased negatively, were reverse coded to calculate the WRQoL scores according to the instructions of Easton and Van Laar (2012:44). The mean scores for various aspects indicated low QWL in all aspects on the WRQoL (Table 4.12). The range is discussed below.

Table 4.12 Mean scores for aspects of the Work-Related Quality of Life

		GWB	HWI	JCS	CAW	WCS	SAW	Total WRQoL
N	Valid	82	82	80	83	81	80	76
	Missing	39	39	41	38	40	41	45
Mean		20.1341	9.2439	17.7750	9.6627	9.8889	4.1625	74.4079
Std. Deviation		5.34204	3.21094	3.41618	2.90196	2.51992	2.03416	13.97729
Minimum		7.00	3.00	7.00	4.00	3.00	2.00	38.00
Maximum		30.00	15.00	25.00	15.00	15.00	9.00	100

- GWB score for the total population was at a low of 20.13 (range 7–30)
- HWI had a low score of 9.24 (range 3–15)
- JCS had a low score of 17.7 (range 7–25)
- CAW had a low score of 9.66 (range 4–15)
- WCS had a low score of 9.88 (range 3–15)
- SAW had a low score of 4.16 (range 2–9).
- Total WRQoL had a low score of 74.4 (range 38–100)

The standard deviation was quite large for all, except for JCS (3.4), WCS (2.5) and the total WRQoL scale (13.9), indicating that the variation among scores was relatively high for each factor, but that respondents were more in agreement about low average job career satisfaction, poor working conditions, and their unsatisfactory WRQoL in general.

Most educators agreed that they had a great deal of dissatisfaction with JCS (with a wider variety of opinions) and SAW, but that their GWB, HWI, CAW and WCS were slightly better than these two factors.

Only eight individual factors and four home factors have significant influence on work-life balance, with the majority (19) being work related. Table 4.13 indicates that HWI was the most affected (18 factors), with full-scale WRQoL in second place (16 factors), and SAW, GWB and WCS in third place (13 factors each). JCS had 11 factors and CAW had the least factors at 10. The two factors that affects all the domains of WRQoL are physical health as an individual factor and insufficient support for own research as

a work-related factor. Four other work-related factors, namely inadequate performance appraisals, micro management, lack of transparency and problems not dealt with properly should be mentioned, as at least five domains are affected when these situations occur.

Table 4.13 Factors and their influence on the Work-Related Quality of Life domains

Domain	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
GWB					↓	↓	↓				↓	↓			↓		↓	↓		↓	↓					↓		↓	↓			13
HWI		↓			↓	↓	↓			↓	↓		↓	↓	↓	↓	↓		↓	↓	↓		↓	↓		↓					↓	18
JCS			↓		↓											↓	↓	↓		↓	↓	↓		↓					↓		↓	11
CAW	↓				↓				↓							↓	↓	↓		↓	↓									↓	↓	10
WCS					↓	↓					↓		↓			↓	↓	↓	↓		↓	↓		↓					↓		↓	13
SAW				↓	↓	↓	↓	↓	↓	↓	↓	↓				↓						↓						↓	↓			13
Total WRQoL		↓			↓	↓	↓	↓			↓					↓	↓		↓	↓		↓			↓	↓		↓	↓		↓	16

Nr of Factor — Individual, Home and Work factors

Individual factors:
1. 30-40 yrs age group
2. African language vs Afrikaans
3. Single/no partners
4. Masters and higher
5. Physical health affected by QWL
6. Mental health affected by QWL
7. Social life affected by QWL
8. Less coping mechanisms

Home factors:
9. Children 7-13 yrs
10. Children <19 yrs
11. Conflict between work and home
12. Lack of recreation and family life

Work factors:
13. Contractual positions
14. Large student numbers
15. Staff shortages
16. Remuneration not adequate
17. Benefits not adequate
18. Performance appraisals inadequate
19. Micro management
20. Outdated technology
21. Insufficient support for own research
22. Lack of transparency
23. Poor communication between management and staff
24. Unreasonable time constraints to deliver quality care
25. Unrealistic deadlines and goals
26. Having to work after hours
27. Having to work weekends
28. Unrealistic expectations students and management
29. Racial discrimination experienced
30. Age discrimination experienced
31. Problems not dealt with properly

Total of factors

4.2.22.1 Comparison of Work-Related Quality of Life results with UK samples

No significant differences were found among age groups and their experience of mental stress, physical stress and a poor social life in this study, in contrast with the North-West University study (Barkhuizen & Rothmann 2008:332–3).

South African nurse educators generally tend to score lower on all the measurements than the UK for all gender and age groups, except the 60+ age group, whose total WRQoL scores differs by 0.1 in the mean (Easton & Van Laar 2012:44). This group also scored better on GWB, CAW and WCS than the UK age-related group. However, the groups of participants of the two countries vary greatly in size (Table 4.14).

South African males also scored 0.7 better on their mean for WCS than their UK counterparts, but this could be by chance, as the South African male numbers are small.

As well as these two anomalies, the South African female gender and other age groups score consistently lower on their means than their UK counterparts, with the following differences noticed in each category:

- GWB (0.03 to 0.19 less)
- HWI (0.33 to 0.72 less)
- JCS (0.28 to 0.72 less)
- CAW (0.10 to 0.41 less)
- WCS (0.03 to 0.71 less)
- SAW (0.07 to 0.74 less)
- WRQoL (0.01 to 0.41 less)

Table 4.14 Gender and age comparisons of South African and United Kingdom of Britain Work-Related Quality of Life scores

	GWB			HWI			JCS			CAW			WCS			SAW			WRQoL		
	Mean	SD	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD	Count
SA Male	3.17	0.88	6	2.72	0.9	6	2.94	0.46	6	3	0.94	6	3.61	0.57	6	2.17	0.75	6	3.14	0.42	6
UK Male	3.36	0.9	1429	3.44	0.88	1429	3.32	0.86	1429	3.41	0.91	1429	3.54	0.85	1429	2.66	1.02	1429	3.33	0.73	1429
SA Female	3.38	0.87	70	3.14	1.04	70	2.99	0.57	70	3.21	0.92	70	3.22	0.84	70	2.08	1.03	70	3.24	0.62	70
UK Female	3.49	0.82	2363	3.58	0.85	2363	3.49	0.78	2363	3.41	0.84	2363	3.66	0.79	2363	2.82	1.03	2363	3.46	0.65	2363
SA 25-44	3.28	0.99	17	3	1.07	17	2.73	0.58	17	2.43	0.82	17	2.94	0.77	17	2.35	1.16	17	3.01	0.6	17
UK 25-44	3.43	0.84	1982	3.57	0.85	1982	3.45	0.79	1982	3.41	0.82	1982	3.65	0.77	1982	2.78	1.02	1982	3.42	0.66	1982
SA 45-59	3.31	0.89	42	3.11	1.08	42	3	0.58	42	3.3	0.84	42	3.23	0.88	42	2.08	0.99	42	3.23	0.66	42
UK 45-59	3.39	0.86	1461	3.44	0.87	1461	3.37	0.84	1461	3.4	0.91	1461	3.51	0.86	1461	2.64	1.02	1461	3.34	0.72	1461
SA 60+	3.71	0.69	11	3.3	0.95	11	3.23	0.17	11	3.7	0.71	11	3.73	0.59	11	1.91	0.94	11	3.54	0.33	11
UK 60+	3.68	0.86	210	3.65	0.85	210	3.51	0.85	210	3.53	0.93	210	3.7	0.89	210	2.95	1.06	210	3.55	0.75	210

4.2.22.2 The effect of gender and age on Work-Related Quality of Life

Table 4.15 presents comparisons between gender, age and reported WRQoL status data (Question 38). Males score higher on their means of SAW (thus lack of) and WCS than females, but females score higher on the means of all the other categories.

The means of the >60 year old group in all the categories were higher than the other age groups, with the exception of SAW (thus lack of), which seems to be the highest (2.35) in the 25–44 year age group.

Table 4.15 Gender and age related scores on Work-Related Quality of Life

Gender and age categories			SAW	GWB	HWI	JCS	CAW	WCS	WRQoL
Gender	male	Valid N	6	6	6	6	6	6	6
		Mean	2.17	3.17	2.72	2.94	3.00	3.61	3.14
		SD	.75	.88	.90	.46	.94	.57	.42
	female	Valid N	70	70	70	70	70	70	70
		Mean	2.08	3.38	3.14	2.99	3.21	3.22	3.24
		SD	1.03	.87	1.04	.57	.92	.84	.62
Age	25–44	Valid N	17	17	17	17	17	17	17
		Mean	2.35	3.28	3.00	2.73	2.43	2.94	3.01
		SD	1.16	.99	1.07	.58	.82	.77	.60
	45–59	Valid N	42	42	42	42	42	42	42
		Mean	2.08	3.31	3.11	3.00	3.30	3.23	3.23
		SD	.99	.89	1.08	.58	.84	.88	.66
	>=60	Valid N	11	11	11	11	11	11	11
		Mean	1.91	3.71	3.30	3.23	3.70	3.73	3.54
		SD	.94	.69	.95	.17	.71	.59	.33
	missing	Valid N	6	6	6	6	6	6	6
		Mean	1.67	3.31	3.00	3.22	3.67	3.39	3.32
		SD	.68	.58	.87	.68	.89	.65	.47

One-way ANOVA testing was done to compare the two means from the two independent (or unrelated age groups). This shows that the different age groups do not experience WRQoL in the same way – with an increase in age, the CAW score (p = 0.001) improved significantly. This is indicated in Table 4.16.

Table 4.16 ANOVA testing of age groups' Work-Related Quality of Life

		Sum of Squares	df	Mean Square	F	Sig.
CAW	Between Groups	13.574	3	4.525	5.660	.001
	Within Groups	63.154	79	.799		
	Total	76.728	82			

Bonferroni post hoc testing is done to confirm a statistically significant post hoc ANOVA result about differences occurring between groups.

A Bonferroni post hoc test (Table 4.17) showed a significant difference between the younger 25–44 year old group, the 45– 60 year old group (p=0.008) and the >60 year

old group (p=0.005) in their CAW scores, in that the younger group are significantly less satisfied with CAW than the other two groups.

The middle and highest groups also differ from one another significantly.

Table 4.17 Bonferroni Post Hoc-testing of age groups' Work-Related Quality of Life scores of age groups

Depen-dent Variable	(I)Age group	(J)Age group	Mean difference (I-J)	Std Error	Sig	95% Confidence Interval	
						Lower bound	Upper bound
CAW	25-44	45-59	-.82639*	.24712	.008	-1.4952	-.1576
		>=60	-1.19697*	.34218	.005	-2.1230	-.2709
		missing	-1.16667*	.42148	.042	-2.3073	-.0260
	45-44	25-44	.82639*	.24712	.008	.1576	1.4952
		>=60	-.37058	.29888	1.000	-1.1794	.4383
		missing	-.34028	.38716	1.000	-1.3881	.7075
	>=60	25-44	1.19697*	.34218	.005	.2709	2.1230
		45-59	.37058	.29888	1.000	-.4383	1.1794
		missing	.03030	.45377	1.000	-1.1978	1.2584
	missing	25-44	1.16667*	.42148	.042	.0260	2.3073
		45-59	.34028	.38716	1.000	-.7075	1.3881
		>=60	-.03030	.45377	1.000	-1.2584	1.1978
*The mean difference is significant at the 0.05 level							

Re-classification of respondents' age groups compared with Barkhuizen and Rothmann's (2008) findings indicated that differences remain, with the younger 30–40 year old group being significantly more dissatisfied with CAW than the 51–60 year old group ($p = 0.007$) and the 61–70 year old group ($p = 0.001$) (Tables 4.18 and 4.19 in Annexure G).

This is in line with Demerouti, Peeters and Van der Heijden's (2012:241) finding that life stages determine career development and thus working and family conditions. Young adults experience high inter-role conflict and low facilitation owing to high demands and low resources in the work and family domains. Older individuals in late adulthood experience low conflict and high facilitation owing to low demands and high resources in both domains.

4.2.22.3 Effects of language and ethnicity on Work-Related Quality of Life

Descriptives and a one-way ANOVA test (p = 0.013) in Table 4.20 and post hoc Bonferroni test (p = 0.022) in Table 4.21 in Annexure G indicated significant differences among the various language speakers and their experience of HWI, with Afrikaans speakers scoring the highest, English speakers scoring lower and African language speakers scoring the lowest means in this category. This is an interesting finding that needs further investigation in the future.

4.2.22.4 Effect of marital status on Work-Related Quality of Life

A general trend towards higher scores in all the categories of the WRQoL scale was noticed for educators who were married/living with partner. JCS and total WRQoL were affected, with a statistically significant difference (determined by a parametric independent samples t-test, comparing the means of these two independent groups) where the married group scored higher on JCS (p = 0.038) and total WRQoL (p = 0.028) (Table 4.22, Annexure G). Thus, having a satisfactory relationship with a significant other person helps towards a better QWL overall (Andersson-Arntén, Jansson & Archer 2018:1).

4.2.22.5 Effect of having dependants on Work-Related Quality of Life

Davis, Lawson, Almeida, Kelly, King et al (2015:875) confirm how working parent resources are depleted and how lack of control over schedules and limited supervisor support for personal and family life interfere with parent's family time. This was also found in this research, especially where nurse educators with no 7–13-year-old children scored higher for CAW (shown by p = 0.033 through independent samples t-testing, compared to those with children of this age group (Table 4.23, Annexure G).

However, nurse educators with children 19 years and older showed improved QWL when they scored significantly (p = 0.036) higher for SAW than those without children as independent sampling t-testing showed (Table 4.24, Annexure G). Such adult children are possibly more independent and might help with the household, which has a mediating effect on SAW.

Because the age of the educator could have been a confounder in these associations, a non-parametric one-way ANOVA test and adjustments to the age groups were done, but no significance was detected to indicate that age affects the results.

4.2.22.6 Effect of qualifications on Work-Related Quality of Life

Qualifications influence SAW, as a one-way ANOVA ($p = 0.009$) (Table 4.25, Annexure G) and a post hoc Bonferroni test ($p = 0.006$) (Table 4.26, Annexure G) found significant associations ($p = 0.009$) for this aspect among those with a PhD and post-doctoral qualifications (Figure 4.8), when compared with the rest, with low means for those with these qualifications (1.7647 and 1.8750 respectively). This must be related to the explanation in Section 4.2.10 where educators with a PhD were able to deal with all categories of students.

4.2.22.7 Effect of types of contract on Work-Related Quality of Life

Fulltime employees experience significantly ($p = 0.002$) more SAW compared with contractual employees, as a one-way ANOVA test indicated (Table 4.27, Annexure G), with the mean for full-time employees at 1.7941 (low, according to Figure 4.8). This indicates that full-time employees feel significantly more under pressure (Q36.7) and experience excessive levels of stress at work (Q36.19).

The three groups in the type of contract category experience different levels of SAW, as the post hoc Bonferroni test shows (Table 4.28), with significant differences ($p = 0.041$ and 0.009) between the groups.

4.2.22.8 Effects of factors causing stress on Work-Related Quality of Life

As stressful events accumulate, the effect becomes more severe overall, with a decrease in job satisfaction and morale. Rodriguez (2014:np) reasons that counter-productive workplace behaviour as "purposefully intentional unfavourable behaviour directed at co-workers or the organisation" instead of organisational "citizenship" (positive employee behaviours contributing to organisational effectiveness) is displayed because of job constraints and stress.

When the reported aspects known for causing stress (Question 27) were compared with WRQoL, these results were elicited.

4.2.22.8.1 Effect of increased student numbers on Work-Related Quality of Life

Respondents who agreed that increased student numbers affected them, scored significantly lower on SAW ($p = 0.024$) and WCS (0.042) with independent samples t-testing (Table 4.29, Annexure G) than those that agreed that this situation exists. This scenario seems to relate to quantitative work overload (poor WCS), where work demands (in this case unmanageable numbers) exceed the person's capacity and capability to cope (Arnold et al 2016:405), which leads to feelings of lack of personal accomplishment and thus the poor SAW.

4.2.22.8.2 Effect of staff shortages on Work-Related Quality of Life

Staff shortages affect QWL negatively, as indicated in Table 4.30 (Annexure G),. Those who agreed that staff shortages affected them scored significantly lower ($p = 0.04$) on HWI according to independent samples t-testing. Having to fulfil other people's functions owing to freezing of posts or re-shuffling of duties to cover the work, subtly erodes the cognitive, emotional and physical energy (Arnold et al 2016:409) that is necessary to fulfil all the expected roles, including those roles at home.

4.2.22.8.3 Effect of conflict between responsibilities on Work-Related Quality of Life

When conflict occurs between responsibilities at work and demands at home, respondents scored significantly lower on SAW ($p = 0.023$), GWB ($p = 0.004$) and HWI ($p = 0.037$) as demonstrated by those that agreed about this aspect in their lives (Table 4.31, Annexure G).

It is understandable that those who report conflicting responsibilities in the HWI have stress at home and at work, when they try to balance the two aspects. Arnold et al (2016:409) mention the occurrence of time-based conflict that leads to guilt and anxiety and energy-based conflict that leads to irritability and exhaustion, which affects feelings of general wellbeing.

4.2.22.8.4 The effect of inadequate remuneration on Work-Related Quality of Life

Those that agreed that remuneration was inadequate, scored significantly lower on GWB ($p = 0.036$), HWI ($p = 0.021$) and WCS ($p = 0.037$) (Table 4.32, Annexure G) as indicated with independent samples t-testing. The lack of means to manage situations at home would cause poor general wellbeing and dissatisfaction with career trajectory. This is especially true when situations are compared with colleagues, and can lead to jealousy at work and poor relationships (Cleary, Walter, Halcomb & Lopez 2016:14).

4.2.22.8.5 The effect of inadequate benefits on Work-Related Quality of Life

Those with inadequate benefits had significantly lower mean scores with independent samples t-testing (Table 4.33, Annexure G) in HWI ($p = 0.013$), JCS ($p = 0.027$) and CAW ($p = 0.049$).

Home life is easier when the employer offers sufficient benefits to help employees cope with their work-life balance. In the US recognition is given for this practice by publicly awarding the ten best companies to work for (Steenkamp.& Van Schoor 2013:76), with the term "magnet status" (similar excellent benefits in healthcare organisations for employees) which also originated in the US. Worldwide, positive practice environments are encouraged (Schmidt 2012:1) and such practices generally improve the HWI and would result in more JCS and CAW.

4.2.22.8.6 Effect of inadequate performance appraisals on Work-Related Quality of Life

Respondents that disagreed that appraisals by the line managers were inadequate showed significantly higher scores (Table 4.34, Annexure G) in most WRQoL categories: GWB ($p = 0.006$), HWI ($p = 0.004$) JCS ($p < 0.00$) CAW ($p = 0.001$), WCS ($p = 0.024$) and total WRQoL ($p = 0.001$). Topcic, Baum and Kabst (2015:64) mention how performance appraisals can be a source of stress as people dislike being compared with others, with the threat that it might affect a person's career negatively.

4.2.22.8.7 The effect of micro management on Work-Related Quality of Life

When line managers micro manages staff, significantly lower scores are obtained for GWB ($p = 0.001$), HWI ($p < 0.00$), JCS ($p = 0.022$), CAW ($p = 0.042$), WCS ($p = 0.10$) and Total WRQoL ($p < 0.00$) as Table 4.35 (Annexure G) indicates.

Although high levels of employee control enable higher levels of job performance and lower levels of absence (Arnold et al 2016:412), a lack of autonomy and control in the work environment affect satisfaction with QWL. Acknowledgement of and trust displayed in the abilities of employees by the line manager are necessary for satisfaction in the workplace (Dorasamy & Letooane 2015:261).

4.2.22.8.8 Effect of outdated technology on Work-Related Quality of Life

Respondents that agreed that outdated technology exists at their workplaces scored significantly lower for WCS ($p = 0.001$) than those that disagreed with this aspect (Table 4.36, Annexure G).

Computers are great aids for dealing with large numbers of students, and with managing lecture material. Moreover, flexibility in working from home is enabled with the use of smartphones and tablets (Arnold et al (2016:410). However, it can present as a source of stress because of delays in system response time during online searches, especially when technology are outdated. "Technostress" is the term for a misfit between the person and the information and communication technology (ICT) because of demands placed by ICT (Lee, Son & Kim 2016:52).

4.2.22.8.9 Effect of insufficient support for research on Work-Related Quality of Life

When support is Insufficient for own research, all aspects of WRQoL are affected. Significantly higher means were found in SAW ($p = 0.009$), GWB ($p = 0.006$), HWI ($p < 0.00$), JCS ($p = 0.002$), CAW ($p = 0.009$), WCS ($p < 0.00$) and total WRQoL ($p < 0.00$) when support was in place (Table 4.37, Annexure G). If thwarted in reaching career goals at HEIs, frustration is a result (Kalfa et al 2017:276; Van der Bijl 2016:85).

4.2.22.8.10 The effect of lack of transparency on Work-Related Quality of Life

Lack of transparency between management of the nursing department at university and the rest of the staff results in significantly lower mean scores in GWB ($p = 0.033$); HWI ($p = 0.007$), JCS ($p <0.00$), CAW ($p = 0.12$), WCS ($p <0.00$) and total WRQoL ($p = 0.002$) (Table 4.38 Annexure G).

Lack of transparency falls in the same category as the other poor management practices in Sections 4.2.22.8.6-7. This is often inevitable in large bureaucracies, but can be harmful especially when management is attempting to become more participative.

4.2.22.8.11 Effect of poor communication on Work-Related Quality of Life

The effect of poor communication on WRQoL is reflected in the significant differences in HWI ($p = 0.027$), JCS ($p = 0.007$) and total WRQoL ($p = 0.038$) with lower mean scores for respondents that agreed about this aspect (Table 4.39, Annexure G). With a lack of communication, one has to function by trial and error, resulting in dissatisfaction with one's job and worrying about these aspects at home.

4.2.22.8.12 Effect of too little time for recreation and family life on Work-Related Quality of Life

Respondents who agreed that they had too little time for recreation and family life have significantly lower means in SAW ($p <0.00$), GWB ($p = 0.005$) and total WRQoL ($p = 0.006$) (Table 4.40, Annexure G). The consequences of a lack of recreation are accumulation of stress and depletion of energy. Relationships in the family also suffer, with little support to debrief about work situation. Family members thus suffer indirectly from this SAW and lack of GWB, because of inter-role conflict (Arnold et al 2016:408).

4.2.22.8.13 Effect of unreasonable time constraints to deliver on Work-Related Quality of Life

When time constraints are unreasonable, significant lower means are experienced in SAW ($p = 0.016$) and WCS ($p = 0.022$) (Table 4.41, Annexure G). Arnold et al (2016:380) mention that stress will occur if demands of various types and

combinations (eg. emotional, cognitive and physical) are not matched by the appropriate capacity to cope. Lack of time to do work adequately and to the best of one's ability would result in such a situation.

4.2.22.8.14 Effect of unrealistic deadlines and goals on Work-Related Quality of Life

Those that experience unrealistic deadlines and goals have significantly lower mean scores for HWI (p = 0.013), JCS (p = 0.028), WCS (p = 0.001) and total WRQoL (p = 0.004) (Table 4.42, Annexure G)**.** Expectations from HEI management put nurse educators under severe strain to deliver deadlines and goals.

4.2.22.8.15 Effect of having to do work after hours on Work-Related Quality of Life

Having to work after hours caused significant lower means in SAW (p <0.00), GWB (p = 0.43), HWI (p = 0.24) and total WRQoL (p = 0.34) (Table 4.43, Annexure G). When considered that women have more responsibilities at home (discussed in Section 4.2.12), this might cause anxiety (Hochschild & Machung 2012:5).

4.2.22.8.16 Effect of having to work at weekends on Work-Related Quality of Life

Having to work at weekends caused significantly lower means for SAW (p <0.00 (Table 4.44, Annexure G), although the group that took work home at weekends had higher levels of JCS and CAW than those that did not. Working at weekends thus helps to control JCS, CAW and WCS, but not SAW. This could explain why those people with home environments that are not conducive to this practice might experience more problems.

4.2.22.8.17 Effect of unrealistic expectations of students and management on Work-Related Quality of Life

Unrealistic expectations of students or management result in lower mean scores for GWB (p = 0.008), HWI (p = 0.015) and Total WRQoL (p = 0.033) (Table 4.45, Annexure G). The #FeesMustFall and #Decolonisingtheacademy movements have had major effects on educators in the last two to three years in South Africa as they

had to re-schedule classes and examinations and re-think content matter to adapt to the needs of higher education. Everatt (2016) confirms this situation in describing the conflicts between management, students and educators at the time.

4.2.22.8.18 Work-related Quality of Life of those reporting poor physical health due to work

Those who report the negative impact of work on their physical health reflects significantly lower scores in SAW (p <0.00), GWB (p <0.00), HWI (p = 0.001), JCS (p = 0.006), CAW (p = 0.007), WCS (p <0.00) and total WRQoL (p <0.00) (Table 4.46, Annexure G). With less legislation and fewer watchdogs to ensure available legislation is enforced, the health of South African employees' health is compromised, with this fallout registering on all the aspects of the WRQoL scale.

4.2.22.8.19 Work-related Quality of Life of those reporting that work impacts on their mental health

Respondents that reported that work affects their mental health have lower mean scores for SAW (p <0.00), GWB (p = 0.001), HWI (p = 0.05), WCS (p = 0.034) and total WRQoL (p = 0.002) in Table 4.47 (Annexure G). Dorasamy and Letooane (2015:261) confirm that aspects such as a clear set of goals and transparent management are important for satisfactory psychological health of employees. Unfortunately, with unnegotiated transformation taking place (Everatt 2016:1; Fokazi 2014:1), HEI employees are likely to experience anxiety.

4.2.22.8.20 Work-related Quality of Life of those reporting that work impacts on their social life

When work affects social life negatively, lower mean scores for SAW (p = 0.002), GWB (p = 0.005), HWI (p <0.00) and total WEQoL (p = 0.004) are reported (Table 4.48 in Annexure G). Although fewer factors on the WRQoL scale are influenced than with physical and mental health, a social life is an important coping mechanism to deal effectively with stress, and thus this issue needs to be addressed.

4.2.22.8.21 Effect of racial discrimination on Work-related Quality of Life

The experience of racial discrimination at work causes lower means on GWB ($p = 0.029$), JCS ($p = 0.010$), WCS ($p <0.00$) and Total WRQoL ($p = 0.001$) (Table 4.49, Annexure G). Transformation processes in South Africa cause frustration among diverse groups, with the process and with each other.

4.2.22.8.22 Effect of age discrimination on Work-related Quality of Life

Reported age discrimination in the workplaces causes significantly lower means on CAW ($p = 0.17$) (Table 4.50 (Annexure G). It seems there are discrepancies in the ways in which the younger and the older groups experience work life, or example in benefits, contracts and qualifications, which indicate that working conditions improve as one becomes older with tenure.

4.2.22.9 Effect of the use of coping mechanisms on Work-Related Quality of Life

A low correlation coefficient was found between the number of coping mechanisms employed and an improved total WRQoL. With a generally positive trend shown in Figure 4.9, the assumption is that an increase in the number of coping mechanisms used causes an increase in WRQoL.
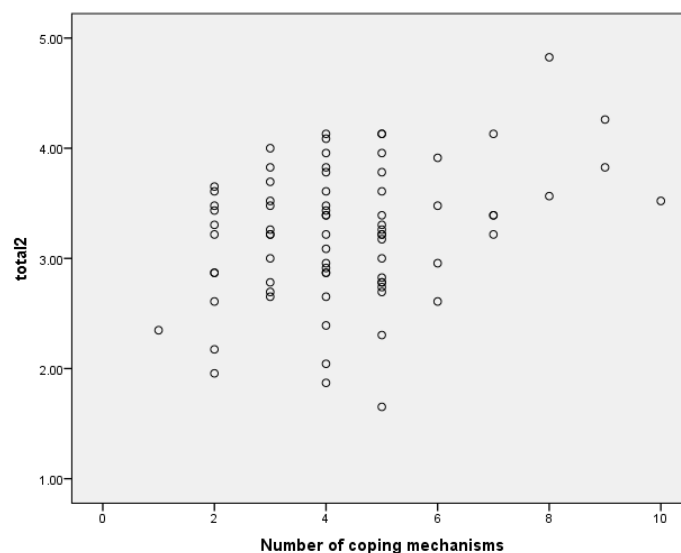
Figure 4.9 Total Work-Related Quality of Life score related to the number of coping mechanisms

4.2.22.10 Effect of dealing adequately with problems in the department on Work-Related Quality of Life

When problems are dealt with properly in the department, significantly higher means are scored on five out of seven aspects of WRQoL, namely HWI ($p = 0.004$), JCS ($p <0.00$), CAW ($p <0.00$), WCS ($p <0.00$) and total WRQoL ($p <0.00$) as indicated by a one-way ANOVA test (Tables 4.51 and 4.52, Annexure G). A Bonferroni ad hoc test indicated that the group that found that problems in the department were not properly addressed struggled with GWB ($p = 0.049$).

4.2.22.11 Results of multiple linear regression on Work-Related Quality of Life

Multiple linear regression was done to determine which independent variables were the best predictors of outcomes of WRQoL (Pallant 2016:150–151). Stepwise multiple regression was used. A list of independent variables that were associated with the WRQoL aspect were identified through univariate analyses, including one way ANOVA and t-tests. The backwards stepwise criteria were set at $p <0.1$ for inclusion and $p <0.05$ for exclusion of the independent variables. Thus the full set was entered at step 1, and the final step included only those variables that showed a statistically significant association with the dependent variable ($p <0.05$). The extent to which y as the dependent variable decreases with every unit increase in x as the independent variable was determined in this way.

Table 4.53 shows that GWB score was negatively influenced by having too little time for recreation and family life ($p = 0.002$) and that work has a negative effect on physical health ($p = 0.007$). Thus the GWB score can be predicted in similar populations using the following equation: GWB score = 5.322 − 0.283 (response to item 27.12) − 0.219 (response to item 27.18). By targeting these two issues in the workplace to improve the responses to these items, a positive impact should be experienced via increasing the GWB scores.

Table 4.53 General wellbeing score with multiple linear regression

Coefficients^a					
	Unstandardised Coefficients		Standardised Coefficients		
Model 2	B	Std. Error	Beta	t	Sig.
(Constant)	5.322	.368		14.460	.000
27.12 Too little time for recreation and family life	-.283	.090	-.337	-3.137	.002
27.18 Work impacts negatively on physical health	-.219	.079	-.297	-2.765	.007
a. Dependent Variable: **GWB2**					

Table 4.54 shows that satisfaction with HWI is affected by micro management by the line manager (p <0.001), and physical health is affected by work circumstances (p = 0.001). As such, HWI can be predicted in similar populations with the next equation: HWI score = 5.287 – 0.308 (response to item 27.7) – 0.311 (response to item 27.18). By targeting these two aspects in the workplace for improvement, it should have a positive effect on HWI.

Table 4.54 Home-work interface score with multiple regression

Coefficients^a					
	Unstandardised Coefficients		Standardised Coefficients		
Model 2	B	Std. Error	Beta	t	Sig.
(Constant)	5.287	.324		16.326	.000
27.7 Micro management by line manager	-.308	.078	-.422	-3.921	.000
27.18 Work impacts negatively on physical health	-.311	.088	-.379	-3.521	.001
a. Dependent Variable: **HWI2**					

JCS is the result of transparency between management of nursing departments and lecturing staff (p <0.001), and of adequate performance appraisals by the line manager (p = 0.003) (Table 4.55). Thus by using this equation, JCS can be predicted in the South African nurse educator population at universities: JCS score = 4.076 – 0.196 (response to item 27.10) – 0.137 (response to 27.6). When these two aspects are dealt with in the workplace, it should improve JCS.

Table 4.55 Job-career satisfaction score with multiple regression

Coefficients^a					
	Unstandardised Coefficients		Standardised Coefficients		
Model 2	B	Std. Error	Beta	t	Sig.
(Constant)	4.076	.184		22.154	.000
27.10 Lack of transparency between management of nursing department at university and lecturing staff	-.196	.045	-.431	-4.362	.000
27.6 Inadequate performance appraisals by line manager	-.137	.045	-.299	-3.023	.003
a. Dependent Variable: **JCS2**					

Table 4.56 indicates the effect that age and adequate performance appraisals have on feelings of having control at work. Age has a positive relationship/correlation with CAW, so the older the person gets, the higher the CAW score ($p <0.001$), while inadequate performance appraisals by the line manager negatively influence CAW ($p = 0.004$). Thus the equation CAW =2.972 +0.557 (age groupings) – 0.253 (response on 27.6) helps to predict the CAW of nurse educators at South African universities, with an indication that addressing these would improve CAW.

Table 4.56 Control at work score with multiple regression

Coefficients[a]					
	Unstandardised Coefficients		Standardised Coefficients		
Model 2	B	Std. Error	Beta	t	Sig.
(Constant)	2.972	.403		7.378	.000
Age group	.557	.122	.495	4.566	.000
27.6 Inadequate performance appraisals by line manager	-.253	.085	-.324	-2.988	.004
a. Dependent Variable: **CAW2**					

Table 4.57 indicates those variables that influence WCS, namely transparency between management and lecturing staff ($p = 0.020$), realistic deadlines and goals ($p = 0.021$), adequate technology ($p = 0.023$), and conclusive and satisfactory resolution of problems in the department ($p = 0.026$).

The equation WCS = 5.427 – 0.170 (response to 27.10) – 0.185 (response to 27.14) – 0.152 (response to 27.8) – 0.247 (response to 33) predicts WCS among South African nurse educators at universities and thus these aspects should be improved for an ideal situation.

Table 4.57 Working conditions with multiple regression

Coefficients[a]					
	Unstandardised Coefficients		Standardised Coefficients		
Model 4	B	Std. Error	Beta	t	Sig.
(Constant)	5.427	.332		16.350	.000
27.10 Lack of transparency between management of nursing department at university and lecturing staff	-.170	.071	-.253	-2.379	.020
27.14 Unrealistic deadlines and goals	-.185	.078	-.232	-2.360	.021
27.8 Technology old, dated, insufficient	-.152	.065	-.239	-2.332	.023
33.Problems within the nursing department are dealt with conclusively and satisfactory resolved where possible	-.247	.109	-.215	-2.274	.026
a. Dependent Variable: **WCS2**					

Table 4.58 indicates that SAW is influenced by the effect of work on mental status (p = 0.032), type of contract (p <0.001), having to work at weekends (p = 0.029), increased student numbers, especially in the second semester (p = 0.007), being without dependent children aged 19 and older (p = 0.008) and those with insufficient support for own research (p = 0.015). The equation for prediction of SAW is thus SAW = 4.401 − 0.187 (response to 27.19) − 0.319 (response to 19) − 0.158 (response to 2.16) − 0.003 (response to 24.2) − 0.419 (response to 6.4) − 0.187 (response to 27.9).

Table 4.58 Stress at work with multiple regression

Coefficients[a]					
	Unstandardised Coefficients		Standardised Coefficients		
Model 6	B	Std. Error	Beta	t	Sig.
(Constant)	4.401	.424		10.374	.000
27.19 Work impacts negatively on my mental status	-.187	.085	-.227	-2.200	.032
19 The type of contract with the educational institution	.319	.082	.321	3.892	.000
27.16 Having to work weekends	-.158	.071	-.201	-2.238	.029
24.2 The number of students taught In the second semester	-.003	.001	-.234	-2.826	.007
6.4 No dependent children 19 years and older	-.419	.153	-.220	-2.734	.008
27.9 Insufficient support for own research	-.187	.074	-.258	-2.526	.015
a. Dependent Variable: **SAW2**					

The total WRQoL scores (Table 4.59) are influenced mostly by work that contributes to the fdeterioration of physical health (p = 0.003), line managers tending to micro manage staff (p = 0.008), lack of transparency between management and lecturing staff (p = 0.002) and not having enough coping mechanisms (p = 0.016). The equation for predicting the total WRQoL among nurse educators teaching at South African universities is WRQol= 4.337 − 0.152 (response to 27.18) − 0.116 (response to 27.7) − 0.147 (response to 27.10).

Table 4.59 Total Work-Related Quality of Life and multiple regression

Coefficients[a]					
	Unstandardised Coefficients		Standardised Coefficients		
Model 4	B	Std. Error	Beta	t	Sig.
(Constant)	4.337	.252		17.203	.000
27.18 Work impacts negatively on physical health	-.152	.049	-.298	-3.133	.003
27.7 Micro management by line manager	-.116	.043	-.255	-2.739	.008
27.10 Lack of transparency between management of nursing department at university and lecturing staff	-.147	.045	-.306	-3.230	.002
Number of coping mechanisms	.072	.029	.216	2.467	.016
a. Dependent Variable: **Total2 WRQoL**					

The results indicate ten work factors, two home factors and four individual factors that are predictive of a QWL among the nurse educators in this sample. This concludes the analysis of the quantitative findings. The interpretation of these findings and

recommendations on ways to address them to improve QWL, as reported by the nurse educator group as respondents, is addressed in the Chapter 5.

4.3 CONCLUSION

Chapter 4 dealt with the survey part of this study in detail, after which collection of quantitative data was presented in table and figure format, and then compared through empirical evaluation to enable interpretation. Answers to the quantitative research questions were considered in these processes in looking at the individual and home demographic factors and work factors as they influenced QWL and status on the WRQoL scale to ultimately enable comparison of the population for this study with populations further afield. Multiple linear regression analysis was done to determine which WRQoL factors are predictable towards improving QWL to plan to intervene on these in particular.

Data interpretation follows in Chapter 5,with referral to other sources with comparative or contradictive findings, as well as legitimation of the data, to explain validity and reliability of the processes in obtaining, analysing and interpreting the data.

CHAPTER 5

INTERPRETATION OF QUANTITATIVE DATA

5.1 INTRODUCTION

Interpretation of the data is Step 11 of the mixed methods research (Collins et al 2006). In interpreting the quantitative data, the objectives for the quantitative part of this study (Chapter 1) have to be considered:

- Objective 1 is to describe the demography of nurse educators teaching at universities in South Africa.
- Objective 2 is to describe the individual, home and work factors that influence the QWL of nurse educators at universities in South Africa.
- Objective 3 is to explain the effects of the individual and home factors and work factors on work-related quality of life scale and its subdivisions, according to Easton and Van Laar's (2007) model.
- Objective 4 is to compare the WRQoL scores of the South African nurse educator sample with that of the UK university staff sample as provided by Easton and Van Laar (2007).

The function of these objectives was to answers these questions:

- Question 1: What is the demography of nurse educators at universities in South Africa?
- Question 2: What are the individual, home and work factors that influence the QWL of nurse educators at South Africa universities?
- Question 3: What are the effects of individual, home and work factors on the work-related quality of life scale and its subdivisions according to Easton and Van Laar's (2007) model?
- Question 4: How do the South African nurse educators fare against the UK university staff when WRQoLs are compared?

5.2 INTERPRETATION OF QUANTITATIVE DATA

Questions 1 and 4 are answered with a short summary, as these were dealt with extensively in Chapter 4. The rest of this section covers answers to Questions 2 and 3.

Table 4.1 (Section 4.2) reflects the demography of the nurse educator respondents. Because the response rate was only 28.5%, generalisation is not indicated. From those who replied, it was surmised that the majority are female, that the largest number are older than 40, that Afrikaans was the mother tongue of most, and that most have been employed by their universities for at least six years. The majority are in a relationship, are married, or have a partner. Equal numbers have master's degrees and PhDs (39.3% vs 40.5%), showing that 80% of the respondents have the minimum qualifications to teach at a HEI, but that less than half have the required PhD as the ideal maximum qualification.

Question 4 attempted to answer how the South African sample of nurse educators compared with UK university academics on the WRQoL scale in the age and gender groups (Section 4.2.22.1) (Table 4.14). There was a tendency for South African nurse educators to score lower than their UK counterparts. However, the smaller samples made the statistical comparisons unreliable. The size that would constitute an important difference is not known, so it is difficult to conclude whether differences were significantly important. Further investigations might determine a clinical importance if cut-offs of scores can be decided to translate into important differences.

With Question 2, the researcher attempted to identify individual, home and work factors that influenced the QWL of South African nurse educators. The WRQoL scores of nurse educators were then determined and explained as effects of the individual, home and work factors in answer to Question 3. Multiple variables were considered to determine the factors associated with each of the subscales and the total WRQoL score. Comparisons yielded significant relationships, indicating that individual, home and work factors found by this study influence some or all aspects of the WRQoL scale (Easton & Van Laar 2007), showing that this instrument is valid and reliable in searching for factors that influence QWL. It also shows similar circumstances regarding QWL among nurse educators at South African universities to those of

educators at international universities. In the following paragraphs the findings related to the answers to Questions 2 and 3 are discussed.

5.2.1 Influence of individual, home, and work factors on quality of work-life

Three types of factors influence QWL negatively at an HEI, with organisational (63%) and departmental factors (26%) in the lead, and personal factors (11%) in the minority (Dorasamy & Letooane 2015:264). The findings of this study concur, as the greatest numbers of factors that influence the QWL of nurse educators at universities were related to the workplace (organisational and departmental), with only a few on the individual and home front (personal) (Table 4.13), even after multiple linear regression analyses (Table 5.1). These factors are summarised in the following paragraphs, with combined individual and home factors being discussed first, and work factors. Recommendations for the findings in each sector are discussed at the end of that sector.

Table 5.1 Factor priority to be addressed after multiple linear regression

	Individual, Home and work factors	No of factor	Importance	GWB	HWI	JCS	CAW	WCS	SAW	Total WRQoL
Individu	30-40 yr age group	1	3				x			
	Physical health affected by QWL	**5**	**1**	x	x					x
	Mental health affected by QWL	6	3						x	
	Number of coping mechanisms	8	3							x
Home	No dependent children 19 yrs and older	10	3						x	
	Lack of recreation and family life	12	3	x						
Work factors	Contractual positions	13	3						x	
	Large student numbers	14	3						x	
	Performance appraisals inadequate	**18**	**2**			x	x			
	Micro management	**19**	**2**		x					x
	Outdated technology	20	3					x		
	Insufficient support for own research	21	3						x	
	Lack of transparency	**22**	**1**			x		x		x
	Unrealistic deadlines and goals	25	3					x		
	Having to work weekends	27	3						x	
	Problems not dealt with properly	31	3					x		
	Total			2	2	2	2	4	6	4

5.2.1.1 Individual factors

Through multiple linear regression, the factors on the left in Table 5.1 were found to have a predictable influence on experiencing satisfaction on the domains of the

WRQoL on the right. In the individual category, the age of the educators, their physical and mental health, and the number of coping mechanisms influence the domains of GWB, HWI, CAW, SAW and total WRQoL.

Important individual factors as identified in Table 4.13 are included in this discussion. These are educators that have problems with QWL because they are African mother tongue language speakers, single people with little support at home, and educators with master's degrees and higher with time-related constrictions.

5.2.1.1.1 Younger age group of educators

The mean age of the respondents is 50.6 years (Section 4.21). Although there are few from the 30-40 age group in this sample, and possibly in HEI nursing departments, their needs are acute regarding QWL.

Demerouti et al's (2012:241) life stages explain this situation, with the younger group exhibiting high inter-role conflict and low facilitation owing to high demands and low resources in work and family domains, as opposed to low conflict and high facilitation for older individuals.

CAW is the domain that is an issue for younger nurse educators. Easton and Van Laar (2012:16-17; Arnold 2016:412) quote research to show that greater control at work is necessary for health and wellbeing. Perceptions of having little or no control at work affect emotional reactions and physical health problems negatively and give rise to counterproductive behaviour. Arnold et al (2016:381-2) comment that human beings have a basic need for control and that high job demands help employees to learn new skills. However, if aspects of the job are not managed well, such as long working hours, unpredictability, a high workload, high demands for interaction with others, frequent weekend and evening work, the job becomes "'saturated" and impossible to handle.

Recommendations

- HODs and line managers should consider team-based work for support with collective decision making, discretion and support for others, and allocation of tasks to team members (Arnold et al 2016:382; 426). Working together with

older mentors for example colleagues near retirement (DoST 2017:40) could moderate the effect of strict line management control at nursing departments. This works well with people with an internal locus of control as well as self-managed teams.

- Line managers and HODs should give feedback immediately, in a format in which employees can manage their own performance. When employees are allowed to draw up their own goals in performance appraisals, it helps them to grow as they assess how they have evolved during the year, and lets them formulate new challenges for themselves.

- Staff should be given the freedom to identify and rectify common problems quickly and without unnecessary input from line managers.

- HR, HODs and line managers should pay attention to benefits and contracts, and, in fairness, assess the needs of the younger generation to ensure that these are addressed, if their retention is a serious consideration. Being part of the Millennial or Generation Y groupings, their concern over career mobility should be addressed in HEIs, if they are to consider tenure in academia and for the DoST's (2017:40) plans for South Africa as a knowledge society to come to fruition.

5.2.1.1.2 African language mother-tongue speakers

This aspect deals with two issues: African culture and racism experienced by nursing academics.

HWI is defined as the degree to which one feels that the organisation understands and tries to help one with pressures outside work (Easton & Van Laar 2012:14). A problem with HWI was noticed in Table 4.13 amongst African mother-tongue speakers, whose numbers have increased greatly in HEIs. African collectivistic culture might also play a role, because African women may be expected to fulfil cultural norms at home, while delivering academic output. These educators are also often first generation students in their families, as well as first-generation academics, and their workplace needs are not well understood by the family. Letooane (2013:47) and international literature (Section 2.5.4.3) confirm the struggles that black women as academics have owing to

a lack of role models and support. With the goal to employ more African mother-tongue speakers at universities (DoST 2017:35) (Section 4.2.22.3), this is an aspect that needs attention on HEI level.

Moreover, because racial discrimination was experienced by 40% of respondents, QWL was experienced negatively with poor GWB, JCS, WCS and total WRQoL aspects (Section 4.2.22.8.21). This is currently a characteristic of many workplaces in South Africa, with an unfortunate effect on relationships at work and at home. Transformation to democratisation since 1994 has brought old and new animosities to the fore. South Africa is in a unique situation and we have to forge our own reality, with dialogue, compassion and understanding towards one another (World Café 2018:np).

Recommendations

- Each faculty management, HR and individual should engage in sustained encounters in "moving beyond the troubling impasse that pits human universal rights against cultural rights" (Stasiulis 2016:205) and work towards full acceptance and accommodation of diversity (Arnold 2016:459).

- Minorities in groups were found to be successful when they were consistent, independent and confident (Arnold et al 2016:459; Smith, Watkins, Ladge & Carlton 2018:1). Their arguments in opposition to majority views could consistently stimulate the majority to consider alternative perspectives, because "dissent opens the mind" and "liberates people, creating cultures of innovation". The organisation thus should create a culture in which minority views are heard. Currently African women are still minorities in academia. Only 26% of the 2174 full professors at South African universities were women, 14% were black and 2% were black women (Van Wyk 2014, in Cloete et al 2015:84). They must become more vocal about their needs.

- Flexibility is advised on the side of the educator and of the employer (Easton & Van Laar 2012:14). Discussions about, and compromise in issues such as working from home, job rotation, child care, and job sharing should be investigated and promoted by HR.

- HODs should encourage active engagement of generations and cultures with one another, towards greater understanding, and the development of a mentor

and role model relationship. This should address the four aspects of the age gap, the need for role models, the relationships in the department and ultimately succession planning as required by DoST (2017:38) in growing a strong group of younger well-qualified black female academics for South Africa.

5.2.1.1.3 Educators as single people without support at home

Educators as single people struggle with JCS and total WRQoL (Table 4.13). Job-career satisfaction relates to sense of achievement, high self-esteem and fulfilment of potential (Easton & Van Laar 2012:15).

South Africa traditionally has had an individualistic Westernised culture, also in the Eurocentric universities where work was expected to be finished at home. Arnold et al (2016:30) attribute the habit of encouraging people as independent beings to be self-contained and autonomous to this culture. This is contrary to African collectivism in which people help and support one another. Lack of support at home, together with "time poverty" (Kalenkoski & Hamrick 2014:6650) as a result of not having enough discretionary time – the number of minutes in a day minus minutes spent on necessary activities – means such individuals experience less WRQoL.

Recommendations

- Faculty management, in recognition of time poverty, should consider research into these effects. HR should offer assistance such as that provided by companies that are recognised by Standard and Poor for their symbiosis between social responsibility and financial performance (Steenkamp & Van Schoor 2013:76).
- HODs might consider employing collectivistic culture. Employees might be highly motivated when working in a group or team, and support one another to complete projects (Arnold et al 2016:30). This might encourage employees to ascribe less failure to the person, and more to the situation, which would be more realistic in South African HEIs with their work overload, and result in more job-career satisfaction.

5.2.1.1.4 Needs of educators with master's degrees and higher

Educators with master's degrees and higher are responsible for the research output of the university, which is an important aspect of and raison d'être for universities. Although the general rule is that educators should be more highly qualified than their students, many educators supervise master's students as soon as they have obtained their own master's qualification. Easton and Van Laar (2012:19) define SAW as the "adverse reaction to excessive pressure or demands experienced" is a major problem in this category of educator (Table 4.13).

Van der Bijl (2016:77-87) explained his experience as a South African educator who had to obtain a higher postgraduate qualification to remain in the employ of his university. "While my employer demanded increased staff [graduate] qualifications, and provided funding for graduate studies, work demands and the interpretation of policies negated, and at times contradicted employer intentions and incentives" with his workload increasing "to the extent that studies were constrained". Kalfa et al (2017:274-291) mention how behaviour in conforming with managerialism increases the educator's capital, but silences vocal resistance, and colleagues are pitted against one another in the process, resulting in "symbolic violence".

Recommendations

- Faculty management should consider the pressure that staff is under, and be honest about contradictions in demands on staff.
- Faculty management should motivate staff to complete the necessary postgraduate qualifications with financial support, lowering the workload by using ad hoc markers and educators, and supporting them to obtain these qualifications through other universities, if necessary.
- Fair work ratios should be determined by special formulas that are adapted to each university's context.

5.2.1.1.5 Physical, mental and social ability to cope

The physical health of nurse educators was one of only two factors that affected all the WRQoL domains (Table 4.13). With multiple linear regression, physical health had

a predictive value with outcome on the grand total of the three domains of GWB, HWI and total WRQoL.

GWB is the ability to feel content with one's life as a whole (physical and psychological). Easton and Van Laar (2012:13-19) confirm how physical health is affected by QWL in each of these domains, and how lack of physical health results in absenteeism and cost to the individual and the family in chronic diseases and death, and to the organisation in non attendance and increased cost. HWI (Easton & Van Laar 2012:14) means that the strain of work can cause employees to feel pressurised, because they are unable to leave work behind and the demands of home complicate the ability to do work properly.

On their Wellness Day in 2017, Discovery (2017:2) found that of 682 employees of a South African university who were seen that day (nursing department included) 60% were physically inactive, 79% were nutritionally at risk because of inappropriate diets, 56% had an inappropriate body mass index, 28% were at risk of hypertension, 43% were at risk of raised cholesterol, and 30% had at least one chronic disease. Another health survey in 2018 indicated that only 40% of 900 South African employers and 25 industries had a defined health strategy, and only 36% understood the impact of health issues in their organisation, with only 22% using data to support their strategy, and only 17% of employers measuring the ongoing success of such a programme (Aon Risk Solutions 2018:7). In addition, less than 40% of employers think that their health and benefits communication to their employees is worthwhile. This group said that it is time that employers shifted from attention to measured investment to active support of their employees.

Mental health (Table 4.13) affected GWB, HWI, WCS, SAW and total WRQoL, which are five of the seven domains. After multiple linear regression analysis, SAW was the domain with which mental health had a predictive relationship.

Easton and Van Laar (2012:17) state in their explanation of SAW that the experience of stress is dependent on the individual's perception of a situation and whether he or she believes that he or she can cope with the requirements of the work. With increased workloads, as experienced at South African HEIs with large intakes of students (Section 4.2.11.1), it has become impossible for anyone to cope in the traditional

manner. Educators have to be innovative in dealing with the situation, and not become demotivated and distressed.

Evans-Lacko and Knapp (2016), Nhlapo (2018) and Schoeman (2016) reported the poor state of mental health of South Africans (Section 2.3.2.2). The self-reported absenteeism and sick leave trends of nurse educators (Section 4.2.14), honest answers about stress and anxiety experienced from home (Section 4.2.12) imply that this aspect needs urgent attention. Furthermore, mental health has psychosomatic repercussions, with serious effects on cardio-vascular and gastro-intestinal health (Arnold et al, 2016; Schoeman, 2016).

Recommendations

- Faculty management should adopt active strategies to improve their employees' health by collecting baseline data such as obtained in a wellness day screening of all staff.
- Once a baseline has been obtained, strategies should be planned and implemented to address the issues, such as people who are not on medical aid, and engaging people with chronic diseases in preventative actions.
- HEIs should provide employee assistance programmes (EAPs) that deal with mental health and social issues that employees experience. Psychology departments at HEIs might help with such counselling.
- Faculty management should consider the best practice/golden standard to support their employees. Universities collect evidence of best practice through research, but as employer organisations they do not use these, especially in Human Resource departments

5.2.1.1.6 The number of coping mechanisms to deal with stress.

The fewer coping mechanisms an individual uses, the poorer his or her total WRQoL. Arnold et al (2016:245) and Barkhuizen and Rothman (2008:332-3) refer to the more rational cognitive coping mechanisms that educators of 50 years and older have developed to deal with their workloads. Kalfa et al (2017:274) explain how academics

try to fit in and do not question the culture in the organisation. They prefer to stay silent, neglect their work, or resign as more realistic responses to stress.

It seems that nurse educators in this sample are short of coping mechanisms to deal with work overload. Most educators were coping with the help of family, friends and colleagues and relaxing with hobbies and physical activities, and only a few were using counselling or medicinal treatment. Because their social life was reported to be affected negatively, with an impact on SAW, HWI and GWB, it is imperative to allocate them their fair share of time at home.

Recommendations

Faculty management should consider that the "competitive behaviour" that managerialism breeds is "pernicious for collegiality" (Archer 2008, in Kalfa et al 2017:275).

- Teamwork and relationships as support ultimately make it worthwhile to go to work and continue to work for a company. It is thus understandable that in managing staff and increasing output with fewer mechanisms, one needs to teach managers how to deal with the human beings who work at HEI (Steenkamp & Van Schoor 2013).

5.2.1.2 Home factors

Home factors as stressors that need to be addressed as indicated in Tables 5.1 and 4.13 to improve QWL include the aspects of educators as parents, and ensuring that educators have time for recreation and family life by not overloading them.

5.2.1.2.1 Educators as parents

Working parents' lack of control over their schedules causes problems at home (Davis et al 2015:875). Educators as parents of 7-13 year olds are especially at odds, causing increased SAW, because this age group are not as independent as adolescents and need parental guidance and attention (Sections 4.2.3 and 4.2.12.1.2). Schneider et al (2010:3) refer to the time lapse between children finishing school and parents arriving

home, which should be catered for. Kalenkoski and Hamrick (2014:6650) mention the time poverty of parents, which increases with the addition of each child to the family. These aspects create perceptions of a poor CAW when parents tend to worry all the time about their offspring.

The finding that as parents of older children, educators seem to have less SAW (thus scoring higher on SAW) than those who do not have children in this age group (which score lower), possibly because such children can help in the household, was surprising. However, HWI effects are lower when educators do not have children of this age group. Swartz, McLaughlin and Mortimer (2017:91) explain how parents that still support adult children help them obtain social capital in their transition to independence, which explains the HWI. It seems to be a reciprocal relationship, if the reported good effect of SAW on parents is considered.

Recommendations

- Flexibility on the part of the employer (HR and HOD and faculty management) and the employee is necessary to deal with stress caused by problems in the HWI. Easton and Van Laar (2012) advise that active and continual monitoring should take place, with discussion, compromise and adjustments towards solutions. In a workplace with mostly women, it would be unacceptable if the needs of this gender were not considered part of women's work life, such as a creche and aftercare, working flexitime, and working from home.
- By being aware of family constructions of educators, HODs can anticipate the needs of parents with children and the increased stress experienced by those without adult children, and harness the abilities of educators with adult children to help deal with managing personal relations in the workplace.

5.2.1.2.2 Lack of time for recreation and family life

Studies about time poverty have reported that women have less discretionary time than men, which correlates with this study in finding that conflict is experienced between work and home (Table 4.13), with poor readings on SAW, HWI and GWB (Hochschild & Machung 2012; Kalenkoski & Hamrick 2014).

SAW and total WRQoL are affected when respondents report on the lack of recreation and family life, with GWB indicated by multiple linear regression as a predictable influence on an improved QWL (Tables 4.13, 4.60 and 5.1). Because lack of time for recreation causes inability to rewind, one understands that such an event can give cause to cumulative stress in the body, and eventual dysfunction.

Recommendations

- By factoring in environments at work that cater for staff relaxation and ensure physical activity, HEIs are rendering a great service to their staff. Innovative ideas such as gym facilities, a green environment, benches outside, and enforced tea and lunchtimes, HODs and faculty management can help in addressing SAW, so that a less stressed person goes home and can take part in relaxation, recreation and family life.

5.2.1.3   *Work factors*

The ten predictable work-related factors according to multiple linear regression that cause a poor QWL, seem to have the worst effects on the domains of SAW, JCS and WCS (Table 5.1). Lack of transparency seems to be the biggest problem, followed by inadequate performance appraisals and micro management. The others are contractual positions, large student numbers, outdated technology, insufficient support for own research, unrealistic deadlines and goals and problems that are not dealt with properly.

5.2.1.3.1 *Lack of transparency*

Lack of transparency (Figure 4.1) causes changes in most domains (Table 4.13) at work (six out of seven), with adverse outcomes on the three aspects of JCS, WCS and Total WRQoL predictable by multiple linear regression (Table 5.1). Easton and Van Laar (2012:17) define WCS as the degree to which the employee is satisfied with resources, working conditions and security at work. Aspects such as occupational hazards can have an adverse effect on WCS. JCS and WCS complement one another,

as WCS provides the employee with personal development, goals, promotion and a sense of achievement by recognising his or her efforts.

Poor communication is a reason for experiences of lack of transparency. Poor communication between management and staff causes poor HWI, JCS and Total WRQoL dissatisfaction (Table 4.13). Role ambiguity is caused when employees are not clear about their work objectives, co-workers' expectations, and the scope and responsibility of their job, which then creates perceived additional workload (Arnold et al 2016:416). Furthermore, feedback about the job provides information that they are on the right track, and should continue in the same line, or abort the action and re-align. Arnold et al (2016:411; 373) provide evidence that employees should be adequately informed, and state that training is often neglected as a source of ensuring that the fit between the employee and demands on him or her is ideal. Formal training for newcomers is increasingly important, as people move more often between jobs, and thus companies should increase the speed and efficiency with which new employees become aware of values, procedures and expected output.

Recommendations

- Effective on-boarding should be promoted by HR and HODs for each new employee to adjust to surroundings and learn the necessary behaviours, attitudes and skills to function as employees (Saks 2011, quoted by Arnold et al 2016:373)
- New policies and decisions from faculty management should be communicated and the rationale explained as soon as possible, so that employees understand the reasons for policies, and they should be updated

Faculty management need to take cognisance of upward communication via meetings with staff and addressing their concerns, and thus use participative decision making.

5.2.1.3.2 Inadequate performance appraisals

Inadequate performance appraisals by the line manager was another important reason for dissatisfaction at work and affected six of seven dimensions of WRQoL (Table 4.13) and with multiple regression analysis predicted a poor score on the two domains

of JCS and CAW. Schultz and Schultz (2010:297) confirm that fear of failure at work and a poor performance appraisal relative to peers' evaluations causes stress.

Recommendations

- Effective leadership and management should apply performance appraisals fairly. Line managers should know their role and be able to manage the department or programme properly with transparency in all dealings, establishing norms for supervision and teaching, with input from those that are involved in these activities.

- This means that line managers should receive the necessary training and monitoring, possibly from HR, to deal effectively with the appraisals of employees for whom they are responsible.

5.2.1.3.3 Micro management

Micro management influences six of seven domains of WRQoL (Table 4.13) and the two domains of HWI and Total WRQoL as determined by multiple linear regression (Table 5.1).

Micro management entails that studies on the positive effect of intrinsic motivation (Singh 2016:197) are ignored. It is also a reflection of a lack of trust in training, and those that micro manage should consider the effectiveness of their training programmes (Sections 5.2.1.3.2. and 5.2.1.3.3) rather than demotivate employees. As such a powerful demotivator, it affects HWI, predicting that educators would be affected in their home domain, because such fine control would probably elicit worries about work done properly, and cause an inability to focus on home aspects. This could be the reason that people work at home in the evenings and at weekends.

Recommendations

- Line managers should be made aware of the demotivating effect of micro management and should be led to encourage intrinsically motivated behaviour among educators. If they need help with the motivation of employees, HR or the psychology department should be able to provide such leadership.

- Recognition of the importance of acknowledgement of employees by the line manager (Dorasamy & Letooane 2015:261) and thus trust displayed in the abilities of employees should be a priority.

5.2.1.3.4 Unrealistic deadlines, student numbers and after-hour work

A lack of ideal WCS is predicted when there are unrealistic deadlines and goals, as multiple regression analysis indicates (Table 5.1). Related to this aspect are the large student numbers that educators have to deal with, and after-hours work as a result of attempting to cope with the situation, which predictably result in SAW.

Although turnover has been reported to be low, resignations and frozen posts cause shortages, with a double burden, often tripled by increased student numbers. When staff shortages occur, the remaining staff are expected to keep to the same deadlines and goals. Recognition of raised workloads is given in the National Strategic Plan for Nurse Education, Training and Practice (NDoH 2013:23).

Recommendations

- HODs should encourage and support educators in developing their own plans for dealing with their workload, instead of attempting to control them. Aspects such as flexitime not only relieve problems on the home front, but allow educators to fit in work when and where it is convenient. HODs and line managers should give recognition to and acknowledgement of the large extra amount of work that is done at home, because this is necessary for job satisfaction and continued ability to manage difficult situations
- Faculty management should investigate methodologies to determine a fair workload by networking with other HEIs regarding their staff to student allocation for various programmes and levels of student support
- It is necessary to recognise that saving on posts by freezing them causes overload on staff. HR should be the gatekeepers to prevent this from happening

5.2.1.3.5 Outdated technology

WCS presents when resources are adequate, so its predictive value towards QWL (Tables 4.13 and 5.1) in modern society is understandable. Technology generally improves QWL and the ability to work flexible hours when smartphones and tablets are available (Arnold et al 2016:410). Technostress should be prevented however, so that work for nurse educators is not increased owing to their inability to use these aids.

Recommendations

- Faculty management relationships with industry should be exploited to encourage the best technology for students – as future leaders and managers – to use this for improved governance in all sectors and to help educators to teach large numbers with massive online open courses (MOOCs) and other teaching and learning tools for the twenty-second century

5.2.1.3.6 Insufficient support for own research

Insufficient support for own research affects **all** the aspects of WRQoL (Table 4.13), but is predictive of SAW in particular (Table 5.1). If thwarted in reaching career goals, this situation is classified as hindrance-related stress (Schultz & Schultz 2010:287) and results in low job satisfaction.

Recommendations

- Faculty management and HODs should follow SSAUF's core programmes for Nurturing Emerging Scholars Programme (NESP), New Generation of Academics Programme (nGAP) and Existing Academics Enhancement Programme (EACEP) (Breetzke & Hedding 2017:3) to support educator researchers to qualify themselves
- HODs should continuously motivate for support for this purpose, by ensuring that educators know about opportunities for bursaries, grants and training

5.2.1.3.7 Problems not dealt with properly

Numerous answers to open-ended questions confirmed that, in general, problems are not being dealt with adequately at HEI level, causing frustration and job dissatisfaction and a lack of QWL in five of the seven domains, and predictively to WCS (Table 5.1) as shown via multiple linear regression. Some are related to the economic situation of the country and the lack of financing of HEIs, as well as student numbers that have to be supported financially.

The problems that are foremost in the minds of nurse educators that need attention, but that are not addressed adequately, are contractual positions, which cause predictive SAW according to multiple linear regression (Table 5.1), inadequate remuneration which causes a lack of GWB, HWI, WCS (Table 4.13) and inadequate benefits which cause HWI, JCS, CAW (Table 4.13). These issues are all related to the contractual staff that do not receive equal benefits, and do not have job security.

Recommendations

- In view of unions to represent HEI educators, HOD and faculty management should engage with employees in workgroups to address upcoming issues. If this is not possible because of financial constraints, dialogue should still take place to keep staff informed about the status quo and alternatives to lighten the burden.

- HR and faculty management should ensure that legislation for compensation and contractual workers is followed, and should regard their goal as being one of the 100 best employers in South Africa, with strategic plans to address all aspects that affect QWL

In these discussions, an attempt was made to enlighten the reader about the findings related to QWL that were obtained through multiple linear regression analysis, because these have a predictive value as to which aspects would be most successful in addressing QWL of nurse educators according to their answers of the WRQoL. In Section 5.3 legitimation of the quantitative data is discussed.

5.3 REPORT ON LEGITIMATION OF THE QUANTITATIVE DATA

Possible threats to external and internal validity in the quantitative data analysis stage were listed in Section 3.3.7.2.1. In this section, a discussion follows of the ways in which these threats were dealt with in the analysis and interpretation stages, and are seen within the context of this research.

5.3.1 Internal validity in the data analysis stage

- Statistical regression was a risk, as pre-existing differences could have had an influence (Benge et al 2012:83), especially when ethnic group results are compared. Various ethnicities were compared to determine representation among the respondents and the effects of language/ethnicity on WRQoL. The significant findings that African language speakers scored lower on satisfaction with HWI should be handled with care, so that ethnicity does not become a pre-existing condition to influence results, especially when generalising to the group, particularly because the voluntary sample was small, and African language speakers were in the minority, owing to the inability to reach all potential participants (Section 3.3.8.1.2). In addition, African ethnicity could have been distributed among the Afrikaans and English language speakers, who were second-generation city dwellers that received their education in another language and had to deal with it as a new mother tongue with their children. Analysis of co-variance were used with discretion where necessary, with the help of an experienced statistician to prevent bias errors (Benge et al 2012:89)

- Restricted range was prevented in that the statistician helped to categorise the continuous variables effectively, so that the loss of statistical power and reduced effect size were minimised (Onwuegbuzie 2013:82).

- Type 1 to X errors (Benge et al 2012:90) were addressed by carefully considering each type of possible fault. Multiple null hypotheses were generated (and rejected) in this study, as it was found that demographic, home, individual and work factors effect a higher score on the WRQoL scale, thus Type I and II errors were excluded. Directionality as a possible Type III error was addressed by asking the statistician to check Chapter 4 to ensure accurate

interpretation of the direction of the variables. Type IV and V errors were excluded by using this statistician to ensure that interaction effect was correctly followed up (possible Type IV error) and that internal replication errors were excluded (possible Type V error). Reliability generalisation (Type VI error) could be a problem, because a power analysis was not done before the study, as the researcher was dependent on the voluntary participation of the respondents. This error should also be addressed by ensuring that generalisation beyond the sample would be done with sensitivity as only 28.5% of nurse educators responded. A type VII error was averted because the statistician and the researcher spent time together to ensure that data treated by ANOVA met homogeneity assumptions before analysis of group comparisons. Type VIII errors regarding directionality error with alternative hypotheses by using two-tailed tests by mistake was averted by the statistician's input. As multiple convenience sampling across many studies was not the focus of this study, a Type IX sampling bias error was not considered,. A Type X error in inaccurately computing degrees of freedom in procedures was also circumvented by using the statistician.

- Researcher bias was addressed by presenting the open-ended data to the supervisor to check whether the thematic organisation of data was acceptable.

- Treatment replication errors were averted by identifying appropriate units of analysis, and ensuring that statistical model assumptions were followed to prevent violation of these assumptions.

- Multicollinearity was addressed via a multiple regression model, with correlation coefficient and negative and positive trends indicating relationships among the independent variables with WRQoL.

- Mis-specification errors were prevented by using the statistician and lengthy discussions about which tests to do, how to interpret them, and how to report on them

5.3.2 External validity in the data analysis stage

- Population validity in this study is addressed by carefully reporting solely on the findings of the study, and not generalising to the whole population because the sample size was too small. However, bacuase more than a quarter of the

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population responded, it should give HODs an indication of the status quo, and where to begin to identify and address the findings in their own HEIs.

- Researcher bias was addressed by intense honest reflection on the data and several in-depth discussion sessions with the statistician to ensure that assumptions about the findings were correct, and did not reflect bias.

- Specificity of variables indicates that findings correspond with the specific time in the narrative of South African universities and South African politics. Although the data are thus representative of current experiences of the nurse educators, it might not be the case in comparisons with other contexts and time inputs.

- Mis-specification of error can lead to internal (Section 4.3.1 above) and external validity failures in the data analysis stage, and was circumvented by the expertise of the statistician.

5.3.3 Internal validity in the data interpretation stage

- Effect sizes were considered by the researcher with the aid of the statistician and reported on. Thus *P*-values of samples were considered and reported on adequately to prevent under or over-interpretation (Onwuegbuzie 2016:82).

- Confirmation bias, in which interpretations and conclusions based on new data are overly consistent with the preliminary hypothesis (Onwuegbuzie 2016:82), was prevented by considering the descriptive statistics first and then deciding which findings should be cross-tabled to determine whether relationships exist.

- Statistical regression was prevented by ensuring that pre-existing differences were considered when data were interpreted and discussed, so that findings were not overgeneralised.

- Distorted graphics (Onwuegbuzie 2016:82) were prevented by combining graphics with empirical evaluation to effect triangulation and enable ease of interpretation in the context of the study and the study topic.

- Illusory correlation was circumvented by looking only at significant relationships shown by the statistical tests that yielded a *P*-value of 0.05 or less. This prevented overestimation of the relationships between variables (Onwuegbuzie 2016:82).

- Causal error prevention (Onwuegbuzie 2016:82) took place by ensuring with the statistician that all causality between variables was accounted for, and none was reported by accident if it did not exist.

5.3.4 External validity in the data interpretation stage

- Population validity in the data interpretation stage is influenced by the research design stage and the ways in which the population are described and sampled. Although a larger sample of 70% was hoped for to respond to the questionnaire, only 28.5% responded, which poses a threat in generalising results to the whole population. Thus this generalisation must be seen in the context of the study respondents, and does not represent the whole population.

- Ecological validity is an issue in this research in that this study is placed in the setting of universities in South Africa, and the events and contexts that influence these HEI. This must be carefully considered carefully in generalisation to other populations.

- Temporal validity as applicable to this study refers to its cross-sectional status, which addresses a certain time in history. In higher education in South Africa these are turbulent times because the fight for access to free higher education was intense in the research period, and the findings reflect this situation, with volatile situations. This must be considered when generalising is attempted, to ensure that the context of the time does not effect contorted findings.

5.4 LIMITATIONS OF THE STUDY

Low participation rates were anticipated and were readdressed by reminding respondents weekly about responding to the survey, and by looking for alternative places to access email addresses, which improved the response rate slightly. Unfortunately, just more than a quarter of the population responded, with only a fifth of the population's answers being fit for analyses and comparison with the QWL component of the questionnaire.

These limitations needs to be mentioned regarding the ability to successfully contact the whole population for this study successfully as calculated in 2016.

- The FUNDISA 2010 booklet was six years old and thus not accurate for calculating the numbers for Nelson Mandela Metropolitan University (NMMU), Fort Hare University (FH) and Vaal University of Technology (VUT) (which were omitted in the 2014 FUNDISA booklet). Thus the numbers of these universities had to be obtained from their websites.

- University staff components changed (for example one university had five nurse educators fewer in 2016 than in 2014, and another had seven fewer in the same period).

- Campuses were being amalgamated (for example North-West University (NWU) was amalgamating its Mafikeng campus with the Potchefstroom campus).

- HEIs were split to form two independent universities (for example the Medunsa Campus of UL became part of the new Sefako Mekghatho University (SFMU), and UL now had its own nursing campus.

- Universities made contract positions permanent (for example Stellenbosch University (SU)) with a further reduction in staff, owing to the lack of permanent positions to employ all.

Statistics are not available for the race and gender of the nurse educators for the total population to ensure that representation of these characteristics was included in the population. It was thus difficult to determine the sample representation in terms of nationality, race and culture of the total population.

5.5 CONCLUSION

The results and limitations of the quantitative part survey among the nurse educators were discussed in Chapter 5. Factors that affected the QWL were dealt with under the headings of personal, home and work factors, also in relation to WRQoL measurements, in order to compare data more widely than the South African academic situation. The following chapters deal with the qualitative part of the research and present the findings of the interviews with the heads of nursing departments to give more background to South African issues that contribute to QWL at the universities.

CHAPTER 6

ANALYSIS AND INTERPRETATION OF QUALITATIVE DATA

6.1 INTRODUCTION

Chapter 6 introduces the data of the second phase, as analysed into themes and subthemes.

The fifth research objective of this study (Section 1.5) was to explore the perceptions of HODs regarding their own QWL and the general QWL at their university's nursing department, in an attempt to answer the two research questions: 'What are the perceptions of nursing HODs regarding factors that influence the QWL of nurse educators in their departments' (Section 3.3.5.2) and 'What suggestions do they have for solutions for an improved QWL'?

The demographics of the participant HODs from the nursing departments of South African universities are presented to give context to their situation and to the daily challenges to providing an environment that is conducive to a QWL at their departments. These challenges and their pragmatic solutions to managing their diverse community and contemporary issues are displayed.

6.2 RESEARCH METHODOLOGY

The descriptive qualitative methodology was discussed in detail in Chapter 3. Data collection from the nursing HODs followed the quantitative data collection and took place during the data analysis and write-up of the first phase.

6.2.1 Population, sampling and study setting

Qualitative researchers go out into the field, knowing the most likely sources of data, but they do not rule out other possible data sources as data collection progresses (Polit & Beck 2012:532). Attempts were made to contact all 22 heads of nursing departments in South Africa telephonically and by email for interviews, but many did not respond or were inaccessible. The researcher thus used volunteer sampling (Polit & Beck 2017:492) as a type of convenience sampling, by making appointments with those that responded, who were all from the larger cities with several universities.

Attempts at purposive sampling included contacting HODs of universities in those few rural areas that were within a radius of 200 km of the metro areas, but were successful in only one case. Thus, to stay within the study budget, the most distant rural areas were excluded. Universities in five of South Africa's nine provinces were covered in this way.

Initial inclusion criteria were that the head or acting head had to have been in such a position for at least one year. However, volatility seems to be a characteristic of these positions, owing to three-year contract appointments, retirement, change of employer, and resignation. These often left the university nursing department with an acting head in charge. Thus the inclusion criteria had to be relaxed to obtain representation from more universities and the more diverse populations. Hence two recent retirees who were involved in locum work at other universities and two acting heads with a few months' experience were included. The pilot interviews were also used in the data analysis, because the interviewees qualified according to the criteria, and had valuable information to contribute.

Eleven universities were represented in this way, with 12 HODs being interviewed. One pilot interviewee was a retiree from the same university as a second interviewee. Thus the opinions of nearly 50% of the population of 22 heads of nursing departments about the QWL in their nursing departments were obtained. Deductively, saturation demonstrates the extent to which data reflect previously determined conceptual categories, while inductively it refers to the adequacy of sampling in relation to theory development (Saunders, Sim, Kingstone, Baker, Waterfield et al 2018:1893). Although there was a great deal of variation among the universities in the ways in which they were run, information surfaced about similar problems because of the external environments and enabled the researcher to determine commonalities in and unique ways of dealing with these problems. Thus deductive saturation helped with the recognition of the common themes that influenced QWL, and in mixing the quantitative and qualitative data, while inductive saturation helped with the development of themes and subthemes for guidelines, as portrayed in Chapter 5.

6.2.2 Data collection approach and method through interviews

A semi-structured interview schedule with four questions (Section 3.3.8.2.1) was used to collect information from the heads of nursing departments. While this helped with uniformity in questions, data collection through direct verbal interaction, and a higher response rate than questionnaires, it allowed the researcher to follow verbal leads, and obtain greater clarity and depth regarding ambiguous understandings from the interviewer and the interviewee (Polit & Beck 2017: 275-6).

Another benefit of interviewing is that the order of the questions does not matter, and can be done in the way the interview develops. Direct observation is helpful in determining understanding of the questions and issues, and in obtaining a deeper level of cooperation than with a questionnaire (Polit & Beck 2017:276).

6.2.3 Development of the interview schedule

The theoretical framework, literature review and objectives of the study contributed to the development of the interview questions, which were meant to elicit in-depth information about the factors that affect the QWL of nurse educators at South African universities from the perspective of HODs. The results of the data analysis from the first phase helped in understanding the problems in QWL from the view of the nurse educators. This insight gave the background to the probing in interviews with the HODs. The pilot interviews also contributed to the development of the specific questions.

With the first of the four open-ended questions the researcher explored the definitions of QWL according to the interpretation of the HODs to determine their understanding of ambivalence about the need for QWL, the factors that render a QWL problematic in nursing departments, and how they deal with this contradiction. The next three questions dealt with the impact of personal life, home life and work on the QWL. These answers helped to understand the unique circumstances of each university and its nursing department, and to identify commonalities. Lastly, as part of the probing, the interviewees were asked what was working to improve relationships and QWL in their departments. This information was elicited to work on guidelines to address the QWL of nurse educators as the penultimate goal of this study.

6.2.4 Pilot Interviews

The quality of interview data is affected positively by the effective, proficient and unbiased administration of the interview schedule by the researcher (Polit & Beck 2017:279). Two pilot interviews enabled the researcher to improve on the interview questions to identify the challenges to QWL and solutions from the perspective of the HODs. These helped to remove information the researcher had initially planned to give the interviewees, to ensure that the information would be more objective. The interviewees in the pilot interviews were experienced HODs and helpful with suggestions about reducing bias and improving interviewing skills and mixed methods methodology in piloting the interview questions. These pilot interviews were included in the main study with the consent from the participants, because valuable information was obtained and they increased the representation of universities.

6.2.5 Administration of the interviews

Most of the interviews took place face to face in English at the workplace of the participant, with the exception of one telephonic interview and one interview on Skype. On commencing the interviews, the researcher introduced herself, gave the reason for the appointment, and presented the ethical clearance for the study from Unisa and the gatekeeper, and ethical committee clearance from their own university. Information sheets that contained the purpose of the study and the expectations of the participants were discussed.

Participants were assured that their opinions would be treated with total confidentiality so that identification of interviewees would impossible. They were also assured that they were free to withdraw at any time, without discrimination. Finally, permission was obtained to use the audiotape recorder with consent forms.

During the interviews, participants could stop the audiotape to discuss issues with the researcher that they did not want on tape. Probing and repeating questions during the interview helped to elicit rich data about the study topic.

For those participants that were contacted by Skype and email, telephonic and e-mail conversations helped to clarify questions related to the information sheets and the consent forms. Because of the Skype time lag and the lack of eye-to-eye contact with

the telephonic and Skype interviews, it was sometimes difficult to follow up silences. One could not 'read' the body language of the other person, or know whether the person was waiting for the interviewer to continue or was still contemplating part of the answer.

Interviews were transcribed, and emailed via a password to protect privacy for member checking. Participants responded according to their availability, and reviewed the transcripts by making notes directly on the transcribed pages of the MSWord document. Transcripts were returned with a few additions and explanations, with the participant being satisfied that he or she portrayed what had been conversed during the interviews. Most of the face-to-face participants chose not to do member checking, but the pilot and telephonic and Skype interviewees responded. This helped to ensure that the data from these respondents, especially the latter two, were true reflections of what they wanted to convey during the interview.

6.3 PRESENTATION, INTERPRETATION AND DESCRIPTION OF THE FINDINGS

In the following discussion, demographic information of the participants is presented to provide the context, followed by a descriptive qualitative analysis of the verbal information.

Although the qualitative content analysis was reflexive and interactive as the researcher continuously modified the data to accommodate new insights (Sandalowski 2000:338), the researcher attempted to remain objective in presenting the status quo of the QWL of the HODs and nurse educators, as presented by the HODs. Thus an attempt to "bracket out own views" (Creswell & Poth 2018:75) was made to be able "to proceed with the experiences of others".

6.3.1 Demographic information

The ages of the HOD interviewees (N=12) varied between late 40s and 70 years old, with the two eldest people still being active as academics, and being able to reflect on recent experiences as HODs. Two HODs were in the younger age group, with four in their 50s and four near retirement at 65 years.

All participants were female, as attempts to interview a male head were unsuccessful. Because a large percentage of nursing HODs were white, the majority of the interviewees were of this ethnic group. The researcher found that people of colour, with the exception of two, were mostly not available for interviews, or inaccessible, which was detrimental to this study. However, some positive and unique interventions were mentioned by interviewees. Additionally, because of the changes inherent at universities, some previous HODs had new positions, or were too busy, so the acting or relieving head was delegated to do the interview. Because most of these people had relieved the appointed head, their opinions were included to represent almost half of the 22 eligible universities at the time.

Of the HOD participants, 75% were married/had partners. Just more than half had children, and a few had grandchildren as part of the extended family. The younger interviewees still had children at home, for whom they were responsible, while the children of the others had careers of their own, or were students, thus were relying on them financially.

The HODs' years of experience at their universities ranged from 6 months to 21 years, with most having taught at several other HEIs. One interviewee had worked in the government sector before coming to the university, and two others were heads of hospitals before they entered academic life. Most of the interviewees had two to four years' experience of being a head, although one was appointed acting head shortly before the interview, and one had relieved on occasion. Many HEIs seem to allow a head a three-year tenure before deciding whether they should be appointed for another three years or whether someone else should be given the opportunity.

The provinces of Western Cape, Eastern Cape, Gauteng, North West and KwaZulu-Natal were represented in the sample of interviewees with five traditional universities, three comprehensive universities and three universities of technology.

6.4 THEMES AND SUBTHEMES

The HODs identified numerous challenges to ensuring a QWL at their departments. These are discussed in detail in subsections 6.4.1 to 6.4.5, which deal with the five themes and the objectives of the study. The themes were coded with Atlas.ti 8, and

cross-checked and confirmed by the study supervisor, who has a PhD and experience in supervising quantitative and qualitative methodologies.

The five themes of i) Support to HOD to lead, ii) Educator and work-related issues, iii) Finances, iv) Transformation, and v) Relationships were identified (Table 6.1). A description of these is included in the narrative that follows the table.

Table 6.1 Themes and subthemes and solutions

Themes	Subthemes	Categories
6.4.1 Support to head of department	6.4.1.1 Own preparedness and understanding of quality of worklife	
	6.4.1.2 Personal, home and family situations	
	6.4.1.3 Orientation and management support to heads of departments and orientation	
6.4.2 Educator and work-related issues	6.4.2.1 Personal characteristics	6.4.2.1.1 Age as influence 6.4.2.1.2 Gender as influence 6.4.2.1.3 Ethnicity and language as influences 6.4.2.1.4 Personality as influence 6.4.2.1.5 Physical and mental health as influences
	6.4.2.2 Home and family	
	6.4.2.3 Work	6.4.2.3.1 Workload 6.4.2.3.2 Relationships and support at work
	6.4.2.3 Trade unions	
6.4.3 Finances	6.4.3.1 Government resources (section)	6.4.3.1.1 Government allocation 6.4.3.1.2 Faculty transparency about money allocation 6.4.3.1.3 Contract posts and uncertainty about staff numbers
	6.4.3.2 Third stream incomes	
	6.4.3.3 Effect of #FeesMustFall	6.4.3.3.1 Damage done and extra work 6.4.3.3.2 Differences in student involvement 6.4.3.3.3 Effect on nurse academics
6.4.4 Transformation	6.4.4.1 Mergers and satellites	
	6.4.4.2 South African Nursing Council's new curriculum	
	6.4.4.3 Decolonised curriculum	
	6.4.4.4 Student and educator profile	6.4.4.4.1 Student background poorly understood 6.4.4.4.2 Generational gap and lack of respect 6.4.4.4.3 Nurse college students at a disadvantage 6.4.4.4.4 Excellent students lost to profession 6.4.4.4.5 Rural recruitment problems 6.4.4.4.6 Ethnicity, affirmative action and problems with retention
6.4.5 Relationships	6.4.5.1 Interdisciplinary	6.4.5.1.1 Autonomy within medical schools
	6.4.5.2 Affiliated colleges	
	6.4.5.3 Competition for placements	
	6.4.5.4 Engagement with the community	

6.4.1 Support to head of department

Leaders at HEI level need to have open minds about the environments in which they practise, with insight into the autonomy of the academics, loyalty towards the subject versus loyalty to the institution, the strong traditions and the "cult" of the expert (McCaffery 2019:5).

As well as this humanistic background knowledge, they should be skilled in their field of expertise and be able to use the language of business. Understanding business language empowers a department and allows it to be noticed.

Support for HODs to become such ideal managers and leaders is given by various people and is expressed in the subthemes of own preparedness, personal/family/ home situation and management support.

6.4.1.1 Own preparedness and understanding of quality of work-life

Universities have had an upward trend in mismanagement internationally, but say that there have been efforts to improve the community of practice (McCaffery 2019:3). This is displayed in responsibility being accepted for QWL for others, and recognition of ideal aspects of QWL, with acknowledgement that reality differs from the ideal situation.

> **D3:** *A well-balanced QWL means the necessary recognition … fair remuneration, work-load, and especially a fair balance between a 40-hour work week and having sufficient private time - which [with our] academics, it's not balanced at all. You are really never off - in the evenings and over weekends you almost always work.*

> **D8:** *QWL would be about having an environment that is supportive, to one's personal development, but also of the goal of the organisation, good open transparent processes; clear rules and regulations that bring forth the guidelines of the work practices; social connectedness in work - having a professional work relationship, but a sense of a work community; and a very simple thing like just actually wanting to come to work. There's also technical things, technology, good connectivity - access to the internet, having quick upload and downloads; having been able to connect wherever [staff and students].*

> *And another thing is the physical environment. The buildings are old; the furniture's old; we have kitchens, but no tea room.*

> *So, it's having good supportive structures from line managers as well as the supportive organisations at a business or organisation, such as your HR department and your employment relations department.*

> **D11:** *The biggest issue for me in QWL is a balance between your academic interests, versus humanness and personal life. The things that you actually are as a mother or father or a member of society or a partner. There is not a lot of respect for that. Academic interests is about having satisfaction in your personal career and the development thereof to become who you want to be academically, progression...career advancement.*

Secondly [it] is the satisfaction and enjoyment of teaching and learning with students specifically at different undergraduate and postgraduate levels. And then the third aspect is involvement in research which we can't really do very much [of] before you have completed your own academic career advancement of master's and PhD. So in the academic setting, having a master's and a PhD is a prerequisite.

Recognition is given to the need for flexibility in dealing with work burdens that flow over to private life, equilibrium, a calculated input to produce a quality output, for sanity to prevail, and to prevent burnout. Planning is important, with consideration of optimal use of times in the academic year and day that are quieter in producing articles. Lourens (2016:104:111) addresses the need for exceptional intrinsic motivation, and determination to overcome obstacles, such as obtaining a PhD, which helps with a host of new skills, such as resilience, problem solving, project mapping and planning, and management of time and priorities, being able to communicate and present well.

> **D4:** *Balance often just refer to keeping your equilibrium. My input [should be balanced with] my output. And [to consider] what I can still [do] to give the same quality output: how far can you comfortably stretch and still maintain sanity in the whole process? And not experience the signs and symptoms of burn-out; of feeling tired? My balance will be kept if I work the next two weekends, but [if] the following two weekends I will be off.*

> **D8:** *A very famous nursing professor used to say that if you want to be a successful academic, you need to work at night and at least one day a weekend. So I try to keep my Thursdays clear. I have to work one day a weekend. But what I try to do as well, is to get a lot of activity going in the first half of the year because you don't get a chance of getting anything published if you don't get it done in the first half of the year.*

> **D9:** *I move my schedule around, work intentionally with my best time, at 04:30 in the morning. There is a time when your brain is functioning differently, and wherever possible I try and see how I can slot into that.*

Participants also comment that becoming an HOD is associated with incrementally increasing responsibility. There is general recognition that one has to realise one's own limitations and be realistic about what can be done, and thus limit input for sanity's sake. Lourens (2016:111) discusses the need to learn the lessons of flexibility, acceptance and self-kindness as well as using to-do lists and divide tasks and activities to manage time better.

> **D4:** *The HOD have to think for the department, for the individuals, the faculty and the institution, and then of course your stakeholders and your engagements. And your own*

key performance areas becomes extended beyond just the operational management [including] HR and finances.

It is about building that relationship with staff, because you come in with a different leadership style. You can either be very egocentric and it's all about this office and this position, or you can say: What's my purpose here? And my purpose is to care for the people - then I have a responsibility.

D6: *But I find it very stressful and it affects my personal life, much more so [than when I was only a lecturer]. For instance, I don't mind if it's recess and there is a problem, people phoning me. It's more the inter-personal conflicts in the work environment that you somehow become responsible for.*

D11: *So it's very difficult in this position because you have such a lot of [work], and if you want to work on the image of the department you have to have a presence in numerous committees. So the load is quite excessive and I find it very hard to do, it but I must do it. So, I've been forced once in my life to act and say: ok do what you can. And some evenings I'm just emotionally too tired to do anything more, and I now accept that.*

However, the experience is not without stimulation and satisfaction, and the sense of belonging that academic life brings to a QWL in this position. Lourens (2016:101) refers to such stimulation and satisfaction as "career altering" and improving resilience. Building in enjoyable activities for oneself – such as being actively involved in teaching, accompaniment and research, and not becoming too far removed from clinical practice – help to make life meaningful, which facilitates interpreting the stress differently.

D8: *My work-life at the moment, it's very stressed, I don't think I have ever been this busy in my entire life. [But] I feel like I have supportive [collegial] relationships. I have a much stronger sense that I belong to the department, that I am a part of the department, that I am working towards the same goal [and] there is a real sense of pride in what we are doing. My work relationships with people feel positive, it is that work connectedness.*

D3: *I know I can make a difference in building capacity of student[s]...and because they can manage better, it will serve the public [as our patients] better ... people come into my class [saying]: 'This is a subject I really don't want to do.' And after two years when they leave, and I read their reflective reports on what they've learned, that is what keeps me going.*

D6: *It opens up new avenues for you in terms of management, learning how much the system of a university works, in understanding where funding really comes from and how to optimise funding on the one side...and quality that you provide...so it's positive and negative. I do clinical accompaniment myself for the reason that I want to be relevant. I can't sit here and do admin work all day.*

D7: *If must put my QWL on a scale from...zero to ten, I have an 8.5. I'm very happy in my work. I have a lot of stress but I think I'm recognised for the good that I do. But sometimes one feels a bit over-burdened, like this morning I took on another review. And*

I know I shouldn't have, but it was such an interesting title. But then you sort of ...make life hard for you[yourself]

6.4.1.2 Personal, home and family situations

In academic endeavours, families can be places of solace, but also generators of stress. Lourens (2016:105-6) advises telling family and friends what to expect from the outset to negotiate meeting their needs, as well as one's own.

Guilt about prioritising own needs over those of the children, partner and family and friends can influence the academic's confidence, resilience and productivity negatively. Participants concurred that personal lives often have to be offered up in being an academic and progressing on the career ladder. Support and understanding from home were deemed necessary to fulfil responsibilities.

> **D12:** *As an older academic, the whole thing [studying towards a PhD] was very destructive to my home-life. I had a husband who didn't think that I needed to spend so much time on it, and that was a rude awakening (for him).*

> **D11***: You are never free. It's not like other occupations where you can close the office, you can go home and travel...spend time with friends or with your kids. There's always stuff that has not been done. So you need to recognise that as an inherent characteristic of academic life that influences QoL at home. And we need to put certain things in place in my understanding, to work with that.*

> **D4:** *I had the conversation with my family in saying: this is my journey, it's not going to be an easy road, there's going to be bumps; there's going to be the work expectations.*

> **D6:** *When I became the HOD, it just became more stressful. I forgot to arrange people to pick the children up, and so they just became more responsible. My husband does many of the mom-things. It's just owing to his personality that he is very comfortable, and always involved.*

6.4.1.3 Orientation and management support to heads of departments

Good relationships with management of the faculty and HR are of major importance when one is an HOD, as these form the basis of trust, because the HOD must fulfil so many responsibilities and depends on management for support in decision making and fund allocation. A good relationship ensures 'buy-in' for the projects and changes that the HOD wants to initiate.

> **D1:** *What I really think is important, is your interpersonal relationships, especially when you are the head, the support that you get from your senior staff...because you want to portray the face of the department as positive. With this also goes the trust that the dean*

has in you to do what you need to do. If you look at support, it is also financially – to run the department.

D3: *Support from your seniors is extremely important, because that strengthens you.*

D8: *I have found the senior management staff and the school very, very supportive. There is a different sense for me in the university, but in the school itself, we've got a very good [strong] management team. I don't feel isolated and I don't feel I have to do this by myself. For example, with issues about discipline, the Human Resources Department and the Employment Relations Department guided and provided assistance, in how to manage some of these issues, and are willing to come out and speak to staff.*

Acceptance by peers and management helps one to develop in the leadership position. This is experienced as the department having a sense of "gees", which is expressed as support and teamwork from all parties.

D8: *[This university] has a real sense of pride in the organisation in both students and staff, a sense of 'gees', a sense of belonging, a sense of wanting to do well for organisation and being proud of being part of the organisation. There are still challenges and limitations that affects work-life, but the rules and the processes are all very clear and documented, and you can function within them.*

However, not everyone has the privilege of such a relationship. Competition exists, and support from management may be withheld if the candidate of choice of the immediate superior is not appointed, with long-lasting effects of such humiliation on the appointed person. Discomfort also exists around grievances not being addressed properly and infecting the whole atmosphere, with armies being drawn up on both sides, similar to McCaffery's (2019:3) various international experiences.

D11: *When you move into an environment, you quickly get a feeling if there is toxicity in this environment - where the general feeling and understanding of the staff is of not being appreciated, of feelings of being over-utilised, of unfairness.*

D3: *I was challenged [by management, in my position] so that makes life very difficult when you have a large number of staff, even if it's a small group, it is the most difficult thing not to have the support of your seniors.*

D5: *I am running around more, stressing. [Yet] you'll find the university says they are not very impressed that we are over-worked.*

Factors like these could backfire when there is high turnover, since positions for HODs are difficult to fill. It takes time to get the right candidate after extensive advertising, recruitment and selection.

In some instances there is no choice, because not many people are sufficiently qualified to take on the job of HOD immediately that the position becomes available. Having acted as an HOD helps to adapt to the new role, but the position brings more stress, especially when the person meant to decrease his or her responsibilities.

Tahir (2010:1) refers to the poor ratio in increase between managers, academics and staff at HEIs in UK, with more managers than academics and students, as a result of increased demands for financing, marketing, widening participation, human resources, student services and paperwork for quality assurance. In Africa and South Africa this situation is much worse, with the number of students far outstripping the number of academics (Chipperfield 2016:1), with increasingly bureaucratic management attempting to deal with the whole situation (Dickinson 2017:1). The observation by an HOD is apt:

> **D8:** *In the larger organisations, there wasn't a sense of working together to the same goal with a shared vision. There was a sense of an adversarial relationship between management and staff. [Even] the structure [of the nursing school here] – [although] it has a flat management team, it's got too many layers.*

Concerns were expressed about continuous expectations from government and HEI management and the pressure on staff to produce graduate output, as well as cost-effectiveness and quality, similar to the trends towards 'new managerialism' (Kalfa et al 2017).

> **D7:** *At some stage, we are going to have a plateau because you cannot expect people to double your research output every two years, because you only have that number of staff. [Our university]) really grew a lot in research output and student output. But I also have some concerns [about staff], because you can only do so much [with so little staff].*

Dickinson (2017:1) confirmed that South African universities were suffering and buckling under the weight of inadequate funding and increasing student numbers, and stated that the research-intensive universities (University of the Witwatersrand (WITS), University of Cape Town (UCT), Rhodes University, US and University of Pretoria (UP) in particular are torn between pursuing global research status and providing high-quality education to the large numbers of students. The University of Texas (2018:1) states that if a university values its faculty as its most cherished asset, support programmes such as faculty orientation could help to foster development.

Orientation for new HODs is thus seen as important, as they have to adapt to their new role as effective managers, and encourage the rest of the staff to grow and develop. HODs mentioned special leadership programmes, a business coach to develop skills in a safe and supportive space, and using a neutral person, who is not involved in the nursing department, as a sounding board.

6.4.2 Educator and work-related issues

The second theme concerns educators' issues with their personal characteristics and home/family situation and as employees at work, which ultimately influence the QWL of all role players in the nursing departments of HEIs. South African universities have to deal with the drive to diversify their staffing component, with as little financial input as possible. Diversification calls for consideration of the staff's expectations of work, as dictated by their cultures. Often these cannot be realised at the moment, as stealth cuts create a precarious employment opportunity for younger, mostly black academics, widening the gap between them and the secure "but stressed" white academics, with the seeds of resentment being sown (Dickinson 2017:1).

6.4.2.1 Personal characteristics

The personal characteristics that influence the experience of QoL in general are age, gender, ethnicity and language, personality and physical and mental status. Individually or in combination these can affect the person's experience and behaviour at work, and the QWL of the team in the nursing department, especially in a feminine environment where people tend to be sensitive towards innuendos.

6.4.2.1.1 Age as an influence

From the student's perspective, age has a negative impact on faculty ratings. The effect begins in their mid forties, but does not increase, even when they reach retirement age of 65 or 70 (Stonebraker 2015:793). However, when professors are deemed popular, age does not matter.

Generally, nurses tend to become academics later in life. HODs say that at that age they are more committed, but still experience difficulties in their manifold roles. Opinions differ about the effect of age on academic output and the need for support.

> **D11:** *Most people come into academia in nursing at mid-career level, at 35 and 40, having done at least some clinical work. By which time, if you're married, you might have some kids, or thinking about having kids, and so your career process is delayed.*

> **D7:** *For the youngsters...it's difficult to be a mother and a wife and a house-keeper and all those roles together with a very tough academic life. And then the student numbers grow, and they must also take additional master's students and they [then] need additional support, as you can just do so much.*

Younger educators are seen to take less responsibility and are less committed, with recognition that they need to mature into their roles. Being brought up with more assertiveness and insistence on their basic rights, such as having a social life, which does not necessarily fit in with the altruism expected of nurses and nurse educators, they have a different way of prioritising. The older generation do not necessarily know how to handle such a situation, although they attempt to accommodate family matters.

> **D3:** *In your early 30s ... most people are maturing. It's nice to get the salary and it's nice to leave immediately when the clock rings at 16:00, but many young people don't have the same responsibility and commitment to their work, than if you are slightly older.*

> **D4:** *It doesn't seem to be that prevalent among universities to have a younger cohort. We have quite a couple of them that joined academia... from clinical practise where they had shift-work, three...four days and weekends off. Some of them would moan and groan if they get an email after 16:30 and say: but when must I have a social life? I can't work after 16:30, and if I have to work another weekend, then really I have to look for another space for me'. I have to go club on a Saturday and now I am expected to give a response (to the email over the weekend)'.*

> **D8:** *[The younger ones have] different priorities. You have to recognise that. Some of the resignations we had this year, was around QWL. They're at the stage of individual development and have to think about where they are now. They were doing their PhDs, and felt that the work-load was too big. We've also lost some younger staff to other universities in terms of salary issues and in terms of easier access to higher level positions. There are childcare issues that impact on staff, the challenges when you have kids in school, and challenges around time.*

> **D11:** *The younger generation found the expectations and the things to be done and the time it takes [excessive]. They didn't realise it was going to be that intense and that time-consuming. So they become frustrated with the impact of the expectations because they want to be free, even within a system of all the rules and the hierarchies that the university has.*

Other aspects that complicate matters include the older generation's struggle to let go of rigid rules, and to make quick judgements and comments about "untoward behaviour". One HOD calls it the "resistance to change factor". However, it affects relationships, because the older generation feel that they did not have the same leniency and opportunities, but are saddled with a higher workload to help the younger academics cope, despite more support systems, such as childcare, being available than in the past.

> **D6:** *It's the older staff members [that] are still [focused] on duty - off duty. And so here and there you'll find someone watching the others, and... judging and dropping a comment especially in meetings. Some staff members just cannot get past this way that we [were] brought up - to think that we should be sitting by our desks from 08:00 till [the end of the working day]. [Be present all the time].*

> **D11:** *The younger people at our university get pushed and given opportunities which we had to fight for. So the PhD grants and the writing time has become an expectation of some of the younger people so that they get developed, to the point that their loads are...often much lighter. So if you get too many new younger staff in, who are all finishing their PhDs or their masters, and going to writing workshops, it is a crisis because you've got to support them, but at the same time they're not actually delivering the workload that you employed them for.*

However, younger academics have exceptional drive and ability to rise above their circumstances if given a chance to prove themselves.

> **D2:** *Especially the younger staff are really committed and it seems like they progress faster. One of our students was the best student in her fourth year - she's not a South African citizen. So she was not compelled to do ComServe. So after she did her baccalaureus, she immediately did her master's in 9 months' time, and the year after that she did her PhD in two years. And then she did a post-doc, had a baby, and now she's an associate professor. She's just had a second baby, she's got [a number of] PhD and master's students that she's busy supervising.*

> **D4:** *There is a very high level of commitment [toward]) teamwork. That's the work ethics that we are breeding. So they [the younger academics] do play with the team, they are committed, but they also set the boundaries. As flexible as they would like you to think they are, they don't like change. It's about recognising that, and acting upon it, and providing the space for them to express themselves.*

Older academics deliver a large output, being acclimatised to the demands of the academic world. However, this longer tenure with the HEI is associated with higher levels of stress, poorer job satisfaction and feelings of general wellbeing (Fontinha, Easton & Van Laar 2017:17). In this context, the older age group's lack of stamina as they reach retirement age is mentioned, especially when attempting to do a PhD later

in life, without relief when the regular work has to carry on. However, some retirees continue with large workloads, despite their age.

> **D8:** *The challenge that we have is retirement, and loss of the older people because of the loss of knowledge. The senior staff are the people that supervise most of our students, so if they leave, you have huge numbers of students that have to be re-allocated.*

> **D12:** *My QWL was driven by trying to be retained post-retirement of 60. [At the same time] there was the drive to get a PhD in a limited period of time and carrying a full workload while doing a PhD. Then it was to get the publications done and the students graduated in an attempt to get them to extend my work life beyond retirement age. For the others that are younger, age isn't such a driving factor. They've got the time to be able to achieve what they need to achieve [over a longer period].*

> **D3:** *As people draw closer to retirement age, many of them withdraw, because you've got to cut off at some point. But the stamina of older people aren't always what you would like a person to be who is receiving a full salary. But that depends very much on the personality. I am [retired] but I [still] work, part-time now...more than 200 students that I am responsible for now.*

> **D11:** *You sometimes get with older people that they tend to go into a certain [mind frame]. 'I have another five years to work, and I'm not going to change my program'. I'm worried about that because within academic context and with preparing the future of people in practise you can't be so cemented [into your ways].*

The conclusion is that although each age group brings its own issues to the work, a team should be diverse in age, as synergy results from influencing one another.

> **D11:** *This is also a different, a difficult balance because there's certain characteristics and abilities that come with experience and age and then there's others that are very important, in younger members of staff [who] will come with a certain vitality, a certain newness, willingness to change. I think the more diverse your [team is] in terms of age, the better. I think the younger generation are quick learners, attuned with technology and new ideas, and willing to take on stuff. I've seen how younger academic[s] actually start to work with, and gently help them [the older generation] to change their views or approach, or say: Let's try - I'll help you to do this. I've seen examples of that here as supporting and bringing out more radical ideas, more liberal ideas, so I find that very important and very invigorating.*

When the four generations, namely baby boomers, Generation X, Generation Y and Millennials work together, differences should be embraced as strengths, common ground should be established, and a clearer understanding obtained of what colleagues value that would help towards more productive and positive relationships (Jones, McLoughlin, Brown, Warren, Davies et al 2016:12).

6.4.2.1.2 Gender as an influence

The influence of gender on a QWL can be significant, especially in a mostly female environment, with women not always being kind to one another. Men are scarce in this environment, but have the capacity to fit in well.

> **D4:** *So we are all over in one another's faces, and it's predominantly females. [We take stress home from work] because of who we are and our profession and our professional values and being so involved in this [work area].*

> **D11:** *It has been mostly females in these specific three [academic] settings I'm reflecting on, there has been one or two males. So the issue of gender: women are not good to women. It's unfortunate that the worst characteristics of women, are juxtaposed onto women. So I wonder why we don't just give one another the space to contribute and have an opinion.*

Gender issues also play out in the larger setup of universities. One HOD mentioned how it affected their female-only department:

> **D10:** *The university [was a] great one for lunch-time meetings and after 16:30 and 07:00 in the morning, with the doctors [with] large clinical practice[s] working during the day. So faculty meetings started at 16:00–18:00 as the norm. It's a faculty where the predominant gender is male, who have got different kinds of support services [at home]. They have very little consideration for women who have those kind of positions and [the] need to go home early for children.*

Some HODs say that men struggle more to juggle their lives effectively in the nursing departments, while others disagree, as it depends on whether they have the same familial issues as women. Differences in assertiveness between the genders play a role and so does a patriarchal cultural upbringing. Contradictory to this, there are indications that men are preferred and given preferential treatment to women in academia by seniors. However, academic expectations could play a larger role than gender in a QWL.

> **D2:** *We have one male that's young. And he struggles ...to do everything, and be the breadwinner, because he is also busy with his PhD studies. He's got small children and his wife is working.*

> **D4:** *I think females particularly in this department are more driven, more committed, more passionate. Not that I am gender-biased, but it's visible. The guys will just not cope with that kind of workload. Even I have to be very sensitive in that sense, in saying: Ok, I know what your capacity is; I know that if I give you more than this you will just not be able to cope with it.*

D3: *From certain ethnic groups, the male academic have a very superior attitude, they [come over as]... I'm in charge and I am the chief and I will give orders and who are you to tell me what to do? And in many cases the HODs are female and they don't like that. [However], I've worked with males that are very spot-on and good examples in academic work.*

D12: *At my other university, there are men, and I would think because of the gender bias, that they are probably a bit better off in terms of promotion possibilities once they have completed their PhDs. There is a perception that they are male and life must be a bit easier.*

D11: *I do not think that academic expectations are gender-specific. I have some colleagues, great guys who are in charge of [nursing] departments, going through all the same stuff that we are going through. Suffering from the same realities. He might have more clout, have more power - it is true that as a woman and a nurse you have to always push.*

Chinkhata (2016:183) confirms the challenges involved in managing male students and qualified nurses in many countries, and in Africa in particular and asks for policies to deal with this, so that men are retained for the profession and become role models in the HEIs.

6.4.2.1.3 Ethnicity and language as influences

Intergroup contact theory holds that the positive results of contact between groups are greatest if there are shared objectives, cooperation, support by legislation and customs, equal status between groups, and emerging friendships (Dronkers, Van der Velden & Dunne 2011:95). In South African universities the first three requisites have been met, but work has still to be done regarding the latter two to different degrees at different universities.

D7: *I don't really experience the race issues in this department. We eat together, we drink tea together. But I experienced it as very difficult to manage [elsewhere]. I think you just get... personalities. You know I've never experienced this... back-stabbing [as at previous university]. At the end...before I left, I was too scared to go on leave for a week, because of what I would find if I come back.*

The effects of different ethnicities working together in a university's nursing department show that one has to work hard at acceptance of one another, keeping the rules of the university, and good working relationships. Some universities and faculties have made progress in catering for diversity, despite difficulties in the process.

D11: *It's so easy to get a reputation as being racist or as being different. So it is*

something that you must really manage. The faculty and the university as a whole has an issue with that [diversity] and especially with the senior positions. [Ours have] been seen as a traditionally advantaged white university. So it is a very difficult road to change the profile [as] in terms of our student profile there's fantastic [successes] [but not] in terms of the academic staff profile. In terms of applications [if] you don't take someone who is black, there must be like massive serious reasons. [Unfortunately] we are forced to see things like that [in terms of colour]. The application process is an open transparent process, the most you can do is to make people [of colour] aware [of posts], to advertise [in] the market, and then see what you have in front of you [applicants for the post].

Staff command of English as the language of communication and teaching and learning is problematic in a country with eleven official languages. This contributes to communication problems and frustration among the diverse cultural backgrounds. However, with the establishment of English language policies at most South African universities (Makoni 2016:1), this frustration is likely to occur for a long time, as English is the second language of many South Africans, and the only communally shared one. Proficiency in English is dependent on competition and loyalty to the mother tongue, of which Zulu, Xhosa and Afrikaans (Business Tech 2015:1) are mostly spoken.

> **D3:** *People are not proficient in English, although it is the official language. [For] most people that are Afrikaans, or of the (other) ethnical groups, English would be their second or their third language. Everybody would say: 'No, but I can speak English well and I can write it'. [However, in reality], it puts additional pressure on staff who should do the monitoring and evaluation, like the moderators, the people [that] have to check if the question papers are correct. An exam papers could have such poor English, that as the moderator, you have to re-write a lot.*

6.4.2.1.4 Personality as an influence

Characteristics that are associated with personality, such as competence, being ambitious, getting angry easily, and hiding feelings (Muindi & K'Obonyo 2015:232) influence job satisfaction, and thus perceptions of QWL. In the South African landscape, personality contributes to QWL because of vast differences among people owing to politics, history and culture. Values obtained in the socialisation process throughout life influence a person's attitude to everything, including the job, and determine whether the person has an internal or external locus of control. Locus of control and negative affectivity in particular have significant correlations with job satisfaction, with people with an internal locus of control outperforming those with an external locus of control (Muindi & K'Obonyo 2015:233). These authors quote Spector

(1997) in stating that people with negative affectivity are more dissatisfied with the job, as the result of being negative overall. Thus recognising and clarifying values that helped to form the personality would help in understanding the situation, and finding a solution to it.

> **D9:** *It's about how people feel about their work that affects their work-life - whether I believe we are doing a great thing, whether I've got the tools I need to do my work every day, whether I've got somebody at work I can trust, whether somebody notices when I do anything, whether I've got somebody who's actually walking alongside me in a career development path. So with those things in mind, your experience of work [does not] relate to your personality, but to how you feel about the work. You can't have somebody who hasn't chosen to be there. That's an external locus of control. We forget when I wake up in the morning I am [already] choosing - to be nice or not, to like or not.*

> **D5:** *People have got different values, and [that] you can't impose your values on the other person, but at the same time there are situations where you are compelled to implement something [to address issues owing to value clashes]. You need to do it with an understanding that the value system of this other person could be what is hindering the progress. So you take time to understand each and every person, so as to know how do I approach this person [to understand] when this person says this to me, is it because she means it or is it because of the work frustration, or is it because of the outside frustrations?*

> **D11:** *Certain personalities in the academic environment are very interested to pursue and forward their own agenda, sometimes it's quite overt, sometimes its covert, and they would make their decisions based on that. The extremely assertive, actually aggressive, pursuing [of] own agendas and own fulfilments, because of strength of their personalities. Compared to that, you have people who wish to push the general agenda of nursing and the greater good of the department, always willing to give a hand, to support, even though they can't afford it in the sense of time or responsibility. It's difficult sometimes to deal with this, and in terms of quality of academic life to those who are already loaded, it's unfair [t]) add more and more. The other characteristic is that some human beings are able to look very busy, but you don't really see evidence [of output].*

6.4.2.1.5 Physical and mental health as influences

An increase in job stress contributes to unfavourable conditions in all aspects of mental health, including physical symptoms, depression and social function (Nazari et al 2014:536). Abhorrent staff behaviour because of pressure is recognised, and is often described in terms of burnout rather than psychiatric fall-out. HODs recognise that special support is needed when mental or physical symptoms appear. Often this recognition from the HOD is enough to continue with the load, indicating the importance of sympathetic relationships and the positive relationship between QWL and mental health (Nazari et al 2014:537). In deciding how to deal with the dilemma,

one needs to have the staff's input and to make special concessions to help the staff member cope with the situation at home and at work, as they influence each other.

> **D10:** *I think that very often we do not take adequate care of ourselves, and when you need the time out, its extensive, which I've definitely seen in colleagues.*

> **D4:** *It's [not] really pathological, not being paranoid or multi-personality or anything like that, perhaps just being really overwhelmed, stress induced, on the brink of burnout. I actually said to them: Take time out. I give you two or three days' time out, or take a long weekend, Monday you don't have to come to work. I know where you are. And it's because I know their work ethics. And it really helps, it brings the staff member back into that balance again, after two days.*

> **D3:** *Well, you've got to be mentally healthy to be able to handle a heavy workload. I've had experience of people who have really needed a lot of extra support through an emotionally [difficult time], they were frequently absent, being admitted for depression for long periods of time, as it was difficult for them to function full-time and normally. It also relates to [physical problems], breast cancer – [people] on various forms of treatment for that. People had back operations and mastectomies, had to go for chemo and radiation therapy, and that affects work. You've got to treat your staff as human beings in a fair and just manner.*

6.4.2.2 Home and family

Academics in the UK describe their home situation as "organised chaos", with one person admitting that his work received more attention than his children, and that "had he had them when he was younger and still climbing the career ladder at university, he would not have been able to cope" (Murray 2014:1).

QWL at South African universities is also affected by home and family circumstances. Households with young families, people with special individual or family circumstances such as one-parent households, and those with disabled relatives or elderly parents are particularly vulnerable. Many cultures in South Africa have an extended family approach, which can be helpful, but it can cause even more responsibility and stress.

> **D3**: *People have a lot of problems at home. Or relational problems. That also affects their work because...that takes precedent - being human. Because if you are in a divorce, or in an abusive relationship, that is in your uppermost mind.*

> **D5**: *People bring loads from outside in to work. Some of them without even being aware of [it], or they are forced to do it because that's their life. So as an HOD, you need to try and be so understanding, but at the same time be able to still make them to continue working. There are times when you need to be strict, just for the benefit of having to continue with the work.*

D5: *With the young people, when you look at their sick-leave pattern or absenteeism, their lives [are] mostly revolving around the lives of the children, which we need to tolerate and be able to just deal with. However, it creates huge problems, especially ... as we've got a challenge [towards] filling of posts. So most of the time we've got more than four posts that would be vacant, unfilled, we have just a part-time staff [covering] those [absent].*

D11: *I try not to make [working from home] a requirement because I believe that should rather be the time where you can focus on our own developmental needs. To read more, to do more, to do your research, to reflect, but it should actually more be personal time in the sense of just being a mother or a partner or a kid. That's why I try to totally limit my contact with academic staff after hours and weekends. And you cannot be free if you get an email from me on a Saturday evening at 19:00, then I am interfering with your QoL as a human being.*

From a few comments, it seems that nurse educators as mothers take more responsibility for childcare than fathers, which leaves them in the traditional role of care-givers at home, and possibly more exposed to stress owing to the workload on both sides. Women have been socialised to be the caregivers in the family. Jolly et al (2014:344) and Hochschild and Machung (2012:5) confirm that women have added responsibilities in the household.

D6: *[We have men] most of them are either just newly married or just in relationships. They don't talk much about...their own lives. Strangely I think the female staff members would more say I need to leave because my child has an eye infection or whatever but they [the men] wouldn't.*

D3: *If someone's child was sick, or she couldn't come to work or she was late because of a child vomiting, I always try to accommodate that. So that is difficult for young mothers, but I think that is across the board and we've got to understand that.*

D9: *So what I notice in my team, with [educators with] young children, they are from 6 months old to 12...13 [years old] [that] very intentionally their families are their number one. There is nobody at the moment doing a PhD. They say they're not ready, because their children are 2 and 4 [years old], or there is no academic readiness. It's just a priority [at that stage of your life].*

Supportive spouses and family members are part of the coping mechanisms of individuals to deal with home and work life. Ta, Gesselman, Perry, Fisher and Garcia (2017:461) state that marital status and stress are related, but Bernard (2009:129;137) also recognises that those who are divorced, separated or widowed experience greater proportions of stress. The multiple roles that women have to fulfil cause them to internalise strain.

D6: *Staff that have supportive partners or who have parents who will help them with their children [cope better]. We have staff that have to work off campus for a week each month, and I can see that it's extremely stressful being away, and having to make arrangements. [Some staff's responsibilities at home include] ...an adolescent son, an elderly mother that needs...daily physical care.*

D5: *[Some of us]) had our parents being sick, and [we] eventually lost them. Otherwise [for] other people it's around children, husbands, the very immediate families, not very much around parents. We've had people resigning because they will say I need to get my pension pay-out, so that I can sort my problems.*

Support for staff to cope with their home situations is shown by not prying, but noticing and being sympathetic in dealing with issues when confided in, or when the crisis presents.

D11: *I do not explicitly explore this [QWL of employees] with my colleagues because I feel its private and [their] own life. It often relates to when there is an issue, where there's a problem or there's a crisis or there's a real moment of intense suffering or stuff to deal with. Sometimes you feel that there's something, you would just maybe ask [in] passing by: is there anything? And colleagues will come and talk to you about it and then you can actually support better. The most important thing I can do is to give the people space to deal with that. So the person should be free from this context to be able to focus on that, to leave and to do that. I will say: Ok, do the things as you can or I will shift dates or [suggest that they] work from home [or]...if you need to have leave....I [can] say it's fine, the rest of the day you [can] work from home. I think that when people feel that you trust them, they would really be very sensitive.*

6.4.2.3 Work

HODs report workload and relationships and support at work as those work factors that influence the QWL at nursing departments of HEI.

6.4.2.3.1 Workload

International authors mention the major increase in student numbers with 'a 50% reduction in the unit of public funding per student (McCaffery 2019:1), and poor educator to student ratios (Chipperfield 2016:1), which correlates with De Villiers (2012) and Cloete et al's (2015) conversations about this prevalence in South Africa. Helplessness about the situation exists in the HEIs, and is demonstrated in Dickinson's (2017:1) comments that the only response from HODs to South African educators to complaints about poor educator to student ratios was that "ratios are worse elsewhere in the same university".

Although the norm in the workplace is 40 hours at work, HODs recognise that heavy workloads have increased in the recent years, especially with demands to be involved in clinical areas. Whether they deal mostly with undergraduate, postgraduate or a combination of these students, educators have to juggle the demands of each of these groups.

> **D10:** *There are very few universities where people don't work over weekends. The nature of particularly university education requires that if you are going to stay on top of your job, you have to be reading or doing some research. And that can only be done when you've got space to think [without] a class around you. The stress of having to meet the standards and the performance requirements are very difficult when you have a high clinical load in terms of teaching and supervision.*

> **D3:** *You are responsible for at least 8 hours of academic work daily, and even though you could leave your office, you [still] have to work at home. But the 8 hours [per day] allocated is insufficient [and] it has become worse. As one starts at the university, you normally are responsible for two, three or four courses, but then as you move up and your qualifications improve [work increases]. Especially postgraduate supervision has increased; that's a very tedious and a time-consuming work, because you've got to [go over the] work over and over again.*

> **D2:** *In our department it's expected of nurse educators to do at least six hours, or a day accompaniment in practise per week, not in simulation. We also expect [of] our staff to further their studies. [Our] university has a policy of a 40-40-20 education-research-administration [work allocation], and it's quite difficult to keep all those obligations, especially if the staff members are busy with their own studies.*

> **D5:** *We do feel that we are being over-worked because we still need to do the clinical teaching and supervisions and all the assessments. As well as your teaching load, you still need to do your postgraduate supervision...master's and doctoral students. And there are then numerous other committees [which] make the workload more.*

- Numbers and combination of students

The numbers of students registering for master's and doctoral studies have increased exponentially, as government's policies raised their annual output numbers towards 2030. However, students are struggling to complete these postgraduate studies successfully, and it takes much more effort with every single student towards completion.

> **D2:** *Some of the academics do have a lot of students, there is one that has 15 master's [students]. A few years ago the program manager of the postgraduates took in everybody that applied, and the result was we sat with master's students for five and six years that couldn't finish. We will never have enough [people to do PhD and master's supervision].*

We have restricted the number of students the last four years, just to get the ones that are in the programme to finish.

D3: *[Over] the last 15 years or so, work started to increase considerably. Therefore, our institution took in as many of the postgraduate M and D students as they possibly could, which just overloaded people. People had 10, 12 or 20, 22 M and D students. Despite this, our institution has very strict appointment criteria with regards to research, and we could never fill all the positions. That's apart from all the undergraduate and diploma courses that we offered.*

D8*: We have 150 PhD students among 7 PhD staff. So the workload on our senior staff is very, very high. But the problem with inherited students to supervise is that they take longer, they've had a change in supervisors. Clinical supervisors [with undergraduates] has got huge loads as well.*

D5: *[We] have a first year intake of 120 students but [only] that one educator. Some of them fall away by the time they get to 3rd year, maybe there are just 50 or so [left] but they [management] don't look at that. They look at an educator per level per subject.*

- Workload calculations

More than a decade ago it was theoretically possible to calculate the monetary and equitable value of an academic's workload, but those data were not necessarily in forms that were easily understood (Bitzer 2006:7;16). Bitzer warned that if HEIs did not develop sophisticated and more credible ways of capturing workload, commonsense definitions or categories of academic work would prevail that did not do justice to their work. This situation is still prevalent 13 years later, as echoed in the following comment:

D5*: When they are doing the weighing of your work, some things are not taken into consideration.*

Too many aspects influence such an interpretation, and it stays a work in progress. A calculation must take into account variables such as level of staff to which one is appointed, qualifications of educator and student's ability, as a one-size-fit-all recipe is not a solution. Arnold et al (2016:197) mention the complexity of capturing performance-relevant information for forecasting because staff are in diverse locations, and technology and changes to the ways in which we work prompt new ways of assessing workloads and performance.

D11: *[The measurement of equal work] is the thing everybody is struggling [with] and most of it was managed within the performance management system or the development plan that we have in the beginning of the year with staff members. Where are we going*

this year? We have the data to see: ok this is what you are doing, these are the things that you are involved with, but how do you compare a clinical programme with a non-clinical programme module? I think there are so many variables, it's just very difficult. I don't see anything that really [works well].

D4: *As a faculty we are working on a workload policy now. We tried a new system that is still very much early days to evaluates. What I do bi-annually with the staff, is to have a key performance document. That is then pitched again the job descriptions that the university provide, which is also pitched against our personnel documents, where you can actually see at which level that appointment was done, and then how the promotion rules relate to it.*

D8: *We actually spread the weighing out evenly, so that there's equity in allocation. We've done some additional work around trying to complete students and remove students out of the system that are not progressing. The trade-off is for example, an associate professor who probably had [only] one or two articles published, but actually graduated 4 PhDs.*

D3: *Obviously the more M and D students you have, the more staff you want with PhDs. The first time that somebody with a master's degree supervise, they cannot do it on their own, so many people still have to be co-supervised. It is very difficult to quantify the number of students a person with a master's degree or with a doctor's [degree] - a professor or one who is an associate professor should be allocated to. But that also depends on the students - because if it's a student who can't really conceptualise and who can't really write proper academic English, then it means the load is just so much heavier on you.*

- HODs leadership and input and ability to help

Other suggestions to deal with the workload include standing on one's own rights and those of the staff as an HOD, being flexible and allowing staff extra leave to complete PhDs, holding workshops to encourage article writing and cross-teaching between programmes.

D11*: And as we are supporting colleagues for this year [with obtaining their PhDs], we will be supporting them next year, so that we have a system. it is to grow a place and the human beings as part of that.*

D7: *We [the people with the specialities] teach a little in the undergrad programme.*

D8: *When people are having challenges, for example somebody is finishing their PhD and they just asked for a month's leave - we approve the leave. But we [then] try and put a contract person there. So we are following a number of strategies to try and improve our research output. We are funding writing workshops for staff: you have to submit proof of evidence of submitting the article after the workshop. We also have the research day to try and encourage writing articles. [Furthermore] we are wanting to monitor the output from people that are taking time to work from home to see what they have*

delivered.

D9: *I am a worried that the heads of schools of nursing don't understand that essentially we can all choose the level of work we do, the capacity we have, and how we determine our resources.*

The Higher Education Funding Council for England (HEFC) Initiative (2005:4; 45) found flexible employment options in HEIs to be beneficial to an improved work/life balance, reaching business objectives via a win/win situation for both the employees and the university, and the ability to work smarter, not harder. However, HEIs still see flexitime as an employee-led parents' and women's issue, to the detriment of all staff. Chung (2018:14) concurs and quote from findings from 27 European countries (Eurofound 2017:141) that women are still generally worse off regarding flexitime, especially in female-dominated workplaces. Among South African HEIs, flexitime and working from home are allowed by many universities, with some having more success than others in introducing this among nurses, who tend to have a linear view of time.

D10: *The other thing that makes it easier, is you can work from home. If I wasn't feeling that great or I had a cough and a cold I'm not going to infect my colleagues, I'm going to sit with my laptop in bed. So the fact that you are not in the office does not necessarily mean that you were not working. During block [teaching] time there is absolutely no way that you could take time out. But for the rest of the year, you were encouraged to take a day that you worked on your own writing or research with some requirements that you had to deliver. You have to be able to prove that you utilised the time.*

D9: *My world is about the work that gets done, not the hours you're on your [work] seat. And that is a big shift, because especially in nursing it is about your shift, where you there from 07:00 to 16:00? There are people that need to work like that, because that is called consistency and linear time.*

So the individuals on my team say: 'Ah no, but I can't concentrate and the office has got too many [disturbances]'. I've got to say to people: 'You have a laptop, one block away there's a gorgeous coffee shop. It's quiet. It has a coach or a table.' [They reply]: 'But I've got to be at work!' [I say]: 'But you are working!' This is another interesting shift. It's whether we measure time at work or measure time working.

D6: *We do [have the possibility to work from home]. Our contracts say that you have to be on campus 25 [hours] a week. But I find that staff are here for much longer. They are here 40, sometimes 50 hours a week. It's just flexibility in the way you manage the environment from the management side. I think people will get used to it after a while. We are a bit hard on ourselves and on each other, and one must just create an environment where we can really say: 'You know what, it's fine'.*

- Administration and management effect

Ineffective systems and inability to run these systems efficiently at university and governmental level affects QWL of staff negatively. McCaffery's (2019:1) reference to the increased number of managers versus the lack of increase in educators illustrates this point. South African universities have the added stress of massive student numbers with staffing budgets being cut at the same time. Crowe (2016:1) comments that the reason for student failure is also systems failure, as students need more time and opportunity to flourish in their studies, so a bachelor's degree should be offered over four years, instead of three. Hiring practices should be adapted to reward international best practice.

> **D6***: The big administrative workload is not because of staff, it's because of systems.*
>
> **D12**: *QWL is affected by issues that revolve around the teaching and the research divide and credentialing while you work. In other words, getting your master's or PhD while you are working. Even for me, as an individual that has a very persistent, quite a strong personality [and who] doesn't give up, it nearly tipped me into a mental hospital. At the time I was doing two people's job AND doing my PhD. I don't know that the HODs actually see the need or not [to relieve the person].*

- Control and bureaucracy

Accountability versus autonomy has been a debating point at universities for a long time. Crowe (2016:1) thinks that the only solution for a positive future for South African universities is accountability, and that South African academics must "up their game substantially" to add value to their jobs (in support of managerialism), contrary to Dickinson's (2017:1) irritation with the inability of HEI bureaucracy to deal with system inadequacies. Control as part of the management process becomes necessary, as HODs expressed the need to ensure that staff input and output are satisfactory.

> **D8:** *Everybody has an official day that you can work from home, and they have to be contactable [during this time]. If I can't get hold of them, then they can't take it [research day] off again. My philosophy is that you have to trust people, I can't monitor them every minute of the day. But you have to have checks in place to pick up problems if they come along. And we have picked up some problems. Then the other thing we had to do, is to deal with the trust that is broken, there has to be consequences.*
>
> **D3:** *Naturally not everybody is equally diligent and hard-working and people take chances. It was impossible to always know where everybody was and always know if people were actually doing the work that they should be doing. Some people would adhere to [their academic] responsibilities and others would not, and you would have to check and re-check and see if they are not late.*

6.4.2.3.2 *Relationships and support at work*

When employees identify strongly with the organisation, they are more likely to deal open-mindedly with controversies than those who identify weakly with the organisation (Zhu 2013:1). Strong identification is also related to relationships and support experienced at the workplace. Vast differences between the closeness of staff relationships and mutual support are reported from South African nursing departments at HEIs.

> **D8:** *The university has specific values regarding democracy. It has a strong historical commitment to the struggle [to justice and fairness], and so, in the school, we have the same values. We've set up processes of transparency and accountability and responsibility. So we have deliberately created a very open and transparent communication process around issues and the sharing of information and delegation, because we're a big school, with lots of different complexities.*
>
> **D1:** *This is the first place where I have worked, where we take a break and speak about something, it is a reasonably open relationship. We have a WhatsApp small group, so if the one person says he is late, one's child is sick, we know. We go through trauma together, we support each other. But each place differs. So in the places I was before, not all were caring, some were more centred on own career ladders and interests.*
>
> **D10:** *Something that I saw in Europe which I really loved [is] at tea-time in the morning, about 09:30-10:00, everybody was required to come out, have tea for 15 minutes. It was compulsory but it became [the] norm. And everybody, from the head down would be there. We did try it at some point, but being a really small department, there might only be three of us left. It needs a champion, a core group of people who are going to keep doing it.*

- Differences among programmes

There are differences among the programmes in one workplace because of a mix of personalities and specialities. With conflict inherent in the situation, this is the unpleasant part of work that HODs have to manage. It is often an effort to discern between real needs and wants. Staff tend to pressurise HODs when they observe that some people are given more leeway than others because of their circumstances. Zhu (2013:2) found that collaboration should be strengthened by having common organisational identification, setting cooperative interdepartmental goals, and handling conflict through constructive controversy. The concept of constructive controversy is illustrated when conflicting parties open-mindedly discuss conflicting perspectives for mutual benefit, and value is given to the individual opposition.

D6: *I find it stressful, the inter-personal conflicts in the work environment which you have to sort out.*

D5: *...in a programme where there is good staff relationship[s] you'll find them helping each other, everything is going smoothly, but maybe where there are problems of human relations, you'll find that...those are the programmes that will always have problems.*

D3: *It is a challenge for the HOD because the work should be done. If you work in teams, then it means the team can absorb that, but also only to a certain point. Otherwise the rest of the team suffers. It's like somebody being absent frequently on a Friday or a Monday and somebody else has to stand in for them. So we've got a colleague who works hard and who got respect, and she is being valued and you know this person is genuinely unwell, then people will easily carry their workload. But if it is somebody who's been less responsible, then people become fed-up very quickly and aren't really keen to stand in for that person.*

- Historical conflict

Often poor relational climates are present owing to earlier conflict that was not handled well or resolved, and a new head inherits this situation. With lack of diversity in previous (and sometimes current) management, and a eurocentric educational and governance mode, frustration still exists among educators and students, as shown in the #FeesMustFall and #Decolonisingtheacademy initiatives (Snodgrass 2015:1). Current heads thus need to address negative history and employ a positive attitude to overcome old resentments.

D2: *In the past there was very good governance in this school but some...of the previous heads had this way of choosing a few people that excelled in academics and the others were left behind, and the next person that came said: 'Ok, no! This is not fair, now these others must get a chance, and those few academics must do all the work. It didn't work.*

D6*:. Our department has had a strange or a difficult history and that also impacts on work-life. We've had an HOD that left suddenly, the work environment was very negative and I can say really hostile and split. But it's improving, our staff are very much in the emerging type of stage, emerging as a department. But the more opportunities people have also created a more positive [outlook to] work.*

D11: *There's a history within this department of people feeling that that they haven't been equally treated. So you get that feeling [of toxicity in the atmosphere]and then you must actually in a way understand what could be possible causes, but that's only small part of it. The most important thing is [to consider]: is there a way to change, to re-establish trust and [encourage] relationship-building? But the head is in a difficult position - you can only do so much in your relationships, because whatever you do, you are still this person in this office in this department. But you can emulate that, you can demonstrate, model that.*

- Fairness, transparency and communication

Fairness and transparency as applied by management are valued in the workplace. HODs recognise that they have to deal with the inequalities and unfairness of the past. Baggage from the emotional conflict cycles of the past is carried into the next cycle, making conflict self-perpetuating (Snodgrass 2015:1). This author states that when fundamental human needs such as identity, autonomy, participation and security are not responded to, frustration, aggression and feelings of deprivation are inevitable.

Respect for all and open communication as values are thus important. Communication with HODs is necessary for them to understand the needs of academics at times in their career. When these needs are communicated effectively, plans can be made to address them. Some HODs said that they would go out of their way to accommodate these needs, within the limitations of the budget and the academic year.

> **D2:** *There was a lot of conflict in the school when I started, unresolved issues. I just decided to open everything up. Everybody has insight in how the budget looks, how much money there are. All the decisions that I make about the school's finances, about the work-hours, about leave, about everything are decided by the executive committee. My main purpose here is to be very fair and very transparent, and for us it works. You know, nurses are very assertive. So people must know that I'm working like a dog, but so does everybody else. Ever since, it's as if the aggression lessened and the staff of the school is assured that everybody is treated the same.*

> **D8:** *[Regarding working towards transparency]: We've done a simple thing, for example when we have short term contracts, they used to be appointed [ad lib], but we now internally advertise, have a process around it. Everybody is aware of that process. So, it takes a bit longer, but we are trying to move away from that feeling that: 'we don't even know where this person is coming from'. For me, the value of respect is very important and I've spoken about the fact that the students are our business that we have to respect our students, the way that we deal with our administrators, the staff and all communications. And strongly talked about grumblings in the passage, trying to create a climate of trust.*

- Support with necessary qualifications

HODs are aware of the need expressed by government (DoST 2017, NPC 2012) to upgrade educators' academic literacy. Some HODs actively encourage people to become engaged with their PhDs and devise ways to support them in reaching this goal. Others do not pressurise the staff when they are not on a senior educator trajectory.

D11: *You can really only flourish as an academic once you've written the PhD. Then you can do all the publishing, you can do the post-doctoral work, you can do much deeper supervision of master's students It is about creating an environment where people knew and felt that their further degree will be supported. I try to give them some choice. I want academics to be in a place where they can freely say: This is where I am. This is what I need to do. Then: let's look at ways to make some of your other responsibilities less, see if we have a little bit of money to buy in someone to support you.*

D8: *We are looking at a process for supporting staff that are PhD [students]. And so we are encouraging them to apply for study leave and to take a research day. In the university vacation we cleared all the meetings, so staff had the possibility to work at home to try and get some of the other work done.*

D9: *And so my commitment to them is that (when) they are preparing to do their PhD there isn't pressure. There is [only] pressure if you are already in a post like a senior lecturer [then] you need a PhD. And they know promotion depends on it [research and getting a PhD].*

- Reluctant non-compliant staff

However, some staff, who were employed before the drive at universities to produce more research and PhDs, are reluctant to comply with these aspects. This could have contributed towards the low average percentages of only 35.5% of staff that had PhDs in South African universities in 2012. Only six universities (UCT, US, Rhodes, WITS, the University of the Western Cape (UWC) and NWU) had more than 50% of permanent academics with doctorates (Department of Higher Education and Training (DHET 2015:8)).

D9: *PhDs are meant to prepare researchers. If the person's fit is not research, I totally understand why, as we push teachers to get master's and PhDs that aren't aligned with what they love [that] it takes 7 years, 12 years, 15 years. It's because there's not a natural fit unfortunately.*

D11: *People just sometimes say: I can't do this. I am not able to tick all of these boxes, or maybe I just want to go back and be a clinical practitioner, or work overseas. We sometimes say we want to be part of the academia, but are not really able or willing to meet all the requirements.*

- Performance appraisals

Arnold et al (2016:178) describe performance appraisals as an evaluation of the way in which employees are performing relative to expectations. They agree that the system can have many inherent flaws, but that it is informative to managers to make strategic decisions, and to enhance teamwork and achieve business goals. In HEIs it helps academics to understand and improve on their strengths and weaknesses,

towards a fair chance to compete for such limited resources as a senior lectureship and tenure. Thus the managers' ability to deal adequately with performance appraisals is paramount to educators' experience of a QWL. Yet HODs report that this is not dealt with satisfactorily in the same province among universities, and is a major reason that staff move from one HEI to another.

> **D5:** *[Performance management connected to salary increases]… not as yet. It hasn't been introduced at [our university]. They have been talk(ing) about it.*

> **D12:** *At the one university the performance appraisal system is pretty good and the other one, it's starting to be implemented. But it's not refined; it was pages of stuff that is unrealistic for one person to achieve in any given time. It's mostly about the volume of work that's expected.*

- Administrative staff

Although university secretarial staff need competencies for enhanced relevance and a competitive edge, most do not possess these (Ezenwafor 2013:429). They need to be competent in secretarial duties, office technology management, communication, general management, personality competencies and human relations. It is obvious that adequate administrative support and technology improve the QWL of educators and colleagues in the administrative office.

The findings of this study indicate that when administrative staff have become overburdened, some work is shifted, with some educators having to take responsibility for this too, while others see the administrative staff member as their personal assistant if management does not deal adequately with the situation, denying colleagues the right to use his or her services. Thus, in regulating fair access to administrative assistants, and in ensuring that they are competent, the HR function of the HODs can become quite unpleasant.

> **D8:** *We also try to allocate administrative support for different areas. We probably do have enough but our issue is more about our staffs' ability to fulfil the work.*

> **D11:** *In general [in the rest of the university], the head of the school has two administrative staff members who just support the head, with some that even have [an] academic manager as well. One administrative staff member here that has to deal with all the issues of the department [for the HOD only] is actually not fair.*

> *On the other hand, people easily develop a certain comfort zone: the [rest of] the administrative staff [say] I'm not going to [do other work] and the academic staff [say] this [administrative] person belongs to me, it's my Personal Assistant. The*

administrative staff members are not overtaxed, so I am slowly trying to change that. Between the administrative and the academic staff in terms of [how] they influence one another's QWL quite dramatically, that is quite a reciprocal relationship and you have again the issue of personalities and expectations.

D12: *At [both universities], they have very inexperienced administrative people. At the [current university] there's one secretary, that's it! And so for me it's a management issue. Besides the fact that there is only one individual [admin person], the person's productivity is questioned. It is a lack of management, an inability to measure the outputs, to put standards into place that should be [there] Minutes needed to be taken but we were informed [by the person]: 'Oh, no, it's not my job to take the minutes.'*

Ezenwafor (2013:430) explained the need for university secretarial staff to communicate well by using written communication effectively, writing legibly and logically, and pronouncing the official language properly. An inability to deal with English as the language of academia causes irritation and feelings that the appropriate expected support is lacking. This is also an issue with the South African administrative staff, as reported for this study.

D3: *The thing is [to see to it that] the documents are well written, that minutes are well written. Support staff all go to the secretarial courses [but] not one of them can write a minutes of a meeting perfectly the first time without somebody having to check it several times and helping with the re-typing.*

- Technological support

Internet and Wi-Fi access is not only a problem in rural areas, but universities in large urban areas also have challenges with this type of technology, to the frustration of HODs:

D12: *With the support services, employing local people - one does not know how much exposure these people have had to the systems [that] the mainstream universities would use. Our IT systems are a problem, - I am trying to mark assignments today on Moodle and got very angry because I kept on losing the Wi-Fi connection, this impacts on productivity,*

D8: *Technology could be improved. We have challenges with Wi-Fi.*

Lack of technology can thus cause a standstill and an inability to finish backlogged work, causing more frustration among staff.

6.4.2.4 Trade Unions

The role of trade unions at South African universities varies. Some do not have unions at all, while others are quite unionised. Often such unions hold considerable power (Singh 2018:1). While unions are important in negotiating for staff's QWL (Evans 2018:1), the staff level positions of nurse educators are higher than those of the general workers, and involvement with unions is often frowned upon as not being professional. HODs with active unions in their workplaces know about them, and report the aggressiveness that influences the QWL of the HODs and the staff. For example, Durban University of Technology (DUT) was deadlocked with three trade unions for nearly six weeks at the beginning of the 2018 academic year in salary negotiations for staff, and academic life came to a standstill (Ndaliso 2018:1). No teaching and learning took place, with staff at the time talking about the possibility of losing the whole semester or the year in total for academic work.

> **D5:** *We do have unions that negotiate salary increases [annually], we have got two different union organisations, so it's your choice which one you decide to join. [Staff are happy with their negotiations][laughs] most of the time, they are ok.*
>
> **D3:** *[Annual increases] nowadays are normally negotiated between the trade unions and management. If you get a poor performance appraisal, management could motivate that you don't get your annual increase. But that very seldom happens because the trade unions will be on your back, and you've got to be very sure and have good records to be able to substantiate that.*
>
> **D7:** *Trade unions were very active at my previous university [when on leave], you never knew what was happening there. Who went to the trade union to report you.. So of course if you have very unionised staff members, they would be very active in the union. And you would meet the union more often. [However]I've never experienced any trade union activity here.*
>
> **D3:** *Every year there is possibly 4 to 5 weeks that this institution loses in academic time, because of students and trade unions action. I have also been involved where there was a riot and I and my car was in the midst of it and they were banging and hitting my car.*

6.4.3 Finances

The theme of finances traverses the debate of South African tertiary education, as it indicates the amount of resources and support for teaching and learning that are available, and thus affects workload and the QWL. The three subthemes under finances are government resources, third- to fifth-stream incomes, and the effect of

the #FeesMustFall movement on depletion of funds and QWL overall, in the attempt to make tertiary education more affordable for all.

6.4.3.1 Government resources

National and provincial government allocation is dealt with in this section, as well as transparency in the way in which this money is allocated in universities. The amount of input that nursing HODs have in financing their departments varies, although the nursing departments are the money earners for many universities and cross-subsidise other smaller departments. Internationally, deans of HEIs (Australian Business Deans Council 2016:1) admit that cross-subsidisation is a common reason for inability to maintain quality, innovation and international competitiveness. Funding contract posts instead of permanent ones is another way of dealing with scarce resources, as the people in such posts are regarded as being easy to dispose of when expected governmental allocations do not happen.

6.4.3.1.1 Government allocation

Government resources are finite, inadequate and spread unevenly among the universities and departments and faculties at university. Annually in South Africa the DHET engages with National Treasury with bids for additional funding in June. In the July to November period National Treasury then engages with DHET on funds for the rolling triennium (DHET 2016:3;4). National DHET gives state funds via block grants to the value of 70% of the university budget to each university for operational costs related to university teaching, learning and research. In addition the Provincial Department of Health and Welfare allocates bursaries to some departments of nursing to train student nurses (TimesLive 2018:1).

Such funds are used at the discretion of the university council and management. The university has to account for the way in which the money is spent, and works out the total cost by determining the number of full-time equivalent students. Thus certain universities are more attractive as employers in their educator to-student ratios and salaries for staff. Lately, however, allocations have been cut, and nursing departments have had to cut down on their activities, allowing only basic functioning. The situation

is worsened by government ordering universities not to increase their student fees to deal with the 0% increase that has been applied since 2016 (DHET 2016:4).

> **D2:** *We don't get salary subsidies from government, so our salaries are not really on par with practice and some other universities, which also has an influence on QoL. We used to get bursaries from the [Provincial] Department; we got about 50, and then it was 25, last year it was 3 and this year it was none. The [nursing] school's operational budget was cut with 30% last year and again 30% this year. But then we had reserves, money that we sort of saved over the years from our third stream income. But at the beginning of this year, the financial office took 80% of everybody's reserves to make up for the #FeesMustFall. We couldn't increase the [student) fees the year before last, and this year it was only the 8% increase. So, we felt it quite severely, for example our travelling budget for staff to present overseas at conferences were cut totally.*

> **D6:** *There is not equal treatment in the province [as students at this university pay for themselves, they are not subsidised by the Provincial Department of Health], and despite attempts to work with national department and the province, we're just against a wall in getting funding for our students, so that's very stressful.*

> **D7:** *The Department of Health [university staff] posts are advertised by the university, and the university selects [but] they stay on the Department's [of Health]) pay-roll. The salaries don't compare badly if you are a senior person, but if you are a junior, it's terrible. Then we also have this dual system where some of the staff members are still on the hospital pay-roll. Their contracts differ, and although the university give them recognition, they don't get the [financial] recognition at the [Provincial] Department of Health. [Only] if you have obtained a master's degree, then you would get a pay raise.*

> **D2:** *The clinical grant [from the Dept of Health] is renewed every three years. The clinical preceptors are on a two-year term [contract]. We usually renew their contracts (however),if we don't get it, we can't keep these people..*

> **D12:** *One of the big plusses is that our fees [a previously disadvantaged university] are supposedly less than anywhere else.*

From 2018 first-year students with a family income of less than R350 000 a year were offered free education (Muller 2018:1), so new challenges were presented to the fiscus and the taxpayer to provide funding for effective tertiary education.

6.4.3.1.2 Faculty transparency about money allocation

Although open communication policies from management are encouraged to ensure that all employees obtain the right information at the right time to minimise suspicion about the organisation's finances (Henry 2010:142), transparency from faculty management when compared among university nursing departments is variable as the comments of participants D9 and D11 reveal. Some HODs do not know what their

faculty departments bring in, and how this is spent, especially since nursing often cross-subsidises other faculties. This causes frustration with HODs that have dealt with the situation, and others that express their dissatisfaction. It poses a crisis if HODs as middle management are not afforded this courtesy and tool to manage their budgets.

> **D9**: *So there are very clear criteria that say for every five PhDs the university earns this much and therefore you need five PhDs to one senior lecturer. We have a goal - we must have so many PgDips every year, and master's, and the PhDs to bring in extra income.*

> **D11:** *This faculty is probably one of the most difficult faculties in terms of funding. At the first university, I had some insight. Within the second one, the funding model [and] the income versus the expenses of the school was much clearer than here. Here, you're working in a maze. You think you are finding your way and then you are totally wrong and if you ask information, it is very difficult to deal with it. So although we hear that we do make money, all the time we hear we are short of money and [that] we're supported and helped and we would have been in the red if [not for this mentioned support]. I don't even know what difference it makes if I finish more master's or more PhDs in terms of my funding.*

6.4.3.1.3 Contract posts and uncertainty about staff numbers

Contractual employment is usually for a specified time and ends on completion of a project (Tucker 2014:1). However, South African universities employ people on a year to year basis to deliver services that are ongoing, contrary to South African legislation (Israelstam 2015:1). Because management and employees are never certain whether funds will be available to renew these appointments, departmental and personal planning cannot be done properly, with programmes and career planning of contractual employees suffering as a result. Some universities have mostly clinical facilitators as contract staff, while others tend to give contract posts to administrators, and educators have full-time posts.

> **D2:** *The contract posts are only [those of the] clinical preceptors on a two-year term [contract]. We usually renew their contracts. I don't think [they are happy with their status] because they always apply when we have vacancies. But at the moment, that's the best that we can do with the finances that we have. The reason for the contract[s] is [that] the clinical grant[(from the provincial government] is renewed every three years. And if we don't get it, we can't keep these people because they are subsidised.*

> **D4:** *We've got a percentage of staff that is still on contract. It took a lot of conversations with HR, the Dean, looking at our own funding models [to] see if the fees will be available [after the #FeesMustfall actions], what other funding streams we can use, and*

constantly going back to individuals and [to] say: I'm busy with the process, we are having another conversation. That has created stress especially for the contract workers.

The motivation and support for or against contract staff employment are contradictory and controversial. DHET's supplementary staff employment programme (SSEP) states that SSEP posts will be temporary, but that institutions can decide if they want to employ several people against the FTE funding for one post to address university staff development (DHET 2015:26). One ponders the possible positive effects of such shared permanent posts, instead of contract posts for women with family responsibilities.

> **D10:** *There would be a great opportunity for shared lectureship, where you could have two people sharing a post. I don't see why you couldn't actually [negotiate some basic conditions of service organised in a 4/8ths or 5/8ths post]. The reality is, that it's obviously more HR admin because you've got two people against one [whose administrative issues you have to handle now].*

The controversy is displayed in particular when this participant realises the predicament in work allocation for such situations and for contract workers.

> **D10:** *Finances are huge at the university, and your staff is probably one of your major costs. Certain jobs are more likely to be part-time and comfortably so. A full-time job is 40 hours a week, and that academic will put in another 20 hours a week extra on average. So it's a 60 hour working week for most academics working full-time. You don't get paid over-time, but the work has to get done. So, is a part-time person supposed to put in 10 extra hours for the part-time post? If I'm part-time and I'm done [with] my 20 hours a week or my 30 hours a week and I work another 10, do I get paid for it? The pro-rata stuff is complex.*

Dickinson (2017:1) opposes the use of "sessionals" or contract workers because they are less committed to the institution than full-time employees. They do not sit on committees to ensure quality, they are not available to cover for absent colleagues, they do not supervise or do research, and their use creates excessive administrative work.

6.4.3.2 Third stream incomes

Funds from income sources (external) from national or provincial government and student fees are called third-, fourth- or fifth-income streams. Globalisation and

increasing student numbers have influenced government to reduce funding of HEIs, with the resultant need for HEIs to generate other incomes (Fuller, Beynon & Pickernell 2017:3). Mbali (2011:10) explains how research productivity is encouraged by the Department of Higher Education as a way of increasing income through publishing in accredited journals, books, chapters in scholarly publications and peer-reviewed conference presentations. In addition, short courses and motivating for research grants for further research brings in money. These funds were mentioned as being allocated to attending overseas conferences, etc. Thus it is important to generate research, and appoint staff that can do that. However, it is increasingly more difficult to generate such funds, owing to austerity measures.

> **D1:** *When you publish, you have your own research fund, you get a small amount, a subsidy. You have to continue publishing until your research fund has been built, then you use it to travel. The big incentives are the international trips, so when you publish, you go overseas every two years. And then you can [also] apply for research bursaries.*
>
> **D7:** *[Our university] is a research intensive university and that is what we push. We are just recruiting the best candidate that we can have, and of course the candidate [that] has the potential to contribute to the research output.*
>
> **D12:** *[We get a third stream income from the government for involvement with the colleges]. And it goes straight into the school funds with a memorandum of understanding that says that we have to assist with upskilling of their [the colleges'] staff. That is one of the provisos. [At the current university] research is a non-issue and I am trying to get that functional [also towards the third stream income].*
>
> **D2:** *Academically our output is quite good. When you publish articles, there's a remuneration that's paid into a research account. If you're new researcher and you just finished your PhD you get sponsored to go to your first overseas conference... [to give feedback about your research], even a poster...a presentation or something and then we carry the cost. [With the exchange programme we have], the students that go [abroad] are expected to pay their own flight tickets, but with the costs and the daily costs we help a little [also with this research fund]. But we cannot do it anymore because there are no funds available.*

6.4.3.3 Effects of #FeesMustFall

This movement has been ascribed to the unsuccessful process to redress past inequalities, which entrenched and widened these inequalities, instead of doing away with them (Davids & Waghid 2016:1). Student protests against rising fees and the cost of higher education have been a problem since 1994 at poorer institutions that traditionally catered for black students, such as Cape Peninsula University of Technology (CPUT), Fort Hare University and Tshwane University of Technology

(TUT). The National Plan for Higher Education was initiated in 2001 to merge institutions and address these inequalities. NSFAS loans that were turned into bursaries had the effect that the previously disadvantaged universities in particular were able to provide relatively free tertiary education. While these actions increased democratisation, enrolment at these institutions dwindled as students flocked to the historically advantaged or so-called white more expensive universities, with demands that their fees be reduced or done away with.

The effects of the #FeesMustFall movement were described by HODs in terms of damage to resources, differences in reaction among campuses, year group of nursing students, and academic output.

6.4.3.3.1 Damage done and extra work

Damage to campuses over the last five years has contributed to the shortage of funds, as the small funding pools for subsidising deserving students had to be used to repair buildings and obtain more security staff to prevent further pillage. Student riots differed in severity from university to university.

> **D2:** *At the [satellite] campus, they burned down a building and they had severe damage and closed down for a while. They had to change their exams and their programs for the year.*

> **D4:** *The barricades were here and everything was burning and we couldn't get access to this campus. We were in a deficit in terms of the buildings and everything else that happened during #FeesMustFall and the recovery and the debts cancelation etc. #FeesMustFall definitely created a lot of uncertainty.*

> **D10:** *The last couple of years has been influenced by faculty response to #FeesMustFall and all of those kind of things which have taken precedence over much of the other stuff.*

> **D3:** *So the #FeesMustFall and the in-sourcing that they demanded disrupted the university [it is experienced as] very negative, yearly we will lose two weeks here and a week there and another two weeks because of strikes and riots. We were often in danger - they've actually locked people in their offices. They've banged down doors, they've broken windows, they've damaged cars, and they've set them alight….*

> **D11:** *I fear that we are not doing enough. So for me the #FeesMustFall was a serious warning sign to universities. The issue of the money and [tertiary education], it's very expensive, but that's a national government flaw and problem – [not allocating enough money to universities]. But I also think there was more in that movement. I don't agree*

with how they have done it - all the damage and pain that was caused, but there's some important message, and if we don't deal with that seriously…

Langa (2017:9) refers to the darker side of the #FeesMustFall movement, with domination of male students at WITS, rape incidents at Rhodes University, the exclusion of gender non-conforming activists at UCT, with party-political power dynamics and leadership position battles within the movement, which could be what the last participant refers to as "I think there was more in this movement". These effects could impair a nursing student's attempts at education at a HEI.

6.4.3.3.2 Differences in student involvement

Differences in involvement in the #FeesMustFall movement were observed in campuses (Langa 2017:7), with increased levels in violence, especially among the previous universities of technology, which merged with white technikons (eg TUT and CPUT). However, violence at WITS and UCT in particular as traditional white universities caught the attention of the nation with the 2015/2016 student riots.

Senior nursing students in their last year and those that had to pay their own fees were reluctant to participate, as they had more to lose. The senior students probably wanted to get into the system to earn money, and those who paid their own fees probably did not want to lose money already invested.

In this period, SANC regulations for the 4000 clinical hours to be worked had to be accommodated, which caused problems with reshuffling for students and educators in order to catch up with work.

> **D7:** *I don't know what [why] is it, but we have students who are cross. The undergraduate students, they come here already cross and it's very difficult to understand what happened, that students are so cross. Some of them, the second, third and fourth years are still employed by the Department of Health. They think that they can have their salaries, but they don't have to do anything for that. And that's a very difficult situation.*

> **D5:** *The [college] undergraduate students [were very active in the #FeesMustFall initiative] [but not] the undergraduate students [at the university]. And the postgraduates were not affected by NSFAS at all. There are requirements by the SANC that they must have covered so many hours, so they maybe cut down on their leave.*

> **D8:** *We have a very active student council and politically very active students in the #FeesMustFall movement. Our senior students had a clear understanding of the*

requirements from SANC and the requirements to complete hours and they had discussions around the implications of #FeesMustFall for clinical hours.

6.4.3.3.3 Effect on nurse academics

US political analyst and professor Amanda Gouws explained the difficulties universities have with student riots, such as the knock-on effect on all academic activities, especially for accepting the following year's intake (Francis 2016:np). Everatt (2016:1) reported that lecturing staff were pitted against one another and against students, which made this situation even more toxic to all parties

Participants recounted how their time, energy and finances were sapped in having to draw up extra question papers, organise more venues for examinations, and put in extra efforts to ensure that students were safe and could write exams. Universities differed in their ability to cope and support staff to ensure that business was done as usual.

> **D5:** *We also can't take leave because now we are trying to do catch up lectures, it frustrated [us] a lot because when the students are not in class, you can't teach at the time. [When] they come back, it's like a marathon trying to catch up. The university also use that as an excuse: you can't get stationary or computers, because the students are demanding not to pay.*

> **D3:** *The roster has to be changed; exams have to be postponed. It doesn't suit everybody [students] because some are diligent students. So you have to make plans and think of helping individual students. Half of the class does not turn up for tests, and then you have to organise other venues and you've got to have the moderators again and you've got to set another date. So it actually doubles one's work.*

> **D1:** *I think they [the staff] were exhausted, because suddenly we had to change towards working on a more electronic basis, the emotional support of the student, because it is very traumatic to see your students like this. It takes absolute self-determination to continue and do all your assessments. We worked hours, it took lots of willpower, the staff was quite burnt out after that. We completed all assessments, did not keep any for the next year, we were tenacious, and supported our students, food projects…*

> **D7:** *We looked at their year mark and took this as their final mark and [we] made sure that their clinical assessments were done.*

> **D8:** *It had a major impact on the school in terms of workload because when things started happening, we finalised the fourth years as soon as possible. To try and get them out of the system so they're not disadvantaged. But our third and second years, they all finished late January. So everybody has been exhausted because there hasn't really been a break, because [in] January, you're still working and doing exams.*

There were challenges of course, in terms of where to have meetings. The students' challenges included not having access to Wi-Fi. But the university also made some arrangements with Big Data, with Vodacom that it would be free.

We've had staff leave last year, and the year before, and there has been difficulty - those posts have not been filled and relieved which meant we had to take on [their] additional master's and PhD] students ourselves].

D10: *Our [nursing] campus probably got about 80% of it [the riot]). We moved venues, we changed exams, we closed buildings. Some days you didn't know whether you would get to work. It was pretty stressful because the postgraduate students who were there on bursaries or had very tight timelines really struggled because they wanted to finish.*

6.4.4 Transformation

Transformation of HEIs has been actively on governmental agenda since the early 2000s, with some attempts to change being less effective than others. The subthemes of transformation are mergers and satellites, the new curriculum required by the SANC, and the need to decolonise the curriculum at tertiary level. This movement towards transformation is enforced not only by legislation and students, but also by the recognition from universities that the environment in which they function necessitates changes in the way that teaching and learning take place, in using money more effectively, and providing more efficiently for the evolving needs of the community, students, sustainable development goals and the interconnectivity of things**.**

> **D6:** *It's the dynamics in the working environment in terms of culture; in terms of the stories of our country, the discourses in our country in terms of political issues and political agendas; the whole transformation drive.*

6.4.4.1 Mergers and satellites

Mergers of HEIs through legislation were meant to improve access to quality higher education and financial support to previously disadvantaged students (Langa 2017:7). Such mergers are not a new concept. Most UK universities have had a merger at some point, with nursing schools and other health occupations amalgamating into HEI since 1992. In South Africa, universities that are associated with nursing colleges have to oversee the quality of the programmes by moderating question papers and

collaborating in other ways. In addition, university satellite and main campuses that were independent of one another are now required to work together more closely. Such mergers have not been without problems, and some did not happen, with the lack of progress towards final solutions causing negativity overall.

> **D2:** *[The satellite campus'] qualification differs from ours. The package is different, even the name [of the course]. The problem at the moment is also that they are using problem-based learning from the third year for the undergraduate[s] and we don't. The students are quite good with what they do, but it's not a teaching policy of [the main] campus, so in the future it will probably have to change.*

> **D1:** *The challenges to merge the colleges with university departments: this big problem has been coming over the years [as] it [the transformation] went very slow, and it makes staff negative. It makes me negative, the process does not come to a closure.*

However, with politics being volatile, South Africa's Minister of Health at the time, Dr Aaron Motsoaledi stated in a controversial radio interview in January 2018 that training should be provided by colleges that were affiliated to hospitals (FUNDISA 2018:1). Mergers of colleges with universities were cancelled, with the focus on the college providing all three new nursing programmes by becoming HEIs in the future. Nursing deans of universities responded by expressing concern about the inherent lack of mentors, staff, overcrowded and poorly maintained healthcare facilities, poor governance, lack of resources, and students being part of the workforce instead of being supernumerary in the current system preferred by the minister.

6.4.4.2 The South African Nursing Council's new curriculum

Becker (2017:1) refers to the looming crisis in South African nursing numbers as a result of the closure of nursing colleges in the 1990s, and consequently the production of fewer nurses. Private hospitals reacted by training nurses at their new nursing colleges. However, such private college training has been decreased, as nurse education now falls under the DHE rather that the NDoH. The National Strategic Plan for Nurse Education Training and Practice, which came into effect in 2013, introduced new qualifications, but the curriculation process and accreditation are not complete, with the commencement date for these courses having been extended several times by SANC, although SANC ordered discontinuation of new intakes for the old qualifications after 2015 (Becker 2017:1; Matlakala 2016:1). In addition, the SANC is

behind schedule in finalising the scopes of practice of the various categories of nurses and with curriculising postgraduate courses in collaboration with government

Participants indicated that some HEIs are merely waiting for SANC's approval of their newly developed curriculum, while other institutions do not have the workforce and time to complete the curriculisation process for implementation by 2019. Specific problems were also highlighted with the number of clinical hours required in the curriculum because students have to comply with SANC's requirements, and those of the universities.

> **D10:** *You have to meet the requirements that nursing council sets for training and supervision and clinical facilitation, which are way beyond what a university requires. Occupational therapists do 1000 hours, nurses do 4000. So we constantly had to defend why we needed so many people to do clinical supervision.*

6.4.4.3 Decolonised curriculum

Although the decolonisation debate falls within the category of #FeesMustFall, it has been allocated to the transformation theme, as it necessitates transformation. Opinions about this issue differ widely. While Professor Jonathan Jansen (2018:1) is a critic of decolonisation, and feels that students needs wider exposure to scholarly work from outside South Africa to become creative and innovative, students are not able to follow this through in great numbers, because of lack of funding. Their first need is to obtain a basic degree and earn a living, especially in the context of the intersectionality of gender, class and race (Langa 2017:8).

Feedback about decolonisation of the curriculum elicited a variety of views from participants, and ways in which to deal with it. Two HODs said that they had no issues with or did not know about decolonisation. Another felt that the African context had always been considered in the curriculum:

> **D7:** *I don't think nursing ever had a colonised curriculum, because we work with the disease profile of the country. So we concentrate on what is relevant to the greatest number of the community.*

Others stated that they had no problems on campus with "Africanising the curriculum", but that the re-curriculising required by SANC took precedence in their planning, as it should be implemented in the immediate future.

D2: *We did as the South African Nursing Council prescribed, which is not decolonised, but there's a committee on each campus looking at decolonisation of the general university. And they give a lot of lectures and special days, from which we benefit.*

D6: *The [SANC-required] curriculum is not a decolonised one [although] it's brand new. We are talking about how we can build it into our research agenda, how we can use local knowledge and local voices in the way we do things. The chances [are] that you'll get funding if you speak about decolonisation. We are going to have a diversity summit, of trying to see how these themes [evolve]. If you speak to students, they don't really understand the concept [of decolonising the curriculum]. They are very focused, they want to do this [current] curriculum, finish their studies.*

However, some HODs recognised that this situation should be addressed to give recognition to the African continent's cultural heritage and values.

D11: *Part of what I had to do, was to also work with the diversity and bring in new understandings [transformation] of things that were accepted for many years. We are not interrogating decolonisation enough. There's talk and words, but even here within our department, what have we done to reflect on that in our new programs, in our curricula? How is that going to be part of [our curriculum]?*

Some went beyond recognition, and identified where they would obtain resources to engage with inclusiveness.

D8: *We've identified one person in the school [and the] two of us has gone to one or two of the university's hosted discussions, and the MRC has done some research. So this person is engaging and looking at what we have to do, and how we are going to manage the processes around it. [That which] is understood by decolonising the curriculum, is completely open to interpretation. So the initial discussions are just about trying to understand what is meant.*

Some HODs have actively engaged for some time with a decolonised African curriculum. An HOD describes how mediating talks on #FeesMustFall "provided insights not voiced before, and how the perceived colonisers' voices drowned those of the previously disadvantaged, even if it was unintentional".

D9: *It [decolonising the academy] has everything to do with it [own curriculum]. So [there is] a lot of conversation. It is intentionally designed so that every student comes with their own story, what their workplace looks like and knowing that all their assignments align to that place and are signposts home.*

We really do a lot of unpacking in forums like the interdisciplinary one, and with students. We have a normal academic meeting every Wednesday morning from 08:00 till 09:00. We have a transformation action group, and every three months we pull together a session that's about language. Now decolonialisation also is a session, what we expect from one another, who is allowed to talk or not talk. Our journal clubs are all linked to

- why does it fit in England and not in India [and] not always in South Africa. A lot of our research is about local models of care, what the evidence base are for those. How we place them strategically [and] well described in the world context.

My personal biggest challenge [sigh]) is to describe local models of care and local ways of doing things in ways that make them not sound primitive because they are not primitive, they're highly eloquent. And we can't see the nature of their eloquence because in a meeting there aren't minutes. But when I've sat in a meeting of forty people, I know I've heard everybody's voice and I know that nobody stood on anybody.

I think a lot of it got escalated from the fact that initially we were a team of all white women and then you have to be much more intentional about things, get different people onto the team, have many more conversations with different kinds of people. It's been going on for a long time. Designed with the people that need to use it. And make friends with the people [in the process].

D10: *We had faculty marches, we had support and meetings. Out of that has come a much more robust debate because people started to talk. How we should be responding? How students should be treated? And then of course faculty grievances come up as well, you know. [Whereas previously] it was not spoken about. So I think there has been a lot of positive spin-offs. It's been jolly painful at times to hear things that you do not necessarily intend to do - but you realise that, that's been the way you grew up, and that's been your attitude. How do we manage it better, and how do we actually be more democratic, give people a voice in a faculty? And how do we maintain a balance between a decolonised curriculum, whatever that really might mean, and a good quality education?*

So there were lots of stuff thrown around, like you can't do math and science unless it's African. I still don't know what that is. But what it did do was to get faculty to talk about some of the real issues that make people unhappy. So you had the Black staff who really started to speak about how they felt. [At the nursing department] we did get students who were able to voice their issues, although our student population was quite different, it's quite diverse in the sense that it comes from across the country. And nurses generally want to get on with the job. So you want to get away from the politics.

[With the educators] we had a mix. Most of us are pretty vocal anyway, and quite a lot of divergent views. But my biggest challenge was always to let people hear each other as opposed to shout at each other. So, we did quite a lot of mediation, not only in my division, but in the whole department. It's an ongoing process, because if you ignore something, it goes underground, and they say [rather] lancet and deal with what comes out, and then you can start to cleanse it.

Contrary to this, Dickinson (2017:1) predicts dire consequences for higher education in that initiatives to transform universities to promote the careers of black academics and decolonise the academy are "swimming against the tide" of relentless cost-cutting exercises to manage inadequate budget allocations to universities.

6.4.4.4 Student and educator profile

The student profile has changed drastically over the last two decades to increase representation of the majority of the population. However, the poor standard of primary and secondary education resulted in underprepared tertiary education candidates. Much more input is needed from tertiary education staff to address the poor pass rate of less than 50% at universities and empower South African youth to be employed. Because of the divide between the wealthy and poor in the country, economic and political realities affect students' behaviour in class and the lecturing staff should be sensitive to this. Unfortunately, such sympathy is not likely to be forthcoming, as Dickinson (2017:1) states that "the basic fabric of the university is starting to rip and tear", providing examples of student support programmes that were dropped when the need had increased, and stating that libraries are understaffed, and student counselling services acknowledge their inability to cope. Ezenwafor (2013:430) reports that North African tendencies (in Nigeria) reflect the same situation, with the nation's education system failing to equip graduates for current work environments.

6.4.4.4.1 Student background poorly understood

Educators struggle to understand the background of the students, and the problems they have to deal with as a result. Langa (2017:8,10) found university management was unresponsive and aloof to student needs and demands, which fuels students anger and aggression about their circumstances. The observation is that the anger seems to be less at historically black universities, such as the universities of Limpopo and Zululand as NSFAS seems to be adequate, while university fees for students at historically white universities fuel resentment because they are so steep.

> **D3**: *The institution where I am involved in now has a student corps that are very militant, they have a different background. The admission requirements are less stringent than they are at other universities, so, the population of students considerably differs from that experienced elsewhere.*
>
> *I lecture post-basic students. The command of English, the ability to think conceptually, whether your work is done well and correct the first time is just not there. As supervisors, we have to correct and correct, sometimes you've got to look at a chapter 8 to10 times before it's acceptable. I shouldn't do the editing, but if you don't do it, you can't understand what the student has written.*

D9: *There are 59 students in our PhD course currently. That's really difficult, because [sighs] one of them came without even a cellphone. The SAQA National Qualifications Framework, has a list that says what you assume is in place [in a student]. Many PgDips [Postgraduate diploma students] come without that [characteristics]in place. I find it extremely hard to work with students, even people, who are trying to do something and their fit is wrong. I find it so tiring. My most unhappy place at work is if I've got to review a student's writing that can't write, and I am at PhD level and I need to say: you need full stops in this paragraph. It kills me.*

6.4.4.4.2 Generational gap and lack of respect

One senses a generational gap, as well as the cultural and educational gap, which is accentuated by student protests. Davis (2010:79-81) stated how all students, and first-generation ones in particular, benefit academically from personal relationships with faculty, as such a relationship is often the most important variable that keeps students enrolled. However, such mentoring relationships are difficult with current student protests and upheaval in classes. Everatt (2016:1) commented that students do not observe signs that senior management are interested in negotiation or compromise, as staff rely on security personnel to deal with grievances. It is no wonder that some educators report having to deal with disrespect in an environment such as nursing, which, owing to its hierarchical nature, traditionally insists on respect towards educators. However, these attitudes again differ among institutions and from one course to another.

> **D4:** *The students of this generational cohort just completely lost respect. So it's that [loss of] respect that the lecturers - particularly the ones in the middle age - don't know how to cope with. Often they say: but these kids have now crossed the boundaries completely. They come late in my class. I was never used to sitting and playing with my cellphone in a class. Now it is part of the new teaching and learning methodology - blended learning. How do I deal with this? How do I move forward? It causes anxiety.*

> **D7:** *We sit with difficult students, a dysfunctional third year group, with a lot of baggage and a lot of psycho-social problems and you have to navigate your way through your own work and the student's psycho-social issues.*

> **D6:** *It's also to do with the level of involvement. There is a bigger focus on success rate, so because of this you have to know the students, you have to know what the issues are for a student. So probably this higher level of involvement is what makes it more intense, or the work load more.*

Neuroscience has shown that digital technology has shaped the cognitive functioning of the Millennium generation in ways that are the polar opposite of the older generation

(Flaherty 2013:1). Some neural pathways have been strengthened through repeated use with the younger generation, while others have been weakened with infrequent use. Adapting classes to fast-paced activities and smaller chunks of work to prevent boredom helps, but it does not aid in developing thinking skills, which include experiencing frustration, backtracking and learning through serendipity in the process.

Catering for the lack of skills of diverse groups, such as proficiency in English, complicates the matter. McPherson and Smith (2010:119) explain that poverty "poisons the brain", because stress hormone levels are higher in young children from poor families. Excessive levels of these hormones disrupt the formation of synaptic connections in the developing brain, affecting memory and language abilities. Not being able to do the work expected of them would possibly make them more distrustful and less open to learning, as is happening with South African students.

> **D7:** *What we do, is we give a core lecture and then they must do some self-study, problem based learning. So we don't teach with formal lectures. This the students don't like, they want lectures…[they ask] why we are paid if they have to do the work. I think it [the cause of the problem] is still the old school [secondary] system where, the teacher is the one with the knowledge. And what he departs, is what you learn, so, there's no thinking wider than that. But we also have a certain responsibility [towards the success rate of the students, despite their presenting problems]. That makes it difficult for the staff who works with the undergrads.*

6.4.4.4.3 Nurse college students at a disadvantage

Cognitive skills and an affective disposition are necessary for critical thinking and analysis, evaluation, inference, interpretation, explanation and self-regulation, as seminal material about this topic indicates (Purvis 2009:23,170).Unfortunately, students who had basic nursing diploma training at nursing colleges at which rote-learning was encouraged, come to university for postgraduate qualifications with a disadvantage. They suffer at universities where independent learning is required at postgraduate level.

The latest student-centred and blended learning approaches as new methodologies are difficult to follow in South Africa. Large classes and disruptive behaviour make it difficult to deliver content-laden curricula successfully in nursing colleges (Ndawo 2015:106-7). In such circumstances, educators have to revert to lecturing, which is a failure to engage in interactive pedagogical approaches, and facilitates a null

curriculum, namely curriculum content and behaviour that educators think they are teaching, but are not, with the resultant lack of critical and reflective thinking and problem solving and decision making.

> **D7:** *We also have the postgraduate diploma, for your 4-year diploma student [coming from the colleges]. Research is difficult for them, they want to impress you. They don't necessarily do the right thing, but as long as it looks grand, and it sounds grand, then it is grand [in their eyes]. If you see how they mark at the colleges, you would understand. And if you see what people allow as good research work, and pass master's and so, then you would also understand. Because the impression [is] in nursing - but maybe it's more than nursing - that everything is ok. There isn't a right and a wrong anymore.*

> **D12***: [At the current university] they are more teaching orientated, but my perception [is that the teaching is] - at a college level rather than a higher education level. I mean it's not even at university undergraduate [level], they're people [educators] that have come out of the college and they are just doing what they always did [in the colleges].*

6.4.4.4.4 Excellent students lost to nursing profession

Some students are recognised in their undergraduate years as being excellent scholars, but are lost to the nursing profession owing to the inability of educators to identify and engage them in further studies, although scholarships are available. Young nurses leave nursing because career development possibilities and intellectual challenges were not promising enough, so they study further and begin another career (Flinkman et al 2013: np).

> **D9:** *I saw brilliant 4th-year graduates, but I never saw them in clinical practise. I understand why those brilliant graduates don't land in our clinical spaces; it's about stuck mind-sets. I wonder what an ICU would look like, if we ask the under-30 year olds to design it. In nursing as we know it now, we don't have innovation space. I walked a road with some of them, and the levels of their frustration [is obvious]. They are often those with very good analytical strengths, they gather information from many sources well, they can conceptualise easily.*

6.4.4.4.5 Rural recruitment problems

Rural universities often have problems with recruiting and supervising students, although they are more affordable. This has to do with non-ideal housing, safety, distance from university, poor library access (Mudau 2017:10568) and lack of qualified supervisory staff with PhDs. The resultant inability to generate funds for a rural nursing department is an issue, although governmental funding seems to be more generous

to previous disadvantaged universities.

> **D12:** *It [the rural university] should become more academic, more research driven, we should have time to be able to do research. I've got research projects, articles, but I keep on being interrupted by a lecture three days a week.*
>
> *QWL is also affected by the fact that there are minimal students registering, and thus graduating. So, therefore income that should be generated through research, through graduating students, through publication of articles in our particular department is just not happening. For a long time there has only been one PhD on the staff. Students bypass us completely and go down the road [to another university], past this area where there's such a need and huge captive audience. The perception is, it's the reputation of the university, that's why they are going [elsewhere]. I had a student [from a neighbouring country] who suggested to somebody that I supervise her, but I said on condition you register at this university [after which] I did not hear another word.*

6.4.4.4.6. Ethnicity, affirmative action and problems with retention

While a university is excellent soil for young academics to grow their experience and skills, they seem to be growing them to excel elsewhere. The group that universities are cultivating as academics are sought after because of their capabilities. Affirmative action for more diversity in the corporate world and in governmental leadership positions is responsible for this poaching of academics. Jansen (2003:1) and Dickinson (2017:1) lament that the HEI work environment is unattractive to young black scholars, because it is typically loaded with large classes, growing administrative loads, and mass assessment tasks without teaching support. In addition, as academics they need to produce a steady stream of research and contribute to scholarship in the larger competitive universities. The choice is then between leaving the academy for the private sector or government or settling in mediocrity, with research and scholarship falling behind.

These comments by interviewees reflect the degree of affirmative action as currently applied among their staff at their university nursing departments:

> **D10***: In the faculty as a whole, there has been a significant change over the last 10 years as the gender [and racial] balance has changed. There has been a large push in the faculty to develop a much more representative staff. It's been a constant issue of getting representation both in gender and in race.*
>
> **D2:** *(Currently) we have about a third of the staff [of colour], preceptors [mentors] who is in two year clinical [contract] posts, but young and studying, with quite a turnover after the two years. We had quite a few lecturers [of colour]. They develop from a master's to a PhD to a post-doc and then they take a management post at another*

university - or management posts in government, because the salaries are better and they are in demand with the clinical specialities.

D9*: The succession planning of leading this kind of unit, that's complex because they're not here. I've been trying to appoint somebody, I think that's a big difficulty in nursing education, it's international, it's not [only] a local problem. They're not in the country, and I know that they are not continent because I work with 12 other universities in other countries and departments of health. Many of the PhDs coming through are people who're teachers and need PhDs to become Heads of Department [in their countries].*

6.4.5 Relationships

Relationships with medical schools, affiliated colleges and the communities in which they function are included in the fourth and last theme. In several ways these relationships influence the QWL of HEI nursing departments in the larger socio-cultural context.

6.4.5.1 Interdisciplinary

Interdisciplinary relationships include those with the medical school, to which some nursing department are affiliated, and other departments that help to cross-teach nursing students.

6.4.5.1.1 Autonomy within medical schools

When situated within a medical school opposed to within a university without a medical school, patriarchy is experienced. When another career field speaks for nursing, nursing does not benefit, as loyalty and knowledge are not applied to the needs of the nursing field and department.

D2: *[In my training, my experience was] that the medical school was patriarchal, extremely, and they don't really have a lot of respect for the nursing department.*

D10: *Organisational situations determines whether a nursing department is a self-standing nursing department, or part of a larger group. At my university, it is a division within a department of five divisions. Obviously as head of nursing, you're not head of the department, and so your needs are competing with those of others. And there is a perceived hierarchy in the different professions and constantly a sense of: does nursing*

fit within an university?

D11: *We found that nursing departments or divisions of schools that were not in a faculty of medicine and health sciences actually performed better, had greater research inputs, and were quite strong in keeping the nursing reality clear. If I look at the really successful nursing departments in this country - none of them were in medical schools. They're not governed by a medical school set-up. They are successful in terms of general size and progress and visibility. Those departments didn't have to deal with the competition of a medical fraternity, and that's changing. If we look at the development of university's nursing departments in this country, they are becoming more visible. I think there are real pockets of excellence.*

D7: *Health therapeutic sciences are very small (here compared to the medical school. When it comes to attention, we are just not as important as the medical students. If you go to a meeting, it's normally all about the medical students. There is a medical world and the rest of the world. And because the Dean is a medical person, he lives in that world.*

- Benefits from affiliation with medical school

Nursing as a money earner for universities often cross-subsidises other smaller programmes at medical schools, being the 'cash cow' of the university, which can cause resentment in the nursing department. However, the relationship can be reciprocal, as medical schools can provide the nursing department with better funding for research and projects because of their good contact with sponsors and researchers.

D2: *I trained at a nursing department where there was a medical school and I've been working here [without a medical campus] now for a long time. Academically, our output is quite good. Up to three - four years ago, we were the biggest money earner on the faculty with our [specific type of] programme. We carried a lot of other schools for quite a while.*

D11: *We had a dean, and then the Medical School, the School of Nursing and then the School of Allied Health Professions. So the three of us plus the dean formed the management of the faculty, which means you had a very strong voice within. But the collaboration with the Medical school was something that had to be developed, and it also depended a lot on who was the dean of the faculty.*

D8: *There is a difference [in how nurses and doctors are treated in the different campuses – medical versus nursing]. Traditionally the medical schools have been established much longer, and they actually have more funding, and with the more funding came more power. Having a medical school allows you to apply for funding together with the medical school who have a history of getting funding.*

- Strong nurse leadership leads to strong nursing departments

However, when the Department of Nursing stands on its own, this department develops independence and a research mindset that serves it well. It is thus necessary for the leadership in a nursing department to be assertive in negotiations for funding and needs on departmental level. There is evidence of such excellent leadership in the established nursing schools of universities in this country:

> **D11:** *I think it's about leadership, about vision, about having established a freedom to be different. It's also about getting huge top structure university back-up. But the things that have taken university nursing departments out of the ordinary, has been one or two very good leaders or periods of very good leadership. To have a voice that's clearly heard. A nurse who thinks about anything that reflects on nursing and say: ok, but what about us'? So pushing that agenda, with the Dean quite open to that and positive towards nursing and midwifery, which is important. So it is also the presence within the faculty, you have to be seen.*

6.4.5.2 Affiliated colleges

Various types of relationships are forged with the nursing colleges that are allocated to universities, from giving a great deal of input to serving on their committees. Overseeing colleges provides a third-income stream for universities.

> **D7:** *The old agreement actually stipulated that a college is not a legal person. So a college should be affiliated with a university to be able to practise. So [our university] is affiliated with another college. We oversee the quality [of the nursing college question papers] and we serve on their senate and their council. [On amalgamation with the university] the courses belonged to the university and everybody registers [at the university].*
>
> **D12:** *We have [the] one nursing college that we are affiliated with. The university does the moderation, and the Heads of the [nursing departments of] universities go to the senate meetings for this particular nursing college and those of us that do moderation, attend the subject committees.*
>
> **D2:** *We also moderate the college and we oversee their quality of training, and for that we have a bit of third stream income that helps with the extras. We help them with the new curriculum, we have a committee [that deals] with the curriculum. They are still unsure, it seems like that they are just going to do the staff nurse three year, or the two-year diploma, and that's been developed.*

Many problems are experienced with new curriculisation, because colleges, which produce 80% of South African diplomates, are not on the same educational level as the universities, and need time to fulfil the criteria to be accredited as an HEI (Oxford

2016:1) The Council on Higher Education (CHE) and SANC have to accredit Nurse Education Institutions (NEIs). Few nursing colleges meet the requirements of the Higher Education Quality Committee (HEQC), which rejected curricula that the SANC had approved provisionally, because of a discrepancy in standards (Oxford 2016:1). College graduandi struggle with further studies and many are considered poor candidates at postgraduate level. Extra effort is needed to help them at postgraduate level, with a resultant reduced QWL for academics.

> **D7:** *So, under the new system we know how [to go about with the new course as a university], but they don't know how [as a college]. They don't have the resources and they don't have the staff. So I suppose they would offer the three-year diploma and they [then] cannot amalgamate with us, because we are not a diploma issuing institution. So it's a bit of a pickle. There is [also] still a lot of work to be done in terms of just changing mind-sets and about [the new curriculum] which is going to happen.*
>
> *The teaching methods just differs so much and people have become so used to lectures only. The way that they teach the students, its absolute rote learning. If you learn page two of your book from the heart, whether it applies to the scenario or not, you get your marks. It's a very big challenge, and frustration for us.*

6.4.5.3 Competition for placements

Securing clinical sites in America is time intensive and competitive, because there is intense rivalry between nursing schools owing to increased enrolments and numbers of programmes, and tradition and favouritism complicate the matter (Rodriguez 2013:9). This seems to be a South African problem too, as two interviewees explained how there is continuous competition for clinical placements for their practical experience in hospitals.

> **D2:** *There is a government college who also places students at the same facilities as us. So there is a bit of competition, but we have general continuous meetings [with them to deal with placement issues].*
>
> **D6:** *If you are on a campus where you do have a medical department or faculty, you are often linked to an academic hospital. So firstly placement is much easier for students. In my work environment the most problems comes from clinical placement issues. Not having placements, getting students to placement and back. Now I know many universities let their students get there on their own [and] remember, their residence is right next to a hospital, so it's just easier.*
>
> *There's funding issues that come with that, and logistical issues. We're struggling, especially with midwifery students meeting their objectives. And even though there are*

hundreds of clinics, we are really struggling. We're competing with a huge nursing college on our doorstep.

While regular meetings help to sort out such placement problems, other matters complicate the issue. One such matter is the governmental subsidy to employ student nurses. Nursing college students get preference in allocation of such subsidies, as they are deemed to be more practically oriented. If a NEI is not subsidised by provincial government through employment of its student nurses, they struggle to find posts for their community service year, only after which they are allowed to function fully as a qualified professional nurse.

> **D6:** *For the first time now, our students get no posts; the graduate expect us to fix that, so we have to negotiate with the Department of Health. There has been a court case: a student that was supposed to do the community service year that wasn't placed.*
>
> *The Department of Health college students have these government posts [already]. There are many reasons: the old one is that the university student is not as good as the diploma student, because the diploma student has more practical experience.*

6.4.5.4. Engagement with the community

Fuller et al (2017:3) reported how academia broke down the barriers between universities and society to become more entrepreneurial and address the needs of the community. Nursing departments have good relationships with the community, and it helps them to obtain placements for their students and stay in contact with the practical aspects of nursing.

> **D6:** *We as staff members do some work as part of our community engagement [and in the process] use that for teaching for our students because it's so difficult to get all these placements in competition with other universities.*

However, there is a need to being more involved with clinical practice overall, as other health sciences staff have done.

> **D10:** *And I don't think nursing created the balance between [being] the clinical nurse [and] lecturer academic – [it] doesn't seem to work well. Now if you look at our medical colleagues, the professors of medicine still does a ward-round 2-3 times a week, teaches, writes papers, does research. It keeps you at the edge of your game, because if you're a surgeon you need to know the new techniques. [It increases your self-esteem], the respect that others have for you, because not only can you teach it, but you can do it, demonstrate it and you can show a positive outcome.*

There are obstacles for nursing to do this, because nursing units do not allow

educators to be as involved as they would like to be, and without the proper staff, logistics and willpower to go ahead, this is less of an option in South Africa.

> **D10:** *Because I (as a nurse professor) can't go in for a couple of hours and run a ward or do a ward round. It isn't going to work. So I've got to develop a relationship with that unit, it's a lot more difficult to move in and out than it is for some of the differently structured medical and physiotherapy colleagues. We have never created that culture in terms of having a clinical position. In the UK, they do have this lecturer-practitioner post and the lecturer works three days a week - teaching research, and then two days a week - clinical. And it's not supervision, it's actually working. It's not without its difficulty - (they have to) have a larger staff compliment to be able to have that, but then you are contributing.*

Other universities as part of such a community collaborate to fund projects and develop own departments.

> **D12:** *(Collaboration with other funded universities could work). One of my colleagues is [a] member of the Plume project, so she would bring students on condition that the students register with us, then they do their master's and collect data as part of her Plume project. Basically her NRF funding [includes an] extra 5% for collaborating with a previously disadvantaged university. So that suits her and it suits me. And then we can increase our numbers. Her funding is her project and she's got one PhD student but then she should get master's students. So the master's students will be ours. Between her and me we are now trying to find funding for their fees.*

With engagement of the community as the last subtheme of relationships, this discussion of the analysed results of the interviews with the HODs are concluded. A discussion about legitimation of the qualitative data is covered next.

6.5 QUALITATIVE LEGITIMATION

Internal and external credibility in the qualitative phase were mentioned in Section 3.3.7.7.2 (Table 3.5). In considering the 27 possible threats to credibility in this phase according to Onwuegbuzie and Leech's (2007:233-249) model, these aspects in the various stages are presented:

6.5.1 Threats to credibility in the design and data collection stages

Four threats to internal credibility and one threat to external credibility were identified for this stage.

INTERNAL

- Descriptive validity refers to the factual accuracy of the account, especially of transcripts obtained via an interview (Maxwell 2005, in Benge et al 2012:94). A transcriber was employed to record each interview. The researcher and supervisor listened individually to each recording while reading the transcription to ensure validity.

- Observational bias happens when insufficient sampling of words or behaviours from the study participants result in lack of prolonged engagement (Lincoln & Guba 1985, in Benge et al 2012:94). A semi-structured interview helped the process of the interview and ensured that relevant data were obtained. Note-taking during the interview was not possible, as it would not have helped to engage effectively with the interviewee, but was done afterwards. Close observation, combined with replay of the voice recordings, brought back the mood and the situation in association with what was said.

- Researcher bias occurs when the researcher has personal biases or assumptions that are not bracketed (Creswell & Poth 2018:75) and subconsciously transfers these to the participants so that their attitudes, behaviours, and perceptions are affected. The researcher could also affect study procedures for example by asking leading questions in an interview, or contaminating data collection techniques. The researcher's first two interviews served as pilots to ensure that the technique of bracketing and preventing the interviewee from being affected was improved, with mistakes being rectified in the follow-up interviews.

- Reactivity because of the Hawthorne or novelty effect causes participants to change their behaviour when they are part of a study, often to behave in a way that they perceive to be 'the ideal'. The researcher's reasonable anonymity in academic circles helped to reduce this effect, as a more prominent figure in academia would have caused a greater Hawthorne effect in an effort to please, contradict or assert the self with the researcher.

EXTERNAL

- Order bias happens when the order of the questions in an interview affects the dependability and confirmability of the data unduly. The researcher attempted to address order bias with the pilot interviews to practise the correct order of the questions. However, it is always difficult to forecast the direction that interviews will take because of the individuality of the person being interviewed.

6.5.2 Threats to credibility in the data analysis stage

Two threats to internal credibility and seven threats to external credibility were considered in this stage.

INTERNAL

- Researcher bias occurs when the researcher cannot bracket personal biases or assumptions, which affects the analysis of the data unduly (Creswell & Poth 2018:75). The researcher discussed the transcriptions with the transcriber to ensure that what was said was understood properly in context by both parties, which helped to objectify and bracket personal opinions.
- Observational bias occurs when an insufficient sample of words or behaviours is analysed from the underlying data. The supervisor, as a trusted and knowledgeable person, checked the voice recordings and the transcriptions against the themes and subthemes to determine whether analysis was sufficient.

EXTERNAL

- Catalytic validity is the degree to which this research study empowers and liberates the nurse educator community (Lather 1986, in Benge et al 2012:95). Research results will be published in journals and discussed at national and international seminars. Research can be done into the success of guideline interventions to catalyse change towards an improved QWL for nurse educators
- Communicative validity involves the assessment of legitimation of knowledge claims in a discourse, so that legitimation is agreed upon by the collection of

researchers (Kvale 1995 in Benge et al 2012:95). This process started with the input of the supervisor and the evaluators of the thesis and the universities that gave their consent for their staff to participate. They will receive reports of the findings. One university asked for the dataset, to check the results and calculation of the quantitative data.

- Action validity refers to the workability of the research findings, and whether decision makers and stakeholders are using them (Kvale 1995, in Benge 2012:95). Each university will be given a bound thesis with the results and suggested guidelines. The results will also be published and communicated at seminars to influence change. The implementation of the guidelines lends itself to evaluation via postdoctoral studies.

- Investigation validity refers to the quality of the researcher's skills regarding ethicality and accounts for the quality control in the study. Quality control in this study was addressed by the supervisor and the evaluators of the thesis. The interviewees as expert researchers also influenced the process in ensuring that they were dealt with ethically.

- Interpretive validity is the extent to which a researcher's interpretation of an account represents an understanding of the perspective of the individuals or group under study and the meanings attached to their words and actions (Maxwell 2005, in Benge 2012:95). Reflection by the researcher during the interviews on what the interviewee communicated ensured that the interviewee's opinion was extracted and interpreted, instead of that of the researcher.

- Evaluative validity refers to the extent to which an evaluation framework can be applied to the objects of the study, rather than a descriptive, interpretive or explanatory one (Maxwell 1992, in Benge 2012:95). Thus the researcher's evaluations are under scrutiny here to determine whether these were accurate. These are usually determined by people that are knowledgeable about the methodology and topic matter, who could be the supervisor and the examiners and peer reviewers.

- Consensual validity is based on the agreement of competent others (peer reviewers), that the description, interpretation, evaluation and the theme of a nurse educator QWL situation are right (Eisner 1991 in Benge 2012:95). The

opinion of the supervisor as first peer reviewer was important, as well as of those that evaluated this thesis. Afterwards peer review in a journal would help with consensual validity, as well as the adaptation of the guidelines of this study at nursing departments at universities.

6.5.3 Threats to credibility in the data interpretation stage

Ten threats to internal and six threats to external credibility were identified in this stage.

INTERNAL

- Researcher bias applies according to the discussion under threats to internal credibility in Section 6.5.2.
- Confirmation bias occurs when interpretations and conclusions based on nested data are overly congruent with hypotheses, and there is at least one plausible rival explanation to the underlying findings. To overcome this obstacle, the researcher conferred with the supervisor to ensure that all possible interpretations were made accurately after consulting the reflective journal.
- Illusory correlation occurs when the researcher identifies a relationship among event and people when no such relationship exists. To prevent this, the supervisor's input was sought in listening to the audiotapes and reading the transcriptions.
- Causal errors occur when the researcher provides causal explanations for phenomena without attempting to verify this interpretation. The researcher conferred with the available interviewees and the supervisor to ensure that cause and effect determinations were reflected accurately.
- Effect size occurs when the researcher uses quantitative-based terms such as many, most, frequently, and several, but does not justify these terms by using some form of quantitative analysis (eg effect size) such as counting. Counting was done to determine effect size where necessary, which was reflected mostly in Chapter 7 with mixing the data.
- Ironic legitimation is based on the assumption that there are many realities of the same phenomenon, so the truth value of the research depends on its

capacity to reveal co-existing opposites. The researcher kept an open mind to the different realities of the QWL of nurse educators at South African universities.

- Paralogical legitimation represents the aspect of legitimation that reveals paradoxes (Lather 1993, in Benge et al 2012:95). In her discussions the researcher referred to paradoxes in the interpreted data.

- Rhizomatic legitimation arises from mapping data and not only from describing data (Lather 1993 in Benge et al 2012:95). The researcher not only described the data, but mapped them in a table and figures to describe them and to put them into context with the quantitative findings.

- Voluptuous or embodied legitimation represents the extent to which the researcher's level of interpretation exceeds her or his knowledge base that stems from the data. This type of legitimation is confirmed or rejected at the stage of evaluation of the thesis, with input from the supervisor beforehand to curb possible rejection.

- Structural corroboration refers to the extent that the researcher utilises multiple types of data to support or contradict the interpretation. The researcher presented relevant and recent evidence as support for or contradiction to the research findings.

EXTERNAL

- Population generalisability occurs when researchers overgeneralise their findings across populations. This type of generalisation would be easier in the qualitative phase owing to the larger proportion interviewees obtained for the population. However, as there is vast diversity among the small group of heads of departments, one has to be careful in one's generalisations.

- Ecological generalisability occurs when researchers overgeneralise their findings across settings or contexts. This might be a problem, as each university has its own micro cosmos in the macro cosmos of South Africa, and the unique history and functioning of each might make this impossible.

- Temporal generalisability occurs when researchers overgeneralise their findings over time. The situation in South Africa is so volatile that this type of generalisation will not be possible. This research describes the current status quo of South African nurse educators.

- Reactivity involves changes in the participant's responses that arise from being aware of participating in a research investigation that is so unique that it affects the transferability of the results. There is the possibility of this, but because the HODs are seasoned researchers, it was hoped that they would not allow this to happen.
- Order bias occurs when the order of the questions in an interview or focus group schedule, or the order in which observations are made, unduly affects the transferability of the findings. An attempt was made to keep interview questions in the same order for all the interviews to minimise order bias. However, each interview developed according to the individual context in which it was held.
- Effect size occurs as explained in Section 6.5.3.

6.6 CONCLUSION

This chapter dealt with the analysis of the qualitative data as obtained from the HODs as participants during interviews at their workplaces, to be able to understand their perceptions of QWL in the context of universities, for themselves and their departments in general. After transcription, data were analysed with Atlas.ti 8 software, and categorised in the themes and subthemes that described aspects that influence the QWL of nurse educators at South African universities. These themes were support to HODs to lead, educator (staff) issues, finances, transformation and relationships.

Lastly, legitimation of the qualitative phase was discussed to ensure the transparency of the research effort.

In Chapter 7 the data of the two convergent phases are merged, with conclusions drawn regarding similarities or differences between the observations of the respondents of the first phase and the participants of the second phase.

CHAPTER 7

MIXING AND INTEGRATION OF DATA

7.1 INTRODUCTION

Integration of the data of a convergent parallel mixed methods study involves merging the quantitative data of the one phase with the qualitative data of the other phase through side-by-side comparison, data transformation, or a joint display to show how the data converge or diverge (Creswell 2014:230-1). Quantitative data from nurse educators at South African universities in the first phase, which were portrayed in Chapter 4, and descriptive qualitative data collected from HODs of the same departments in the second phase, which were portrayed in Chapter 6 were integrated in this chapter. This integration is complemented with the findings of other research from the literature and South African history as it continues to unfold in higher education, and nursing education in particular.

Ultimately, the purpose of the data integration is to address the sixth objective, namely to enrich the data obtained in the survey with the interview results by mixing the findings for an in-depth understanding of all the factors that influence the QWL of nurse educators. Obtaining this objective would help in addressing the sixth and final objective to develop guidelines for an improved QWL for nurse educators while teaching at South African universities.

The discussion is presented in a combination of a quantitative and qualitative format. The nurse educators from the survey are referred to as the respondents, as in Chapters 4 and 5, and the HODs as the participants, as in Chapter 6, to differentiate between the groups.

The findings of the analyses are presented in Figure 7.1. This conceptual framework was inspired by engineering constructions to withstand destruction by high intensity forces in earthquake-prone countries. The political and economic changes that affect HEI and nursing departments remind one of such destructive geophysical impact, which causes great disturbances if not factored into the design of the construction, or when dealing with the phenomenon of QWL.

The conceptual framework also reflects the conceptual framework of Easton and Van Laar (2012) (Chapters 1 and 2), but in contrast with their model, the meso and macro factors (global, national and provincial influences and general aspects at HEI level

played a major role in QWL of educators in nursing departments. These factors are focused on in greater detail in this chapter and in the conceptual framework portrayed by the darker blue sections. The micro factors in the nursing department itself and in the home and individual are portrayed by the light blue sections.

Most of the information in Sections 7.2 to 7.4 was extracted from interviews with the participant HODs that had functioned on a higher level of management, or as participant D4 in Section 6.4.1.1 put it, "having an eagle's view" and dealing with more stakeholders, HR and finances. Their insights brought a depth of understanding that would not have been obtained with the survey alone, as most respondents do not have experience of influences at this level.

The reflection on context was complemented by news reports on the Internet of recent changes to South African politics and educational systems.

The top layer in the conceptual framework represents global influences, and deals with a short summary of the ways in which modern South African society and systems were influenced by colonisation by Europe countries, in particular the Netherlands and the UK. The second layer explains how governance has been executed since democratisation in 1994, in an attempt to include education for all and move towards a knowledge economy for South Africa. These two top layers have a large input on the ability of the HEI layer to function successfully, which affects the workplace and QWL of the individual nurse educator in the middle of the conceptual framework. The placement of the individual between the workplace and the home interfaces indicates the 'sandwiched' pressure under which he or she is to perform the expected output.

The ball in the middle indicates the balancing control in fulfilling the expected functions at HEI to successfully contribute to the output of the HEI and the expectations of the country. Balance can be disturbed from above and below. Traditional forces to counteract disbalances and collapse by engineering safer constructions are a pendulum damper on top, reinforced structure, and base isolation. These three forces refer to the guidelines suggested to support nursing departments to obtain greater balance towards a QWL and are discussed in greater detail in Chapter 8.

Global influences:

- World history such as colonising country
- Developing (and middle income) status vs developed countries
- International relationships

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National and Provincial influences:

- GDP and allocation towards Education and Health
- Legislation: AA, Equity, Resource use (accountability)
- Quality of Governance on National and Provincial level: Resources, Leadership, Health, Nurse training

HEI

- Governance
- Salaries, benefits, contracts and third stream incomes
- Technology
- Workload and student numbers

Department of Nursing

- HOD
- Colleagues
- Administrative asssupport
- Students

Nurse Educator:

- Personality: Age, Gender , Ethnicity, Affectivity
- Physical and mental health

Home

- Family
- Friends and Leisure

Balance

Research

Community

Administration

Teach

Scholarship

Figure 7.1 Conceptual framework demonstrating balancing act required from nurse educators

7.2 GLOBAL INFLUENCES ON QUALITY OF WORK LIFE

South African HEIs are not inured from the country's global and African positioning, and are influenced by what is happening in this context of time and place. The world history of developed and developing countries and subsequent international relationships are relevant here.

South Africa is situated in the southern part of the African continent. It has a unique geopolitical history because of colonisation intermittently by the Dutch and the English since the seventeenth century. As African countries started to rid themselves of colonial influences as late as the 21st century, South Africa became the Republic of South Africa in 1961, but was still part of the Commonwealth, and had a non-inclusive government, with voting rights for whites only. The country was ostracised internationally for this situation via economic sanctions, and transitioned peacefully to a democratic state only in 1994 when the governing ANC party was democratically elected by all its people.

With democratisation, economic sanctions were lifted, global exposure was enabled, and new international ties were forged. Immigration increased drastically and South Africans were exposed to international travel, business opportunities, and technology. As part of the Commonwealth, South Africa still had strong business and tourist ties with Britain, and academically Britain had a great influence on South African HEIs via bursaries and research.

As a developing middle-income country, South Africa thus receives less support than a developing low-income country. It is one of the financially stronger African countries, but with depletion of funds and weakening infrastructure in the last decade struggles to support its citizens, especially on the educational front. Some African countries such as Zimbabwe have chosen to keep the coloniser's educational system, and the education in such countries remains of good quality. However, the various ideological systems imposed on South Africa since 1994 have created severe challenges with basic education. None of the ideologies proved to be a good fit and decreased the quality of education drastically, denying South African youth a good foundation for tertiary education.

The theme of #Decolonising the curriculum has been pushed globally by HEI students to ensure Africanisation of the curriculum (Wamai 2016:2). Participants stated how this

movement has contributed to demand for change in the way they teach (section 6.4.4.3). Novel ideas such as allowing the students to tell their experiences via film and media were mentioned to promote awareness of student backgrounds and issues, and assist in their learning.

This would increase ties with the community, assisting in obtaining scarce clinical placements, as suggested by some HODs. Owing to competition among nurse training faculties (Section 6.4.5.4), placement opportunities are scarce, and innovative ways need to be found to use every possible opportunity for clinical placement. The purpose of an HEI is ultimately to empower the community, and in this way the needs of the community and of the HEI can be addressed to reach this objective.

7.3 NATIONAL AND PROVINCIAL INFLUENCES ON QUALITY OF WORK-LIFE

Governmental processes such as budgetary allocation to the education and health sectors, legislation and quality of governance influence the input, throughput and output of the HEI system of the country, and the QWL of nurse educators.

7.3.1 Budgetary allocation of the educational and health sectors in South Africa

South African universities are severely underfunded by government (De Villiers 2012:56; USAF 2016:1). The Council on Higher Education (CHE 2016:7) states that South African expenditure on higher education was only 0.75% of the 2011 GDP, comparing well with Africa's average of 0.78%, but badly with the OECD (1.21%) and the rest of the world at 0.84%.

South Africa's nine provinces are allocated budgets to run their own health services, but are unable to do so effectively, with fund allocation for most provinces not lasting the whole financial year (Cloete 2017:np), although South Africa is one of the highest spenders of GDP on its health services on the continent at 3.8%, and 13.8% of the consolidated government budget (UNICEF 2017:5).

7.3.1.1 Educational sector funding

Under pressure from the #FeesMustFall movement, government provided R85 billion in 2018 to fund fee-free tertiary education demands (Paton 2017:1), but at the cost of national government expenditure (R53 billion) and grants allocated to provinces and local government, such as the school infrastructure backlog grant and the education infrastructure grant (R28 billion) (Planting 2018:1). This means that funds that would have gone to improve primary and secondary school education infrastructure were allocated to higher education, incapacitating the feeder system for adequate higher education.

NSFAS bursaries will be increased from R15.4 billion in 2017/18 to R38 billion in 2020/21 over the three-year period, which should relieve most students' study expenditures, as they fall into the household income of less than R350 000 per year. Students with higher household incomes will have a yearly fee increase capped at 8% to accommodate inflation.

A survey by the Association of Commonwealth Universities in 2017 reported that South African HEIs offer the highest average salaries (US $96,474) in comparison with the national GDP per capita, with the highest increases at 5.8% of such average salaries since 2016 (Makoni 2018:1). But a few aspects impact on the experience of these salaries being perceived as poor. These are the negative effect of currency value fluctuation on inflation, and the differences between HEIs in salary payments, especially between female and male professors, of whom the first earn only 92% of their male equivalents. In addition, because of the shortfall from not being able to charge student fees to such a large income group, staff salaries, the appointment of more staff and the change from contract posts to permanent ones are being weighed against other necessary expenditures, such as maintenance. This is discussed in Section 6.4.3 under finances.

Departments and educators are expected to generate extra incomes to fund their activities, namely third (to fifth) stream incomes (Section 6.4.3.2). When there are staff shortages, these activities become defunct owing to lack of funds to pay contract people to relieve staff, with fewer research outputs being produced, which becomes a further dilemma in the search for funding.

7.3.1.2 Health sector funding

Although salaries of permanent staff in the nursing department are funded by the university, in most cases they are partially subsidised and thus dependent on contributions from the Provincial Department of Health of each of the nine provinces. At an HEI Indaba held by Western Cape to inform HEIs in their province about health outlooks for the future in 2017, it was postulated that only Western Cape and Mpumalanga are able to stretch their allocated finances from the national government to at least 11 months of the financial year, with Gauteng and the Eastern Cape provinces running out of funds by the end of the fifth and the seventh month, respectively (Cloete 2017: np). With a widespread predisposition to spend allocated government funds wisely and prevailing corruption in many provinces, influx from the inhabitants of these provinces' inhabitants into the Western Cape and Gauteng provinces for proper healthcare and services put immense stress on their healthcare budgets.

HOD participants acknowledged the poor remuneration of those academics with shared governmental posts in particular and some facilitators on contract (D7 in Section 6.4.3.1.1). In addition, participants D6 and D7 mentioned how the students at a certain HEI do not receive bursaries or remuneration from their province. This is related to the way in which each province provides for healthcare facilities such as hospitals, which also serve as clinical facilities for student nurses and for nursing colleges and departments. Severe shortages of nurses in healthcare facilities are experienced as a result, and a lack of opportunities for placement of students (participant D6 in Section 6.4.5.3).

7.3.2 The influence of legislative processes on higher education institutions

Legislative processes such as labour legislation about affirmative action and the Nursing Act 33 of 2005 (South Africa 2005) have changed the way in which nurses are educated, influencing the functioning of HEI nursing departments, and consequently, the QWL of nurse educators.

7.3.2.1 Affirmative action legislation

Promulgation of legislation provides for affirmative action, black economic empowerment, and education of the large South African youth component (DoST 2017:40). However, the long-striven for equity in HEIs has not been reached, with many arguments among the role players on how little (or how much) has been done to improve the situation (Section 2.5.4.3).

In this context, respondents commented that aspects such as having to face affirmative action is a reason for not obtaining the necessary qualifications (section 4.2.6), presumably because help is afforded only to those who are targeted, that is, the young black female population (DoST 2017:40), of which there are not enough of.

However, some participant HODs (D10 and D2) mention the successes in their departments in being more representative of the population (Section 6.4.4.4.6). At the same time it is recognised that there is competition to obtain black talent, and with higher degrees such people have a choice of positions and improvement in salary in corporate and governmental workplaces in particular (participant D2) without having to deal with the academic workload.

Section 4.2.11.4 explained how some resentments between cultures play out, affirming what **bell hooks** (1997:176) said about racism existing in societies, and people being victimised, discriminated against and "othered in the workplace, under the mask of diversity". This trend has a greater possibility of occurring in a career-field that is known for being harsh towards its young in such power relationships, which are also at play in an HEI. Respondents that agreed that racial discrimination takes place scored lower on GWB, JCS, WCS and total WRQoL, possibly indicating the effect of 'othering' (Table 4.13). Reverse discrimination which was referred to by Von Bergen et al (2002:247) and discriminative treatment of minorities might also be rearing its head in South African society.

There was a significant difference between African and Afrikaans language speakers in QWL related to HWI (Section 4.2.22.3). This aspect should be investigated, with possible explanations being that affirmative action that has not yet reached its goals in HEI yet, or because of cultural differences between these groups. However, because Afrikaans is the third most spoken language in South Africa (Worldatlas 2017:np), various cultures speak this language as their mother tongue, and it would

be problematic and not representative to bundle these cultures under one label of Afrikaans language speakers when talking about cultural differences between the Afrikaans and African speaker groups in this study.

7.3.2.2 Nursing legislation and curriculum changes

Although Nursing Act No 33 of 2005 (South Africa 2005) was promulgated more than a decade ago, the nursing fraternity has not been able to implement all of its provisions (South Africa 2005:1). One such issue is the implementation of a new curriculum for the three basic new qualifications with which nurses are to register at the SANC, according to the NDoH's 2013 Strategic Plan for Nurse Education Training and Practice (Becker 2017:1). Processes have been complicated by the decision that nursing schools should fall under the DHET, instead of the NDoH. Collaboration between these two departments has not been easy. Hence the new programmes are scheduled to commence only after the SANC has reviewed them and consented to them, after a long-drawn-out accreditation process, with all the stakeholders having a say. HODs commented on this issue, with some stating that the process of re-curriculising for the new programmes is complete, and that they are waiting for accreditation, while others are not nearly there (Section 6.4.4.2). Participant D8 mentioned how creatively her department went about this process, and that a project team have been allocated to research the curriculising process and evidence-based practice (Section 6.4.4.3).

The need for curriculising came at the same time as protests for a decolonised curriculum, which increased pressure on nurse educators to include all aspects of it. Not all managed to do so, or saw the need (Section 6.4.4.3). In addition, concern was raised because nursing colleges were not up to date with curriculisation. It was assumed by some HODs that the colleges with whom they were affiliated would be responsible for the three-year staff nurse qualification (Section 6.4.5.2), but there were indications that colleges might offer the four-year degree course, and become an HEI, depending on SANC accreditation.

It seems that competition between nursing colleges and HEI for clinical placements has given rise to poor relationships between the two training categories (Section 6.4.5.3 and Section 6.4.5.2). One understands why negativity persists (Section

6.4.4.1) and why the two parties are talking about 'divorce'. Within HEIs it was found that a number of institutions were unable to merge successfully, and the CHE (2016:41) states that de-merger processes have been initiated for two HEIs, with four being put under administration because of a crisis in governance.

7.3.3 Quality of governance

Poor governance in many sectors was a characteristic of South African society for the last nine years of the Zuma government (Paton 2017:1) In his last year of presidency in 2018, populist politics led Jacob Zuma to identify areas where budget cuts could be made to fund fee-free tertiary education, in the hope that his government, which was known for its corruption (Corruption Watch 2017:8), would be enabled to stay in place longer (Paton 2017:1). Although he was ousted, his promises of free tertiary education had to be kept by the governing party to maintain their position.

Inadequate governance of basic schooling in South Africa caused underpreparedness for tertiary education through poor primary and secondary education (DoST 2017:21) (Section 6.4.4.4). A CHE report (2016:6) stated that HEIs have had great changes in the last two decades, with vast differences in the quality and equitability of education between those HEIs that were placed on international rankings and those that had to be placed under administration owing to the inability to govern and manage effectively.

Problems with undergraduate teaching at some nursing colleges affect HEIs significantly, being unable to produce a satisfactory quality output with the product of such colleges when they attend HEIs later for postgraduate studies. Underprepared undergraduate and postgraduate students lack critical thinking skills and the ability to study independently for success (Bunting 2004:24; Davis 2010:xiv) and are unable to complete studies within the period allocated for the qualification without intensive support (Dickinson 2017:1). Respondent (Section 4.2.21) and participant groups (D3 and D9 in Section 6.4.4.4.1) commented on the quality of students, and the frustration generated in having to deal with students who are not equals to the rest.

Governance also refers to whether nursing departments are independent, or are managed as a division of a faculty of medicine. There was general discontent from respondents (Section 4.2.11.2) and HODs when they talked about the latter situation

(Section 6.4.5.1) saying that this arrangement results in uncomfortable patriarchal relationships being applied by the medical fraternity. Nursing leadership need to strongly advocate for their department to stand on its own and produce strong leaders among their students. Such leaders could influence nurses to become more vocal about their rights and those of patients and become the 'sisterhood' that Marks (1994:209) envisioned when she commented on how divided South African nurses were across colour and rank.

7.4 THE INFLUENCE OF HIGHER EDUCATION INSTITUTIONS ON QUALITY OF WORK-LIFE

This study shows that QWL is mostly affected mostly by factors in the workplace (Table 4.13), which confirms Dorasamy and Letooane's (2015:264) findings from their investigations into South African HEIs. Multiple regression analysis identified the absence or presence of ten work impediments in particular as predictive of a QWL (Table 5.1), in as much as one would be able to manipulate the work-related issue to improve QWL. Of these, lack of transparency, problems that are not dealt with properly, outdated technology, large student numbers, and contractual positions are factors that could be addressed at HEI faculty level rather than at nursing department level.

Lack of transparency between faculty management and staff had the most negative influence on the factors of the WRQoL scale, according to respondents, as determined by multiple regression analyses. It affected JCS, WCS and total WRQoL (Table 5.1).

Multiple regression analyses also indicated that problems that are not dealt with adequately and outdated technology affected WCS negatively, while large student numbers and contractual positions affected SAW (Table 5.1).

7.4.1 Governance of higher education institutions

The Council on Higher Education (CHE) (2016:12) commented on the complexity of modern HEIs, which calls for improved management of their systems and diversity of people and greater public accountability by ensuring detailed data are collected as evidence of teaching and learning. Educators experience such increased monitoring

as 'managerialism', with market principles being forced upon them, causing a changed relationship between them and managers. While academics strive for collegiality, they have to settle for a subservient role, reaching specific targets and involved less in decision making.

HEI faculty management consist of the dean and vice deans of an HEI, with the heads of faculties and departments (or divisions) underneath them. It also includes supportive staff, such as HR and the finance director. HEI faculty management is responsible for adapting government legislation and formulating policy under which university departments work, and manages HODs on an HEI organogram. The gap between the idealism of faculty management and the realism that university departments have to deal with can be vast, and the incongruence can cause a major negative impact on QWL as expectations do not meet reality.

Indications from the many work factors (Section 5.2.1.3) are that culture and processes of South African HEIs reflect a lack of autonomy and control and thus a centralisation of power, with impediments to a QWL. The discontent of the 44.58% valuable human capital that are contemplating leaving HEIs for better opportunities elsewhere (Section 4.2.16) must be addressed as part of improving QWL and overall quality of nursing departments at HEIs.

Although respondents were not specifically asked about the higher echelons of HEI management, some comments about circumstances are related directly to decisions made on this level, such as in Figure 4.1 where one third of respondents indicated that their benefits were inadequate and two thirds that their remuneration was unsatisfactory. Examples of funding and HR issues and unequal treatment abound in the survey section, such as having to take responsibility for programmes, but not receiving more recognition than the person who do not have these responsibilities. These quotes are indicative of this situation: "nursing is like a forgotten department and just has to fall in with what the university decides for all the faculties"; "issues are not resolved, but ignored, teaching takes the background as focus is on research" (Section 4.2.11.2). Mention was made of "management not caring for the nursing department, especially the dean", and "leadership that was experienced as boss-ship". Strained relationships exist with unequitable treatment such as differences in salaries, benefits and contracts, between different genders and races (Magoqwana 2018:1; Makoni 2018:1). Furthermore, the norm of work expected to be done after hours is a

major problem. It culminates in a dilemma when it is expected of people who work on a contractual basis, as participant D10 explains (Section 6.4.3.1.3). The reported lack of wellness programmes at South African workplaces, in which only 40% have a plan (Nhlapo 2018:1) applies to universities. Even fewer of these workplaces have implemented their plans successfully, and are monitoring them, indicating a disregard for the QWL of employees.

HEI finance managers calculate the workload to ensure the right number of staff are employed to deal with it. However, there are discrepancies, because calculations do not consider work expectation at departmental level (Section 6.4.2.3.1). Often such calculations are focused on other educational models or categories of students, while the reality of nursing is quite different (Section 6.4.4.2). Respondents criticised the uneven allocation of workload (Section 4.2.19).

The handling of student uprisings by HEI management directly affects educators who face students in class daily, according to Everatt's (2016) comments about the effect of such conflict between educators, students and management (Section 4.2.11.3).

In contrast to all the respondents' experiences of support, HODs were explicit about management's positive contributions as their direct line managers or horizontal support (HR, Finance) in the organogram. This indicates that not enough communication flows from top management to the bottom, and from bottoms up, and thus there is a lack of participative management, and a lack of understanding of each other's needs on various levels.

Participants indicated the need to have a trust relationship with HEI management for support in their own management functions (Section 6.4.1.3). Such support in a new position is gratifying, and helps with feelings of inclusion. The contributions of departments of HR and employment relations in dealing with staff issues on request are especially valuable.

Unfortunately the opposite is also true. Participants referred to adversarial relationships in the larger HEIs. For example when a person is not unanimously the first choice as an HOD, humiliation follows, with continuously challenged decisions, a resulting lack of support and a negative effect on self-esteem. Furthermore, some acting HODs receive little or no support from management for normal educator duties. Lastly, the largely male management in medical faculties does not consider the needs

of female faculty at all in arranging times of meetings and social gatherings, and exclusion from the benefits of belonging to the "old boys club" follows. Dissatisfaction with the medical and other faculties is also expressed when these departments that expect nurses to fall in with their way of work and "nursify" what they present, instead of looking at teaching material from a unique nursing perspective.

Respondents commented on "management not caring much about the nursing department" and the "tacit underpinning atmosphere - because of the manner in which faculty management engages with nursing - there is deep seated distrust, fear, anger, frustration and sadness that is almost ingrained as a way of being" (Section 4.2.11.2).

7.4.1.1 Lack of transparency

Not having clear rules at one's workplace makes it difficult to follow orders to the satisfaction of one's supervisors. With a lack of transparency being reported by 49% of respondents, and a lack of communication being identified by 52% (Figure 4.1), these factors contribute greatly to discontent (Section 4.2.11.2) because people "do not know what is going on behind the scenes" and thus "you don't know if problems were addressed". This corresponds with the only 40% respondents among South African employers who believed that they communicate well with their employees, an unsatisfactory situation for an employee (Nhlapo 2018:1).

This lack of transparency seems to be on every level of the South African HEI, as HODs also (6.4.3.1.2) report on this situation, in this case the way in which funding is applied. Zamini et al's (2011:1964) description of hierarchical relationships with centralised power in HEIs in general thus applies well. In Section 6.4.2.3.2 the need was expressed for the HEI to be less centralised to ensure a better vertical flow of communication and participation, and democratic open and transparent communication processes. Clear, but fair rules and enforced regulations make a significant difference and bring a sense of belonging (Section 6.4.1.3).

Lack of transparency and clear communication can give rise to great misunderstandings and poor relationships, which are barely tolerable in the volatile South Africa today (Du Plessis 2016:1) (Section 4.2.11.2). Theron et al (2014:np) recommend that employment equity should be applied in a way that would not discriminate against any staff member, and that processes should be open and

transparent. Participants mentioned examples of more open relationships (section 6.4.2.3.2).

Evasiveness about forthcoming funds causes frustration, as planning cannot be done proactively, but only at late stages in the year, with crisis management and work overload of staff prevailing, as the budgeting process is halted. Nursing departments that were exceptional in the past had HODs that negotiated firmly for the needs of their staff and departments.

Unlike Pienaar and Bester's study (2009:385) which indicated a lack of transparency and poor communication as minor causes, this study identifies them as major causes of discontent in HEIs nursing departments. Nurse academics see these issues as far more important than poor remuneration, which was a major cause of discontent in Pienaar and Bester's study.

7.4.1.2 Human resource management, remuneration and benefit packages

Theron et al (2014:1) indicated that South African HEI educators are mostly satisfied with general institutional practices, including human resource practices, which is contrary to the findings of this study. However, these authors agree that with an increased demand for academic staff, investigations into the retirement "swell", turnover and retention problems at South African universities are indicated. The Aon Risk Solutions group (2018:8) stated that talent management and mentorship practices are not standard operational or strategic priorities in South African organisations. These aspects are in the realm of HR of HEIs.

Theron et al (2014:np) recognised that employees' perception of HR practices and policies influence their commitment to work and ultimately their retention. Key areas to address include emotional recognition, performance management systems, mentorship and career development opportunities in an attempt to neutralise this situation and change it around.

Improved compensation is a recurring theme. Two thirds of respondents indicated the need for improved compensation or the lack of proper compensation. Some respondents said that their intention to stay was affected negatively by this aspect,

and that they were looking for better opportunities elsewhere, which is consistent with the findings of Theron et al (2014:np).

The aspect in which unions are active at university level is negotiation with management about yearly salary increases (Section 6.4.2.4). However, there does not seem to be a great deal of trust in unions' ability to negotiate for other matters as respondents refer to their distrust in unions helping them with such issues (Section 4.2.20). Some HODs mention intimidating experiences with union members.

Because some respondents were still on contract after a ten-year period at the university, this does not indicate fair application of the Basic Conditions of Employment Act 75 of 1997 (Section 4.2.20). Theron et al (2014:np) confirm that promotion policies are applied inconsistently in HEIs.

The time it takes to appoint a new HOD in nursing departments causes insecurity among educators (Section 4.2.11.2). Sometimes the person chosen to fulfil this role causes dissatisfaction, being a "reluctant" manager, or pushing own career, instead of ensuring that the nursing department's situation is improved.

7.4.1.3 Contractual positions

Contractual positions are still used regularly. One third of the respondents were employed on such a basis (Table 4.8), despite legislation (Basic Conditions of Employment Act no 75 of 1997 (South Africa 1997), Employment Equity Act no 55 of 1998 (South Africa 1998a), Employment Services Act no 4 of 2014a (South Africa 2014) that has forbidden this situation beyond three months of employment since 2015 (Department of Labour (DoL 2015:1). Contractual positions bring major insecurity (Section 4.2.16), and a lack of feedback about the reported situation affect educators intention to stay negatively. HODs concede that this influences feelings of anxiety and of lack of security and has a negative effect on career paths (Section 4.2.12.3 and Section 6.4.3.1.3).

Contractual workers do not receive the same incentives as full-time workers, such as sabbaticals or time to finish their studies (Section 4.2.6). This does not make it worthwhile for them to embark on further studies, which is contradictory to the goals of the HEI and government. The lack of bursaries for contract workers was confirmed

by respondents (Section 4.2.7). These factors influence intention to stay (Section 4.2.16), with more pressure on full-time staff to orient replacement staff. Turnover of newly qualified contract workers happens every two years, after they have completed their studies. Frustration about the lack of feedback about the issue of contract positions are related to this turnover (Section 4.2.20). The Guardian's (2018a:1) observation that contractual academics feel undervalued is thus confirmed.

Motivations given by HODs for allocating contractual positions include dwindling funds and the inability to make adequate budget allocations for permanent positions (Section 6.4.3.1.3) and to cover for full-time educators to finish their studies (Section 6.4.2.3.1). Dickinson (2017:1) is troubled by the increasing number of non-permanent contract educators that are employed short term, and warns of the consequences (Section 6.4.2) of perceived racism and lack of commitment (Section 6.4.3.1.3). Educators employed at universities by the DoH seem to have been given unfair treatment with poor remuneration (Section 6.4.3.1.1). Grants from government do not come with a guarantee of renewal the following year. Such situations are contradictory to the DHET's (2015:26) comments about the retention of the educators on SSEPs which state that the university can employ contractual workers under certain conditions.

The practical preparation of 4000 hours, which is required by the SANC for the R425 course, includes many procedures that should be evaluated, with a great deal of input from contracted clinical facilitators. New staff who are employed for relief are also employed on a contractual basis. Ultimately, being employed for unpredictable periods causes such posts to be unpopular. For staff that are employed on these terms, this is a cause of uncertainty in times of government budget cuts. This makes the HEI a risky employer.

There is potential for sharing lectureships with a contract, especially for flexibility (Section 6.4.3.1.3). However, the logistics of such an intervention might make the venture impractical, especially in view of the many hours educators are expected to work.

Contractual positions for HODs on a three-year basis might not be enough to ensure that plans are implemented and evaluated effectively. If performance allows, the contract could be extended it for another three years, according to HOD reports.

7.4.1.4 Problems not dealt with adequately

Only 32.5% of educators believe that problems are dealt with conclusively (Section 4.2.19). Poor feedback for reported problems is experienced, causing people to suspect hidden agendas. The perception persists that faculty management are living in "an ivory tower" while educators have to deal with the lack of resources. HODs, as representatives of management, reported how important it is to have support from faculty management and HR to deal with problems as they present (Section 6.4.1.3). It seems that educators have not mastered the leadership skill of effective communication with HODs or "up management" (McCaffery 2019:6). The issue could be the multiple vertical levels of communication that are ineffective in carrying over information, and the multiple horizontal levels in HEIs with which one has to communicate. McCaffery (2019:6) states that the demands of the manager role in HEI include the same professionalism as in research and teaching. This is also valid for educators building their career paths. Unfortunately, some HEI educators function in a hostile environment and are unable to voice problems, indicating a problem at industrial psychology level and thus an HR issue that needs urgent attention (Section 6.4.1.3).

Racism and diversity issues and clashes were experienced between students and educators (Section 4.2.11.3) and among colleagues (Section 4.2.11.4) as problems that continue to hurt. Magoqwana (2018:1) sees the root of the problem as outdated curricula, conservative senates, councils fighting to maintain old apartheid identities, administrations that treat learning as a factory process, regressive leadership, and the systemic abuse of power. The author advocates for divorce from the "narcissistic model of institutional [white and black male] power" towards "matriarchal wisdom as a force for change", that would "dedicate itself to developing HEIs which use scare resources wisely and reach the needs of black working-class students as the majority, towards a world-class Africa-driven intellectualism" (Magoqwana 2018:1).

With management or HR being unable to recognise or address problems, employees feel that their concerns are ignored, and such grudges paralyse willingness to change. More forums are needed, in which diverse groups meet to share objectives, and cooperation and realise that they are on equal status, to encourage communication

and friendships, according to intergroup contact theory (Dronkers et al 2011:95) (Section 6.4.2.1.3).

7.4.1.5 Outdated technology

Lack of new technology was reported by only one third of the respondents (Figure 4.1), as a manipulatable factor that caused poor WCS (Table 4.13). The contribution of technology to a QWL through good connectivity to the Internet, and fast up- and downloads for students and educators was recognised (Section 6.4.1.1). Problems with the lack of such technology were demonstrated in Section 6.4.2.3.2. The period of #FeesMustFall was managed via innovation and collaboration with private partners (fin24tech 2017:1) with sponsored technology (free connectivity provision by Vodacom) to communicate with student groups and off-campus educators and administrators (Section 6.4.3.3.3). At the same time, at another HEI, owing to the lack of funding in the aftermath of the #FeesMustFall demonstrations, improved technology was denied, and they had to manage without basic equipment.

Lack of administrative skills also involves a technology element. Frustration regarding technological skills reflects on the ability of HR and those responsible for appointing new staff (Section 6.4.2.3.2). The need is urgent, as millennial students are advanced technologically Flaherty (2013:1). Educators and administrative assistants need access and competence to help the large number of students in innovative ways via technology to master their studies.

7.4.1.6 Large student numbers

With increased student numbers being reported by 62% of the respondents (Figure 4.1) and such large classes to be taught (Section 4.2.10), increased input is necessary, to problem solve needs owing to student background or lack of secondary school achievement. This situation as antecedent influences the WCS and SAW domains significantly in Tables 5.1, with respondents and participants (Sections 4.2.11.2 and 6.4.2.1.5) referring to educators feeling "totally overwhelmed" and calling for a reduction of student numbers. The situation of staff shortages was echoed by more than two thirds of respondents (Figure 4.1). "Work is piled onto people as others

are leaving", with no money to employ more people (Section 4.2.11.1). Staff shortages also reflect poorly on HWI (Table 4.13). In Section 5.2.1.3.4 comments are made about how staff shortages affect workload allocation and exhaustion.

The reported lack of quality of the tertiary student (Sections 4.2.11.3 and 6.4.4.4) is a reason for frustration on a large scale, as the input needed to make a significant difference in their pass rate is greater than their expectations.

Educators teach on three levels, namely undergraduate, postgraduate diplomas and master's and doctorate, but not enough educators are qualified to deal with the large number of students that are encouraged to start their PhD studies.

Interestingly, one HOD stated that the student to educator ratio is prescribed and determining new student numbers should not be a problem (Section 6.4.2.3.1). This seems to be the norm at one HEI only, as elsewhere HODs and educators report that they have to cope with more students. This occurs at postgraduate level in particular at which students are expected to pay for themselves, to offset free undergraduate studies and ensure that funding deficits of HEIs are addressed.

This disturbs the balance in output of the five responsibilities of a educator at an HEI (Section 4.2.9), as teaching and attention to students take priority, with administration a necessary part to cope with student marks, etc. Thus time for research, scholarship and community service has to be dealt with after hours (Section 6.4.2.3.1). An HOD comments on the expectations that the same number of staff have to increase the research and student output, but concludes that staff have their limits (Section 6.4.1.3).

7.5 DEPARTMENT OF NURSING INPUT ON QUALITY OF WORK-LIFE

The next level of influence on the QWI of nurse educators at South African universities is their immediate line managers and the HODs as nursing department management.

7.5.1 Heads of departments and line managers

The dichotomy between realism and idealism (Sections 4.2.11.2 and 7.4.1) can cause unhappiness in how HODs perform as middle management. The HOD sets the tone for the staff by allowing their line managers innovation regarding decision making for

feelings of inclusion. Alternatively, they can drive the 'new managerialism' agenda as orders coming from above and not having much choice in the matter, causing both line managers and educators to feel less involved and resentful.

A three-year period in the HOD position can be illuminating to the individual, as it "opens up new avenues in terms of management, learning how much the system of a university works, in understanding where funding really comes from and how to optimise funding and the quality that you provide" (participant D6 in Section 6.4.1.1). When the HOD has experience of teaching in more than one HEI, comparing good practices and reflecting on such experiences is a logically derived benefit. Some mention how helpful top management and other supportive services are in adapting to the new role as an HOD, contributing to growth and QWL.

Carrying over such help to line managers and lecturing staff is important in improvement of this contingent's QWL When this is not done, responses from line managers and educators are ignored, and this contingent are even told that "ratios are worse elsewhere" (Dickinson 2017:1). HODs acknowledge that hostility is experienced in the department owing to the frustrations of needs not being met, and because people are trying to compete for scarce resources such as time (Section 6.4.2.3.2).

Respondents mentioned the lack of leadership skills with dealing with such situations, and expressed the wish that the leader of the nursing division should know her role and manage the division properly (Section 4.2.11.2). Respondents call for HODs to appreciate contributions, to re-look at work allocation and the ratio of teaching to research, and provide support for obtaining further qualifications and achieving more balance between home and work.

In a mostly female career field, this is a distressing occurrence. It corresponds with Marks's (1994:211-214) reflections about violence being perpetuated through nursing attitudes in South Africa (Section 2.5.5). One understands how the inheritance and continuance of such institutionalised practices can exert a negative influence on power relations between educator and student, and ultimaty passing on of the stress to the unfortunate patient via the student.

However, participative management should help towards an improved situation for all involved in nursing. Fortunately this study shows that many HODs are aware of their important role in HEIs. They have a bigger picture than merely the operational

management of the department, with the ability to collaborate with stakeholders from the rest of the university, the community and colleagues (Section 6.4.1.1). HODs identified the need to work on the image of the department, being present on numerous committees and pushing the agenda of the department (Section 6.4.5.1). The sense of teamwork and "gees" and employing transparent processes motivate employees to come to work (Section 6.4.1.3). HODs also commented on the good output they have as a nursing department "giving the rest of the university a go" at research output, which brings competition, empowerment and increased self-esteem (Section 6.4.3.2), HODs told of facilitation of change management and the knowledge it brought about one another's views and circumstances that opened minds and increased empathy (Section 6.4.4.3).

HODs need to be good role models and incentivise their staff to follow such behaviour, so that the patient ultimately benefits through the efficient student as output of the nursing department. The HOD, via his or her character, role and functioning is one of the greatest influences on the nursing department and the QWL experienced there.

As lower middle management, line managers have a frustrating function to fulfil. They have less power than the HOD, but more responsibilities for smooth processes in nursing departments. Cavanaugh et al (2000:65) mention this category of employee as having more physical fall-out from work situations and relationships, and thus less job satisfaction. Bainbridge (2015:847) queries the rationale of devolving duties to line managers without the necessary power to provide support to the staff for whom they are held responsible.

Horizontal and vertical communication are of the utmost importance at this level. Most dissatisfaction occurs with attitudes of line managers to staff. Magoqwana (2018:1) warns women against becoming femocrats, who align themselves with oppressive male dominance in institutions. Mathur-Helm (2016:1) uses the term "queen bee syndrome" and describes it as behaviour of women executives who, after reaching senior positions, alienate other women and prevent more junior women from advancing through the ranks.

The support that most HODs in this study receive from faculty management and other horizontal services such as HR needs to be afforded to line managers too, or the category underneath them will suffer (Sections 4.2.11.2, 5.2.1.3.2 and 5.2.1.3.3).

Succession planning might be at risk and health deficits, burnout and turnover will result among this category.

7.5.1.1 Inadequate performance appraisals

Role ambiguity results when employees do not have a clear vision of their work objectives, and adequate performance appraisals help to address this issue (Arnold et al 2016:416, 426). In this study adequacy of performance appraisals has an effect on JCS and CAW. The opinions of at least half of the respondents (Figure 4.1) correlate with the results of Theron et al's (2014:np) study about performance appraisal management being problematic, with irregularity, unfairness and a lack of constructive feedback presenting in South African HEIs.

A person with negative affectivity and without emotional encouragement could regard performance appraisals as being threatening, revealing inadequacies, with impossible and unrealistic goals. Bureaucracy intervenes here, as the instrument for this purpose consisted of pages of unrealistic deadlines that were impossible to reach within the time allocated (Section 6.4.2.3.2). However, when people perceive that there is room for professional growth in an organisation, unrealistic performance appraisals are less of a problem (Section 4.2.18), as the person with positive affectivity could see performance appraisal as an opportunity to increase his or her ability and knowledge.

Interestingly, according to some HODs, performance appraisals as an effect of managerialism is not connected to salary increases at their university yet (Section 6.4.2.3.2).

Theron et al (2014:np) recommend that HEIs should create suitable job descriptions with **SMART** principles (specific, measurable, attainable, relevant and time-bound) to clarify performance outputs, and improve the performance management system.

7.5.1.2 Micro management by line manager

Micro management by the line manager was one of the three most important reasons for dissatisfaction at work, and was experienced by at least 44% of the respondents (Figure 4.1). People who feel that they have little say at work and their every move are

scrutinised, might become frustrated and anxious. Married life seems to mitigate this situation (Section 4.2.22.4), possibly allowing a married person to focus on other aspects of life. The presence of micro management reflects the need for participative management skills in some nursing departments.

These findings are contrary to those of Theron et al (2014:np), who state that in general line managers in HEIs are adequate. They observe that staff turnover is influenced by perceived supervisor support and relationships and commitment of employees to supervisors. Therefore direct line management and supervisory support should be measured to improve retention of educators. Traditionally, leadership appointments in HEIs were based on teaching and learning skills, rather than on leadership and management ability. These authors suggest that leadership development programmes should be established to educate supervisors to give recognition to the employees they are responsible for.

7.5.1.3 Insufficient support for own research

More robust mentorship, and suitable incentives to encourage academics to be more successful in developing their career path to reach their goals are advocated by Theron et al (2014: np).

Two thirds of the respondents reported insufficient support for their own research (Figure 4.1), and HOD participants also recalled how difficult it was to obtain a master's degree without support (Sections 6.4.1.2 and 6.4.2.3.1). Contributing factors were possibly responsibilities at home, and thus struggling to further studies after hours as a basic requirement of being a university educator (Sections 6.4.1.1 and 6.4.1.2). Table 4.13 demonstrates the effect this has on all the domains of WRQoL, and especially on SAW (Table 5.1). This correlates with reported stress (Sections 4.2.11 and 4.2.16) and reported absenteeism from work.

This culture of work overload and poor support has become the norm in HEIs. Some educators report that they have to fund their studies themselves; others do not have sabbaticals to finish their qualifications. This situation could also arise because not all HEIs participate effectively in the new Existing Academics Enhancement Programmes (EACP) (Breetzke & Hedding 2017:4), or because programmes are not available to the number of academics that need it.

A plateau is soon reached in research output if staff's capacity is not addressed (Section 6.4.1.3). Recognition was given to historical drives to help staff obtain their master's degrees, but it seems that this ended with the completion of degrees (Section 6.4.2.3.2). Thus this is still a need for PhD qualifications and post-doctoral involvement in research. Complicating this matter is that as soon as staff are adequately qualified, they are allocated as supervisors for other students and have to maintain their input on teaching at undergraduate and postgraduate level. Ultimately all these duties become impossible to handle, and aspects such as own research and community involvement are neglected. It is also expected of educators to become graded researchers.

7.5.1.4 Unrealistic deadlines and heavy workloads

Ample recognition was given by the majority (74%) of respondents and participant HODs that unrealistic deadlines are a feature of the South African nurse educator HEI workplace ((Figure 4.1 and Section 6.4.1.1). Unrealistic expectations of students and management contribute to this situation. HODs recognise that expectations from HEI management are unrealistic, especially doubling research output every two years and supervising the younger cohort, without the proper qualifications, too many contractual situations, student attitudinal problems and inadequate supervision (Section 6.4.1.3 and Section 6.4.2.1.1).

Heavy workloads form a thread throughout this study (sections 4.2.11.1 and 6.4.2.3.1). As a result of this heavy workload educators need to teach on multiple platforms (undergraduate, postgraduate diploma, master's and doctorate levels) (Section 4.2.10). Each of these platforms has deadlines for tests and class marks, before examinations can be written and marked before graduation. The expectations to produce output of a quality that enables a good university ranking nationally and internationally are relentless. And so educators' increased stress levels are an unfortunate by-product of HEI production machines, infringing on home life and stealing time from family (Section 4.2.12.2).

The norm of unrealistic deadlines was firmly entrenched at South African universities in effecting change for the needs of the population, with no indication of relief in dealing with the inequalities of the past and the realities of the present. With the #FeesMustFall

disruptions, two to five weeks a year of teaching time were lost (Section 6.4.3.3.1), resulting in student leave being cut to fit in practical hours (also those of the nurse educators). When they returned, it was a "marathon" to catch up with work and finish in time (Sections 6.4.3.3.2 and 6.4.3.3.3). Such disruptions caused unnecessary extra work exhausting staff who had to support the students emotionally through the period (Section 6.4.3.3.3). University recess periods were used for work, and exams were extended into the new year, with classes for the new intake falling behind. At postgraduate level, deadlines could not be extended in times of #FeesMustFall, so although staff and students were not allowed on campus for safety, the work still had to continue elsewhere.

7.5.1.5 Having to work weekends

Work was taken home after hours by 85% (and over weekends by 80%) of respondents and confirmed by HODs (Figure 4.1 and Sections 6.4.1.1 and 6.4.2.1.1). Aspects such as "read or do research to stay on top of your job" can only be done when you "have space to think, without a class around you". Socialising and leisure time to recover are cut down drastically. Those with large responsibilities at home, such as women and one-parent families, experience anxiety and role conflict in the effort to prioritise (Section 5.2.1.2.2). Leisure time is not on their priority list which is a recipe for burnout.

Mastering work schedules by working weekends improved JCS, CAW and WCS, but significantly lower scores on SAW were experienced (Section 4.2.22.8.16 and Table 5.1). As a result, respondents commented that "I always feel behind" and "spending every evening and weekend at my computer", that "work yells louder [than own and family needs]" (Sections 4.2.12.2 and 4.2.16). HOD participants confirm this as an overall problem by saying that "there are very few universities where people don't work over weekends" (Section 6.4.2.3.1).

Intention to stay is affected negatively as "the hours, after work, lack of free time weekends, demands from work … [are] taxing". Two respondents commented that employment at the university to avoid shift work was not effective, as the after-hours work had the same effect, if not worse (Section 4.2.17).

7.5.2 Colleagues, supportive staff and students

Fellow educators, supportive staff and students can affect QWL by causing great satisfaction or souring relationships significantly.

7.5.2.1 Fellow educators

Stress at work results from colleagues not having the same work ethic, not contributing owing to lack of competence, being classified as lazy, having a tendency towards absenteeism, and monopolising administrative staff to render services to certain individuals only (Sections 4.2.11.4 and 6.4.2.3.2).

Racism was experienced by 38% and political agendas and professional jealousy were reported. Reference was also made to the various cultures among colleagues and students (Figure 4.1 and Section 4.2.11.2). When people with different cultures do not understand one another, colleagues can digress into 'othering' that culture, especially when part of a minority. The presence of apartheid followed by affirmative action complicated matters, with discriminatory practices and incongruent demonstrations of caring to patients still occurring. A respondent reported having "mental arguments with colleagues that dared not be voiced" (Section 4.2.12.4), indicating a restrictive workplace with poor relationships, lack of participative management and minimal support, with frustration and emotional, physical and mental distress (Figure 4.1 in 27.10, 27.19 and 27.30). This was confirmed by respondents (Section 4.2.11), who explained that there are too many camps, and colleagues talk among themselves.

Fortunately about half of the respondents trusted their colleagues enough to speak to them as a coping mechanism to deal with stress (Section 4.2.15 and Figure 4.5). This support and socialisation are powerful motivators for staying at the HEI, indicating the relationship between supportive collegial relationships and positive affectivity.

A participant HOD stated that although different generations at the workplace can complicate relationships, they complement and bring out the best in one another (Section 6.4.2.1.1). When HODs have good relationships with colleagues, it helps with understanding needs and providing meaningful support. Trust thus needs to be established, for the colleague to confide the need for support. Connecting daily with

staff during a tea break are valuable in developing trust and relationships (Section 6.4.2.3.2).

7.5.2.2 Supportive staff

A total of 57.3% of respondents indicated that they spend between 1 and 15 hours a week on administrative duties, and are inable to divide their time equally among the required outputs (Section 4.2.9). Competent, efficient, effective and willing administrative supportive staff can significantly improve the nurse educator's QWL, as less time spent on mundane duties would free the educator to be more involved in the other four aspects for which he or she is responsible. From comments by Ezenwafor (2013:431) and Goldman (2011:41-2) and respondents' input and remarks by HODs (Sections 4.2.11.2 and 6.4.2.3.2), the widespread need for competent supportive staff in HEIs is recognised. Respondents added that they did not intend to stay at the HEI unless administrative help was increased.

Skill shortages in administrative staffs include communication deficiencies, in particular written English as the official language of academia, and lack of secretarial skills, such the inability to take minutes, or to type reports accurately (Section 6.4.2.3.2). Ezenwafor (2013:429) asked for competency in HEIs in secretarial duties, including technology and general management, and soft skills such as communication, personality and HR competencies to work with students and academics.

When administrative staff are employed on contracts with resultant large turnover rates, this affects lack of continuity in administrative support. Lack of administrative support results in nurse educators taking work home, with negative effects.

Administrative staff is overburdened, and some educators monopolise administrative assistants (Section 6.4.2.3.2). Thus it seems that this staff category is not managed well, and workloads could be divided more equally.

7.5.2.3 Students

At HEI level it is not unusual to have large numbers in class. However, if the programme needs clinical facilitation, numbers such as 150-300 students in a class

becomes unmanageable. With the accompanying load of assignments, tests and examination scripts to mark, apart from the various levels of students to be taught and having drafts of master's students' dissertations to read, such numbers are unrealistic. HODs explain the dilemmas created with increased or large student numbers (Sections 6.4.2.1.1 to 6.4.3.3.3). Figure 4.1 shows that 65% of educators feel that students and management have unrealistic expectations of them. This possibly relates to accompaniment and feedback from the course work. Teaching large numbers of students is predictive towards SAW (Table 5.1). This situation is exacerbated by inadequate technology at some HEIs to deal with large numbers, and the resultant low predictive score on WCS (Table 5.1).

Drastic shifts have taken place in the last two decades regarding diversity in culture and race among students (Section 6.4.1.3). In Section 6.4.2.1.3 HODs tell of the success they had with increasing diversity among students.

Educators, however, wish for non-discrimination against certain race groups, and that student violence or disruptions should be curbed to 'enable completion of all aspirations and tasks' of student and educator (Section 4.2.11.2). Student political involvement on campus has been a major concern, as this situation affects their ability to complete their studies, and educators' year programmes need to cater for more exams to accommodate students. Everatt (2016) referred to the conflict between educators, staff, students and management in dealing with aspects of #Decolonisingtheacademy and #FeesMustFall. Educators stated that students were arrogant and had all the power in the university with their ability to disrupt normal academic processes. HODs mentioned how striking students intimidated staff members, and damaged HEI buildings (Section 6.4.3.3.1). Sections 6.4.3.3 and 6.4.3.3.1 also refer to aggression levels in male students, and increased rape incidents.

Fortunately nursing students were involved in a lesser degree in these protests. HODs mention how their students participated in protests with various degrees of animosity and responsibility (section 6.4.3.3.2). It seems that the majority of nursing students attempted to finish their degrees without interruption (section 6.4.3.3.3).

Although access to HEIs of a larger proportion of youth was increased towards equity, success is not guaranteed when students' lack of preparedness for tertiary education

is considered. Educators and HODs mentioned the lack of ability of students, and indicated that they made poor general progress as they do not want to read, and are not self-directed (Sections 4.2.11.3 and 6.4.4.4.1). Student dislike of active group work was mentioned, and that they preferred non-involvement via lectures (Section 6.4.4.4.2). Absenteeism, unethical behaviour and conflict were rife. Regular conflict resolution was necessary.

Because of the increase in diversity in students and differences between educators and students, student backgrounds were not well understood, and thus students were experienced as being militant and having lost respect towards lecturing staff (Sections 6.4.2.1.3, 6.4.4.4.1 and 6.4.4.4.2). Dysfunctionality with psycho-social issues was mentioned in certain year groups. Not all the HEIs have this problem. An HOD said that at her university the quality of the student was better, but it could have to do with the increased level of involvement of the educators. These differences in perceptions of students seem to be related to the setup of the HEI and the support that is offered to students.

Student recruitment for rural universities presents some problems, with well-established HEIs as competition in nearby urbanised areas. Previous traditional universities are seen as more prestigious and students from rural areas bypass their rural HEI to obtain a qualification in the city (Section 6.4.4.4.5). The possible reasons for this phenomenon are related to housing, safety, distance and access (Mudau 2017:10568).

Postgraduate students from private and public nursing colleges are particularly at a disadvantage when attending HEIs for further studies. Recruitment for postgraduate courses of students with a bridging course nurse registration or those with the traditional 4 year diploma registration on college level was seen as not being wise, as these students often struggle to keep up with education on NQF level 8 at HEIs (Section 4.2.11.3). The necessary extra input that is needed to remediate previous schooling attempts in order to be successful at university, and the lack of one-on-one time frustrates educators and students. HODs mention that students do not understand how to do research, and believe they should please the educator, instead of thinking and functioning on a more abstract level (Section 6.4.4.4.3).

However, students were the reason that many educators work at university. Several educators said how fulfilling it was to see the students grow and improve their lives. They felt proud when they had been instrumental in students' excelling in their studies (Section 4.2.11.3). HODs expressed how the satisfaction and enjoyment with working with students contributed to a QWL (Sections 6.4.1.1 and 6.4.1.3). Such positive affectivity gratifies, and helps towards further positive perceptions. HODs mentioned how some excellent students were promoted to lectureship soon after qualification, reflecting on their ability and dedication (section 6.4.2.1.1). Several educators and HODs commented on the lengths to which educators go to help their students (Section 6.4.4.4.2).

Unfortunately some excellent students are lost to the profession, with frustration observed from students owing to the inability to be innovative in nursing, and lack of intellectual challenges after qualifications were obtained (Section 6.4.4.4.4).

7.6 INDIVIDUAL FACTOR INPUT ON QUALITY OF WORK-LIFE

Personality, and physical and mental health of nurse educators at HEIs in South Africa were individual factors that contributed to their QWL.

7.6.1 Individual factors

In examining the effect of personality on QWL in this study, gender, age, language and ethnicity, positive and negative affectivity, and physical and mental health were considered.

7.6.1.1 Gender

In a female-dominant profession such as nursing, males will be under represented in research, as found in the study's survey despite efforts to include them. Male representation in South African nursing is low in general, at 9% (SANC 2017:np). Although there was a similar percentage of male respondents, the data of only 7.2% could be used, owing to incomplete returned questionnaires (Table 4.1).

When UK academia results were compared with the South African nurse educator population on the WRQoL scale, South African scores were generally lower for both genders (Section 4.2.22.1). Gender comparisons among South African samples indicated only that South African males seem to have higher SAW and WCS scores than South African females. However, owing to the small number of men that took part in this study this assumption cannot been verified. In contrast, South African female nurse academics showed better GWB, HWI, CAW, and an over-all better total WRQoL experienced than South African males.

The work at an HEI takes its toll of both genders and is expressed mostly as feelings of guilt and conflict towards one's children, partner and extended family, because work is prioritised (Sections 6.4.2.1.2, 4.2.1.12.1.1, 4.2.1.12.1.2 and 6.4.1.2). The remark that "one is never free", and that some type of input is forever waiting to demand your attention applies here. When people are more traditional, more guilt is experienced from family-interfering-with-work, while egalitarian individuals experienced more guilt from work-interfering-with-family (Livingston & Judge 2008:207). In South African society traditionalism and egalitarianism do not exclude one another, and nurse educators employed at HEIs suffer from both effects (Livingston & Judge 2008: 207).

In the interface of gender and ethnicity, HODs mention tension, with the male seen as the leader in the culture of many South African ethnicities (Section 6.4.2.1.2). Hence, when a male educator should be subservient to a female HOD, antagonism is reported. This phenomenon causes frustration and a negative influence on QWL, as the HOD should be assertive in dealing with it (Chinkhata 2016:183).

In a female-dominated career field, "women are not good to women, and impose their worst characteristics on each other" (section 6.4.2.1.2). Sadly this reminds one of Marks's (1994:211-213) comments about South African nurses in 1994, with the realisation that slow progress has been made in relationships since then. Evidently queen bees (Mathur-Helm 2016:1) and femocrats (Magoqwana 2018:1) are alive and sometimes thriving among nurse educators and their HODs in HEIs. HODs commented on the placement of a nursing department in a (mostly) male faculty and the barriers that women have to contend with (Section 6.4.2.1.2). Mathur-Helm (2016) and Magoqwana (2018) sympathise with this aspect of corporate environments and academia and advise that they should be supported along their career paths to guide and empower them.

7.6.1.2 Age

When the dissimilar samples are compared roughly, South African nursing academics of 60 and older score better on GWB, CAW, WCS, and almost the same on the total WRQoL (Table 4.1) as the UK academics. In view of the discontent in the UK regarding "new managerialism, corporatisation and issues about pension funds" (The Guardian 2018b:1) this is understandable.

The HOD age groups varied from 30s to retirement age and beyond (63 years and above). The youngest age group (31-40 years) was not well represented among the nurse educators as respondents' mean age was 50.6.

The impact of age on QWL in South African HEI nursing departments is demonstrated by the older generation (>60 yrs), who scored better on almost all the aspects of WRQoL (Section 4.2.22.2), particularly CAW, than the 25-44 group as supported by ANOVA testing (Table 4.17). In addition, the age-related impact on QWL in this study refers to the generational gap between educators among themselves and between educators and students (Section 6.4.4.4.2). From the respondents' ages obtained, it seems that South African's large older population of nurse educators have been in their permanent posts for a long time (Table 4.1), being the ones with the most expertise and having made names for themselves as researchers, teachers and leaders. Possibly owing to factors such as apartheid and cost containment, succession planning was not prioritised, and with the recent urgent need to diversify and to recruit PhD qualified staff for replacement (Breetzke & Hedding 2017:4), nursing departments are facing age-related challenges with a lack of younger educators in permanent positions. Recruitment for the younger generation of educators is thus done among the young student body, via encouraging and enabling promising scholars with bursaries and leniency towards completion of studies (Section 6.4.2.1.1). However, these are the educators that are initially employed with contract positions, and thus feel the most unsafe in their positions (Dickinson 2017:1), and would be the most prone to look for positions elsewhere (section 4.2.16), as also demonstrated in the UK (The Guardian 2018a:1).

It should be acknowledged that nurses become academics later in life (Section 6.4.2.1.1), as they are required in South Africa to do their community service year and gain some clinical practice before they are admitted to postgraduate studies. At that

stage they often have other commitments, and academia may not be their first priority. Hence it is easy to feel overloaded and to look for a better fit elsewhere. Perhaps they are not realistic about what it takes to be a nurse educator, in terms of lack of freedom, hierarchy and rules, and would prefer a more flexible environment in which they would have more say. Older staff expect younger ones to fall in step sooner and tend to be judgemental. Because previous generations did not have the opportunities of the younger generation this is a cause of generational conflict (Section 6.4.2.1.1). However, with government's concessions to improving qualifications, there seems to be no better time for younger people to be in academia (Breetzke & Heddingh 2017:4). This is evidence that they are grasping these opportunities with great propensity and willingness to add to the team, with "invigorating new radical ideas" (participant D11 in Section 6.4.2.1.1).

Replacing retiring educators with younger ones decreases the generational gap between educator and student with greater understanding of millennial mindsets and improved understanding of the issues students face, as well a call to adapt teaching and learning methods to their needs (Stonebraker 2015:793). The policy among HEIs of appointing HODs on three-year contracts helps to refresh the mindset regularly.

Diversity in age groups at HEI is more of an advantage than a disadvantage (Section 6.4.2.1.1), as the younger group should be mentored regarding expectations and goals, and to ensure quality through continuity (Jones et al 2016:12). This tapping into their energy has to be done wisely, not to stifle their initiative. More support is necessary than was offered to previous generations to help them cope with their responsibilities. At the same time, previous generations must be afforded the opportunities to which they were not privy in the past, such as ensuring that they have support via allocated time and mentorship to finish their doctorates and the other qualifications (Section 6.4.2.3).

7.6.1.3 Language and ethnicity

This study had a good response rate among Afrikaans speakers at 54%, with just more than half of this number of English speakers responding (30%), and African tongue speakers at 22% (Table 4.1). Language is not an indication of ethnicity, because most South Africans can speak two languages. English is their second language, and is the

business language of the country. However, Afrikaans is the third most spoken language (6.85 million speakers), after Zulu and Xhosa (11.6 million and 8.15 million speakers), with English in fourth place with only 4.9 million speakers. Most people in the Western Cape speak Afrikaans, while most people in Johannesburg (Gauteng) speaks English (BusinessTech 2015:1). Zulu and English are predominant in KwaZulu-Natal, and Xhosa and English in the Eastern Cape.

HEIs are anglicising fast to accommodate the majority black student population that does not speak Afrikaans. In this study, language proficiency issues were reported as causing frustration among academic and non-academic staff, and among academic staff and their students (Sections 6.4.2.1.3 and 6.4.2.3.2). However, in the globalised reality of academia, and the further governmental inclusion of diversity, this is part of life that should be accepted and planned for (DoST 2017; Ezenwafor 2013:430; NPC 2012).

The diversity in ethnicity is being catered for at a much faster rate among the student population than the educator population in South Africa. Although Theron et al (2014:np) found that there was general satisfaction with cultural diversity and affirmative action obtained with respect for one another's cultures, Breetzke and Hedding (2017:2) said that the battle rages on regarding speed of change among senior academics of opposite opinions. This is demonstrated in opinions such as those of Soudien et al (2008) and Govinder et al (2013) in Cloete et al (2015) who say it is much too slow, while Moultrie and Dorington (2014) and Price (2014) in Cloete et al (2015) comment that massive change has taken place and is faster than expected and predicted. In this context, the recent appointment of three black women to top positions at NMU (chair of council, chancellor and vice-chancellor) was celebrated by Magoqwana (2018:1) as being "deeply transformative" in the governance of a South African HEI, where less than 6% of A-rated professors are black women, and in colonial and apartheid universities because "spaces have never been intended" for them to be there.

There are indications in this study that the HWI of educators as African mother-tongue speakers may be compromised (Section 4.2.22.3). Many variables should be considered in this situation, with culture and the extended family among them. Another important consideration is the interface between gender and race, which is an aspect of frustration particularly for the older generation of black female educators, and

possibly less so for the young black female. The latter have had much more recognition, opportunities and role models than the original black female trailblazers who had to battle through the apartheid regime and lack of opportunities. Such opportunities are available through the new Staffing South Africa's Universities Framework (SSAUF), with its three core programmes of NESP, nGAP and EACEP for black African academics, especially women (Breetzke & Heddingh 2017:4).

Whichever way one looks at ethnicity, one has to be aware of widening gap between the precarious employment opportunities that the younger, mostly black academics have, and "secure, but stressed" white academics (Dickinson 2017:1). The notion that an increase in non-white academics in South African HEIs will negatively affect quality, is unsubstantiated (Breetzke & Hedding 2017:3). It is thus important that nursing departments motivate for inclusion in the implementation of such programmes to develop their diversity.

Racism as part of ethnicity and diversity was dealt with in section 7.4.8.

7.6.1.4 Positive and negative affectivity

HOD statements agree with Muindi and K'Obonyo (2015:232) that personality traits such as positive affectivity and an internal locus of control affect a QWL positively (Section 6.4.2.1.4). Comments from educators about ensuring good interaction between parties in the HEI situation, enjoying the company of colleagues, being intellectually stimulated, feeling satisfied with input with students, having the ability to grow professionally, feeling a sense of prestige and personal accomplishment reflected the positive affectivity that ensures a QWL. Lastly, being able to work a regular work week is valued.

An HOD explained how feelings of optimism and an internal locus of control helped to have positive affectivity and attitude to work (Section 6.4.2.1.4). She comments how the presence of the right tools of the work, trust, recognition, support and the explicit choice made to have a good working day contributes to a positive work experience.

Unfortunately respondents also reacted negatively by wanting to make a career change because of mental distress, pervasive sadness and feelings of being stressed, and not fitting in (Section 6.4.2.1.4). Politics and racial tensions in South Africa have

played a large part in creating such negativity towards one another as human beings and towards the job (Dickinson 2017; Everatt 2016). There is a need to develop a willingness to understand one another through clarification of values to address these issues interpersonally. Much needs to be done to encourage the development of tolerance as part of an internal locus of control (Section 6.4.2.1.4, participant D9) and to empower nurse academics to assert themselves in the nursing department.

From comments by HODs on preparedness for their posts as HOD (Section 6.4.1.1) one obtains valuable information about personality characteristics that would be beneficial to a successful career in academia. These included connectedness, having adequate relationships, being comfortable in the teaching and learning situation, having the right qualifications, structuring personal time, not avoiding stress, but coping with it effectively, functioning independently towards personal and organisational goals. Resilience, a calculated input to produce a satisfactory output, the ability to reflect on the process, and a personal motivational philosophy were also mentioned.

Aspects such as interpersonal conflict, egoism and being more concerned about one's own career than showing a presence in the faculty distracts one's energy away from a satisfactory result. Educators should consider applying characteristics of self-acceptance and self-kindness, and building in enjoyable activities for oneself. The goal is to be stimulated and satisfied, with a sense of belonging, and feeling that you mean something to your colleagues and students. Reaching this goal contributes towards a QWL and enables one to cope with daily stresses. The words that stand out are 'resilience' and 'flexibility', and these should be developed for a positive affectivity and a positive attitude towards work (Section 6.4.1.1).

7.6.1.5 Physical and mental health

Literature abounds with indications that health is affected by job stress, with 40% of all work-related illness being ascribed to work-related stress, depression, burnout and anxiety disorders (Sections 2.3.2.2 and 2.3.2.3) (Schoeman 2016:3). The information from the Aon group's health survey is distressing (Aon Risk Solutions 2018:7). It found poor compliance in South Africa among employers industries regarding health

strategising. This company says that positive intentions mean nothing without the necessary actions to improve the health and welfare of their employees as top assets.

This poor performance of South African HEIs is reflected in the responses of the educators and HODs in this study. Although HODs do not refer to their own physical and mental health issues, every day they have to deal with plenty of examples of ill-health among nurse educators as employees. Physical health influenced all seven domains of the WRQoL scale and mental health affected five out of the seven (Table 4.13) which indicates the attention this aspect should be given. After multiple linear regression analysis, physical health was predictively related to GWB, HWI and total WRQoL, and mental health was related to SAW (Table 5.1).

Two thirds of respondents reported consequences to their physical health owing to work, and slightly more reported the effects of work on their mental health (Section 4.2.13). Being expected to study for PhDs as part-time students, without sabbaticals, with the added responsibility of dealing with increased student numbers contribute in particular to ill-health. Theron et al (2014: np) postulate that emotional recognition of employee contribution helps to retain educators at HEI.

Unresolved conflict at the workplace takes its toll in anxiety, frustration and mental fatigue. One in five of the respondents of the survey (Section 4.2.15) reported being medicated for stress-related situations. This is reflected in sick leave patterns (Section 4.2.14.2 and 4.2.14.3). HOD participants confirm the presence of such symptoms in HEIs, and diagnose them as burn-out rather than psychiatric illnesses (Section 6.4.2.1.5). Members of staff have severe challenges to cope with at work, owing to health issues. It seems that HODs have had to develop ways of dealing with such issues (Sections 6.4.2.1.5, and 6.4.2.2).

Proactive recognition and prevention of symptoms of occupational diseases by faculty management seems to be absent in the highly intellectual and academic HEI environment. Theron et al (2014: np) adds that HEI supervisors need to be enabled to apply recognition practices among their employees.

7.7 HOME INPUT ON QUALITY OF WORK-LIFE

The majority (61%) of educators, especially those with qualifications at master's and PhD level, and HODs perceived that work affects home and social life rather than vice versa and large amounts of personal life have to be offered up to stay in academia, with guilt attached if it influence the family (Sections 4.2.12 and 6.4.1.2).

HWI was most affected on the WRQoL scale with more than half (18) of the 31 factors influencing this domain (Table 4.13). Too little time for recreation and family life is afforded in academic life in these female-dominated, often 'single mother as breadwinner' households (Section 4.2.4). This situation affects one's ability to complete one's studies and eventually supervise master's or PhD studies and become a rated researcher. One HOD participant illustrated the focus and willpower it took to complete her studies because of expectations at home combined with lack of support at work (Section 6.4.2.3.1, participant D12). Murray's (2014:1) statement about work receiving more attention than children, the home being organised chaos, and the inherent difficultly in climbing the career ladder with a young family is pertinent here.

In determining priorities, each educator should decide where the balance between work and home lies according to his or her circumstances. Extended families are the norm in South Africa, and mothers play a more traditional role in care-giving, so balancing the domains might be more difficult in comparison with countries such as the UK which as a developed country possibly has more nuclear families and non-traditional divisions of labour in a household. Both educator and HODs groups expressed that support from spouses and family helped with dealing with the many responsibilities causing stress (Sections 4.2.15 and 6.4.1.2).

7.7.1 Family

Positive parental influence helped to improve social capital in one generation with improved qualifications (Section 4.2.5). Educators' appreciation of parental input in their lives is possibly reflected in the 27% that accommodates parents in the household (Section 4.2.3. This can play out positively and negatively with the parent contributing and helping with childcare, but also living longer and requiring more attention. The educator in this situation is wedged between the youngest and eldest generations, with both requiring extensive care (Sections 4.2.3 and 4.2.12.1.2).

The majority of educators and HODs in this study were married or living with a partner (Table 4.1) (Sections 4.2.22.4, 6.3.1, 6.4.2.2), with emotional support when the need to debrief about circumstances at work existed. Such support can compensate for negative feelings, enhancing self-esteem, acceptance and worth (Schultz & Schultz 2010:288). However, this is not true of all respondents, and the need for more time to nurture relationships was expressed, which is difficult with the amount of work taken home (Section 4.2.12.1).

Educators who do not have partners could experience and display greater proportions of stress, owing to lack of support structures and time to socialise with family as support. The dilemma for the HOD is to strike a balance between support and discipline, for the work to continue and for fairness among the employees (participant D5 in Section 6.4.2.2). Participant D11 in the same section mentions how careful an HOD must be not to pry, but to wait for people to divulge personal information before help is offered.

7.7.2 Children

While having children is seen as a privilege and a joy in most circumstances, it does not remove the anxiety of supplying in all their needs, and the constant worry about finances and time for the needed support (Sections 4.2.12.3 and 6.4.1.2). Anxiety about inadequate remuneration in households with children is more prevalent among educators than with the better remunerated HODs.

The female nursing career field probably tends to have a greater leaning towards having to support children of all ages than a dominantly male career field. Thus one understands the frustration elicited by the comment that faculty functions around the needs of male colleagues (participant D10 in Section 6.4.2.1.2). This also explains why educators as parents of the 7-13 year old group report less CAW (Section 4.2.22.5). HODs said how they have to accommodate the family life of educators when children are sick, and how it influences absenteeism (Section 6.4.2.2).

Multiple linear regression analysis indicated that not having adult children impacted negatively on SAW (Table 4.59). It seems that when there are older children in the household, less SAW is experienced (Section 4.2.22.5) which could generally indicate the value of adult children in households. Participant D6 had similar experiences when

she commented how children become independent and help with the workload at home (Section 6.4.1.2).

7.7.3. Friends and leisure

Too little time for recreation and family affected the WRQoL factor of GWB (Table 5.1) in this study, especially nurse educators with higher qualifications. As a result, some educators verbalised feelings of burnout, and despondency (Section 4.2.11.1). However, for most respondents, socialising with family and friends, and taking part in religious activities were the most popular coping mechanisms (Section 4.2.15). This study indicated that employing three to five such coping mechanisms improved the total WRQoL score significantly (Table 5.1).

Although this situation should be celebrated, attention should be given to the proportion of educators who do not prioritise socialisation, as this has caused depression, feelings of guilt and hostility (Section 4.2.11.1). With these feelings playing out at work, further isolation can be experienced, resulting in a lack of QWL, for themselves, their colleagues and the students. Self-care activities such as involvement in leisure activities are negatively affected, with sick leave increasing, and staff turnover predicted.

Among the HODs, varying degrees of awareness and support were observed. HODs are aware of the struggles with families, friends and leisure (participant D11 in Section 11 6.4.1.2) that staff experience, but tend not to pry (Section 6.4.2.2). However, when being told about such issues, HODs have given support in various ways that help to distribute the workload more evenly, as expressed by this participant.

This concludes the discussion on the mixing of the quantitative and qualitative results of the research. Legitimation of the process is discussed next.

7.8 MIXED RESEARCH LEGITIMATION

Table 3.5 in Chapter 3 mentions all the possible threats identified by Onwuegbuzie (2016:10) in the typology for legitimation in mixed methods research. Nine threats need to be considered in this phase of the research.

- Sample integration is the extent to which the relationship between the quantitative and qualitative sampling designs yields quality meta-inferences. Integration took place after the collection of both sets of data and was rigorously investigated to ensure good merging of data and drawing of meta-inferences in this chapter.

- Inside-outside refers to the extent to which the researcher accurately presents and utilises the insider's views for purposes such as description and explanation. The researcher ensured in this research that the views of the educators and their heads were accurately portrayed by the quantitative data, open-ended questions and interviews. The opinions of the supervisor and the examiners also give opinions on the extent to which these views were successfully portrayed.

- Weakness minimisation is the extent to which the weakness in one approach is compensated by the strengths in the other approach. The qualitative phase findings complemented the opinions obtained in the quantitative phase, with similar problems being described by educator and HOD groups, but from different levels in the HEIs, as validation of problems in the system.

- Sequential refers to the extent to which one has minimised the potential problem in which the meta-inferences could be affected by reversing the sequence of the quantitative and the qualitative phases. The researcher considered reversing the sequence of the study, but was not convinced that the heads of nursing departments would have given a complete account of the issues at play. Being managers, they tend to be more loyal to the institution than to the employees. Therefore it seemed logical to have the sequence with the quantitative phase first.

- Conversion legitimation is the extent to which the quantising and qualitising helps to obtain meta-inferences that is usable. When open-ended questions are quantified, over-weighting or under-weighting of themes can take place. Measures to prevent this included coding all open-ended answers and qualitative data, with the supervisor checking the coding. Where possible, indications were also given of the number of respondents that agreed about the same issue.

- Paradigmatic mixing is the extent to which the researcher's epistemological, ontological, axiological, methodological, and rhetorical beliefs underlying the quantitative and qualitative approaches are successfully combined or blended in a usable package. The supervisor and examiners are qualified to comment on this aspect (Section 3.2).

- Commensurability is the extent to which the meta-inferences reflect a mixed worldview based on the cognitive process of switching views and integration. Integration of worldviews was explained (Section 3.2.1), and helped in drawing up meta-inferences in the last phase of this mixed methods research, which is expressed in Chapter 7 with the mixing of the data and in Chapter 8 in the provision of guidelines to address the QWL of nurse educators at HEIs.

- Multiple validities refer to the extent to which addressing legitimation of the quantitative and qualitative components of the study results from the use of quantitative, qualitative and mixed validity types, yielding high quality meta-inferences. By addressing each of these validities according to the legitimations discussed in each phase (at the end of Chapters 5, 6 and in the paragraphs above), meta-inferences of high quality are ensured. The perusal by the experts of Chapter 8 helped to confirm the accuracy of the meta-inferences.

- Political validity refers to the extent in which the consumers of mixed methods research value the meta-inferences resulting from the quantitative and qualitative components of a study. Accurate attempts at objective portrayal of the opinions of the respondents and participants increased the knowledge and understanding of the researcher in handling mixed methods, the problems of QWL of nurse educators, and ultimately helped to draw up guidelines to improve QWL that were confirmed by experts.

7.9 CONCLUSION

It seems that the expectations from the multitude of role players are so manifold in a volatile political environment, that one fails to comprehend how these nurse educators manage to function. One cannot but wonder whether they are set up for failure. However, in a supportive environment with understanding HODs, this is not impossible, as a contingent of educators and HODs in this study indicated. HODs are grown from the same environments as the nurse educators and have learned many

coping strategies which could be applied if successes are to be shared and efforts are combined.

Chapter 8 focuses on guidelines to address this matter, borrowing from conclusions drawn from the opinions of educators and HODs in HEI nursing departments.

CHAPTER 8

DEVELOPMENT AND VALIDATION OF GUIDELINES AND STUDY RECOMMENDATIONS

8.1 INTRODUCTION

Changes in South African HEIs continue to be "non-linear, highly complex, with unfolding discourses … replete with paradoxes, tensions, contestations, and political and social dilemmas" (CHE 2007:1). Steenkamp and Van Schoor (2013:33) suggest the development of transformational intelligence (TQ) with the use of creativity, motivation and understanding of the necessary processes "for systems to accept their historical situation and to assume agency and responsibility for dealing meaningfully and transformationally with their future in a complex environment". Arnold et al (2016:31) suggest applying work psychology to analysis and answering queries about how different groups relate to one another, how fairness is to be achieved at work, and how the potential value of a diverse workforce can be realised.

Chapter 8 is the culmination of the implementation stage of the 13-step methodological framework, which aimed as the purpose of this research to determine the QWL of South African nurse educators at HEI, and to triangulate this status with information from HODs regarding the status quo. This chapter thus presents the seventh and last objective of this study, which is to present guidelines to improve QWL in nursing departments at South African universities.

8.2 DEVELOPMENT AND VALIDATION PROCESS

Nurse educators have to perform a balancing act to deal with forces that influences their QWL on several levels. In the last decade the magnitude and multitude of the these forces forced academics, legislators and policy makers to question whether HEIs are still intact functionally and whether fundamental changes are indicated (Cloete et al 2015; Kalfa et al 2017; McCaffery 2019). Although many institutions and systems have failed in service delivery in South Africa, most tertiary educational systems are managing to perform despite challenges. With reinforcement and the right support they should be able to improve and influence QWL positively (Cloete et al 2015; Rispel 2016).

Guidelines for such support were developed through meta-inferences from mixing quantitative survey data (Phase 1) and qualitative interview data (Phase 2), supportive literature, logical deductive and inductive reasoning towards conclusions. These conclusions were finally the validated as guidelines by experts. These guidelines address support on three levels that have been identified as influencing QWL (Table 8.1).

Table 8.1 Themes and categories of proposed guidelines

Theme	Category
8.3.1 Mitigate international, national and provincial influences	***8.3.1.1 Curriculum demands*** **GUIDELINE 1** Acknowledge South Africa's African context and address via curriculisation ***8.3.1.2 Governance and funding*** **GUIDELINE 2** Negotiate for funding and good governance on all platforms
8.3.2 Strengthen structure across the higher education institution	***8.3.2.1 Governance at higher education institution level*** **GUIDELINE 3** Create a flatter management structure that allows participation of staff ***8.3.2.2 Salaries, benefits, contracts, and union representation*** **GUIDELINE 4** Consider salaries and benefits of all staff to be just and equal ***8.3.2.3 Technology*** **GUIDELINE 5** Invest in good technology for better HEI output ***8.3.2.4 Workload and student numbers*** **GUIDELINE 6** Develop methods of distributing the workload fairly ***8.3.2.5 Support for research*** **GUIDELINE 7** Support staff to reach their goals of obtaining their PhDs
8.3.3 Support the output of nurse educators	***8.3.3.1 Departmental influence on quality of work-life*** *8.3.3.1.1 Heads of Department* **GUIDELINE 8** Support the heads of departments *8.3.3.1.2 Line managers* **GUIDELINE 9** Support and develop the line managers *8.3.3.1.3 Nurse educators* **GUIDELINE 10** Address lack of cohesion among educators *8.3.3.1.4 Supportive staff* **GUIDELINE 11** Address the growth needs of administrative staff *8.3.3.1.5 Students* **GUIDELINE 12** Support the diverse needs of the nursing students
	8.3.3.2 The influence of individual factors on quality of work-life *8.3.3.2.1 Personality: gender, age, ethnicity, and affectivity* **GUIDELINE 13** Determine personal and individual factors that influence the quality of work life *8.3.3.2.2 Physical and mental health, socialisation and leisure* **GUIDELINE 14** Implement organisational efforts towards meeting wellness needs
	8.3.3.3 Home influence on quality of work-life: **GUIDELINE 15** Create an awareness of the importance of family life

Three experts with doctorates in nursing and qualifications in nursing management and administration, as well as extensive academic and HOD experience in universities, were chosen to comment on the guidelines, an HR qualified person with knowledge and experience in academia and his own HR consultancy firm was consulted about the practicality of the guidelines from an expert HR perspective.

Experts were provided electronically with Chapter 1 of the thesis as background and the guideline instrument and instructions. They were asked to complete a form (Annexure J) for guideline validation. The researcher also offered to send the rest of the thesis, if required, to help with determining credibility, and particular validity.

De Swardt's (2012:178) criteria for guidelines as adapted from Leech, Van Wyk and Uys (2007) and Maree (2007) were used in drawing up of this reporting form which was requested from the experts, with comments required on clarity, comprehensiveness, applicability, credibility, validity and suggestions for improvement. Clarity referred to the guidelines being concrete and precise, with clear descriptions. Comprehensiveness meant that all aspects of QWL were addressed. In terms of applicability, the researcher enquired whether barriers to implementation and cost implications were addressed. Credibility indicated whether guidelines were based on the true findings, and validity referred to the correct interpretation of the evidence to support the implementation of the guidelines.

The four specialists that responded did so in their own way, with two completing the validation form fully (D & H), and a third (M) commenting only on the first three aspects, indicating that owing to the inability to read the whole thesis, these two could not be commented on, but that the research methodology and findings would prove credibility and validity. In addition, the HR specialist (G) in general mentioned satisfaction with the rationale for and recommendations by the guidelines and asked that organisational aspects should stand out in the presentation.

These comments apply, where 1 = not acceptable, needs major changes, 2 = acceptable, with recommended changes, and 3 = acceptable as described.

The guidelines were then adapted and improved according to this advice, and are presented in Table 8.3.

Table 8.2 Validation of guidelines

Cri-teria	1	2	3	Comments
Clarity		D	H	*Satisfied *Guidelines broad, to be narrowed down for crispness and specificity *Be specific with whom should be responsible for which action, or how often reviews should take place
			M	*Writing clear, accurate and succinct
			G	*Satisfied
Comprehensiveness	H			*Aspects to be included: **Organisational culture and climate linked to burnout to be included **HRs role in creating/supporting a positive climate and job satisfaction **Support for research **Home influence
		D		*Comprehensively discussed, with proper linkage to specific recommendation, though some replication
	M			*Do not neglect demands of the practical, clinical student accompaniment on educators, as well as those of the administrative staff, mentors and students in the study
			G	*Satisfied
Applicability			H	*Satisfied D: *N/A Not addressed in the guideline document
			M	*Process of triangulation of data analysis of whole dataset and arrival to conclusions and recommendations will prove this, so cannot comment, results will speak for itself
			G	*Satisfied
Credibility			H	*Satisfied
			D	*Link between the collected data and findings and the specific recommendations is clear and adequately addressed M: *Cannot comment, results will speak for itself
			G	*Satisfied
Validity			H	*Satisfied
			D	*Appears to have been managed appropriately M: *Cannot comment, results will speak for itself
			G	*Satisfied
Other	D			*Include the use of shadowing of an HOD towards succession planning in Guideline 8 *Be consistent in use of terminology such as either educator or lecturer, but not both *Recommendations to start with an action verb *Ensure guidelines are worded broadly enough to cover all the recommendations, but are also crisp and clear enough to indicate a definite focus for each of the specific guidelines *Add a list of acronyms and abbreviations
	M			*Review title to reflect main finding
	G			*Add organisational factors to first objective of study and consider this as another theme with its own guidelines. Consider Fraser's thesis in this regard, Chapter 2 (par 2.8 pp 35-42)

(Instrument adapted from Leech, Van Wyk & Uys 2007:110)

8.3 THEMES DEVELOPED FOR GUIDELINE PRESENTATION

The three themes assisted in explaining the fifteen guidelines:

- Mitigate international, national and provincial
- Strengthen structure across HEIs
- Support the output of nurse educators

Table 8.3 Guidelines to address quality of work-life of nurse educators

8.3.1 Mitigate international, national and provincial influence
8.3.1.1 Curriculum demands
Concluding statements *Exposure of South Africa to the world post 1994 brought new possibilities for collaboration at tertiary level globally • Increasing student numbers from African countries are studying in South Africa. Decolonising the academy has relevance for the traditionally Eurocentric South African HEIs with a need to adapt to African societal changes • Recognition of the need for a decolonised curriculum varies in nursing departments of HEIs. Selected HEIs have presented research/information on how to address #Decolonisingthecurriculum, which could be valuable to apply when curriculising • SANC accreditation for new curriculums has been delayed since the promulgation of new legislation in 2005 • The ability of HEIs to re-curriculise to the demands of the multiple organisations involved in accreditation varies
Guideline 1 Acknowledge South Africa's African context and address via curriculisation
Recommendations for implementation *Each nursing department should via a community/society assessment identify local South African social and health problems that should feature in their curriculum • Such diagnosis should take into consideration the student profile and their required competencies. An example is the CanMeds graduate attributes as outcomes for a South African programme • Successful tertiary educational programmes in the South African context should be studied and principles applied in programmes. Collaboration instead of competition at HEI level is indicated for this process • FUNDISA should facilitate collaboration among HEIs to apply best practice regarding decolonising the curriculum and curriculisation

*Every nurse educator and nursing department of an HEI should exercise influence on SANC by active involvement i- elections for improved legislation, policy making and finalisation of new regulations for undergraduate and postgraduate qualifications

8.3.1.2 Governance and funding

Concluding statements

*Government expenditure on tertiary education in South Africa has been poor, with drastic changes towards fee-free education for lower-income households through NSFAS in 2018

*There are vast differences in quality of education between internationally ranked HEIs and those that had to be placed under administration owing to the inability to manage effectively at provincial level

- With massification of education, and poor governance of budgets in provinces, equitability and equality are not attained
- Students tend to prefer larger research-driven HEIs and bypass rural and previously black HEIs
- Progress through government-supported development programmes for academics, such as NESP, nGAP and EACEP, is slow owing to the lack of funds and the time needed to grow an academic
- Unequal subsidisation of nursing under- and postgraduate programmes at HEIs causes major discomfort and requires educators to give more input in some nursing departments
- Mergers between HEIs (and nurse colleges with HEIs) have been unsuccessful in many instances, meeting with resistance from all parties
- There are variations in the input and relationships of nursing departments of HEIs in nursing college functioning, with unsatisfactory output in college learning and teaching

Guideline 2 Negotiate for funding and good governance on all platforms
Recommendations for implementation *Increase collaboration at national and international level among HEIs and nursing departments • HODs and educators should investigate possible international collaboration and funding at own HEI level and motivate and negotiate for bursaries for this purpose • HODs should actively improve educator capacity towards quality via governmental support programmes such as NESP, nGAP and EACEP • FUNDISA should facilitate exposure of nursing departments to governance best practices internationally and nationally • The HOD should be conversant with funding and systems of incentives to ensure departments receive their fair share of the budget instead of cross-subsidising smaller departments or divisions
8.3.2 Strengthen structure across the higher education institution
8.3.2.1 Governance at higher education institution level
Concluding statements *Organisational culture of HEIs represent centralisation of power at faculty level and a lack of autonomy and control in nursing departments • Patriarchy still reigns in those faculties that are affiliated to medical sciences, with little input tolerated from mostly female nursing departments • Unrealistic workload calculations from faculty management result in perceptions of unjust, inequitable and unequal treatment • Unresolved and non-addressed issues are perceived by educators as being ignored, or lack of caring • There is a perception that because research helps to raise a much-needed third-income stream, teaching takes a background to research • HOD posts are vacant for too long, with acting HODs not receiving the necessary training and support and a detrimental effect on departmental functioning

- With self-government, the imprint of nursing departments is stronger in academia than when they are a subdivision of a medical faculty
- Faculty managements fail to recognise the extra work and struggles incurred by those who remain when staff resigned
- ***Lack of transparency** is the most important issue that affects the QWL of nurse educators. Poor communication and follow-up on requests are experienced in these large bureaucracies
- Lack of transparency causes inability to plan properly, leading to crisis management, frustration and poor relationships
- Flatter departmental structures are needed with improved flow of communication and increased participation of all parties
- Understanding how processes work at an HEI will allow greater satisfaction and control over life events

Guideline 3 Create a flatter management structure that allows staff members to participate

Recommendations for implementation

*Faculty management's succession planning should ensure that vacated HOD positions are filled as soon as possible and that training and support are organised for appointed acting HODs

*Faculty management should motivate actively for equitable female positions in the upper levels of management, supply input about workload calculations, and follow a two-way communication approach with employees

*Faculty management should amend policies for women in key positions, to increase positive outcomes such as motivation, commitment and engagement, or at least consider available options, and utilise such policies according to individual need

*HODs need to engage with faculty management, be assertive and vocal about their rights and those of their employees and insist on involvement in decision making to develop dynamic leaders

*HODs and representatives should provide feedback from meetings on higher levels as standard communication so that staff stay informed and involved in issues and problems

*HODs or representatives should engage with sub-divisions for example procurement and finances, and maintenance, with special attention to motivation for more working space and adequate buildings

8.3.2.2 Salaries, benefits, contracts and union representation

Concluding statements

*Large disparities exist between universities regarding remuneration, use of contractual positions and job security, which is related to the history of the university, and affirmative action in addressing past discrimination. Such remuneration and benefits are not market related, with the fluctuating market and inflation rate causing devaluation of earned income. A gendered discrepancy in salaries still exists, causing discontent

*Despite legislation (South Africa 2014b) to protect the contractual employee beyond three months of employment, contractual positions are still used at HEIs, bringing uncertainty, stress and unhappiness at work

- Younger educators are commonly the recipients of contractual posts, with the onus on them to procure medical and other benefits
- Incentives such as sabbaticals and bursaries to finish research are not afforded to contract workers. Hence they do not consider additional studies and research to benefit the HEI
- Power relationships at universities are sources of discrimination, resulting in a lack of negotiation of staff issues
- HR and faculty management are perceived as being unable to address or uninterested in staff matters, leaving staff no means to negotiate needs through unions, which are also perceived to be ineffective, absent, too militant (HODs), captured (nurse educators), and not autonomous enough, with a lack of feedback about issues raised to members, and reprisals feared if belonging to unions
- Union membership has decreased with more staff being permanently employed at HEIs, leaving the temporary staff without representation

Guideline 4 Consider salaries and benefits of all staff to be just and equal for equal work
Recommendations for implementation *HR and management should recognise employees as valued stakeholders *HR and management should ensure that labour legislation and basic conditions of employment are followed at university level, with support for and feedback to the individual who needs advice and support regarding fair treatment - HR as management should effectively maintain the staff establishment through strategic planning - HR should collaborate in workload studies, motivate for abolishment of contracts in favour of permanent employment and ensure application of market-related salaries - HR should ensure that the HEI's system of incentives is part of orientation and induction of every new employee, even for contractual employees - HR should become more involved in diagnosis of problems at lower levels as part of their skillset, such as workplace satisfaction and employees' wellness programmes to address all the aspects of QWL - HODs and representatives should strengthen their contact with HR to ensure that all departmental processes are transparent and legal - Faculty management should encourage workers representation forums and communication of workers with management via such forums
8.3.2.3 Technology
Concluding statements *Technology is improving continuously, yet HEIs as producers of innovative ideas do not necessarily have the best Internet and Wi-Fi access or technical tools to improve their output

- Rural HEIs have problems with connectivity, as they have fewer networks in their vicinity

*Innovative ideas were generated during student strikes to deal with communications when not on campus, such as the use of mobile modems, and private data network providers for free data to students to connect from home

*Communication through social media platforms with students and staff has eased communication

Guideline 5 Invest in good technology for better HEI output

Recommendations for implementation

*The HOD needs to communicate and collaborate with the IT department to motivate improvement of the budget for technology for

- Obtaining big data from telecommunication firms and fast fibre connections to improve connectivity and speed of Internet connections
- Developing an action plan for upgrading of the technology in the nursing department
- Familiarising educators with using data in teaching and learning, and applying this knowledge in their support of students
- Familiarising students with the use of technology to their advantage and to improve their learning experience

8.3.2.4 Workload and student numbers

Concluding statements

*The strain of teaching an increased number of students with unrealistic deadlines and time constraints has become characteristic of South African HEIs

- Educators have responsibility for many platforms, namely undergraduate, postgraduate, master's, PhDs, and short courses, each with its own deadlines
- Lack of secondary school achievement requires more input from nurse educators to complete student yeargroups in the time required
- Pressure to publish for university rankings nationally and internationally, as well as earning the expected third stream incomes to finance

- programmes, becomes excessive
- The #FeesMustFall period created new challenges and deadlines, with resultant exhaustion being experienced among staff
- Teaching preparation and administration work is completed at home after hours. This time was traditionally set aside for research, thus scholarship, community service and family time are forfeited
- Younger educators with families, those as single parents, and those with more responsibilities at home have little time for leisure, exercise and socialising, as well as completing work demands at home
- Educators are thinking about leaving their HEIs under these circumstances, endangering succession planning

*Workload calculations have not been established at all the HEIs, with little or no means to determine scientifically what is fair

- HEIs that have some sort of functional workload allocation seem to manage workloads more equitabllably and fairly
- Without standards for student to staff ratios in effect, departments are often forced to take in more students than the staff can cope with
- Staff that have just finished own master's and PhD degrees have to take on other master's students, without preparation for supervision
- Staff are pressurised to deliver master's and PhD candidates at these levels in a two-to three-year period to receive government grants

Guideline 6 Develop ways of distributing workload fairly

Recommendations for implementation

*FUNDISA should facilitate collaboration among HEI nursing departments about workload calculation

- The HOD should encourage interdepartmental collaboration in own HEI to determine formulas for improving calculation and spread of workload, inclusive of ratio of teaching versus research
- The HOD should establish special groups to draw up standard operating procedures and policies regarding realistic numbers of students to be accepted for nursing departments, with familiarisation of staff with such policies

- HR and HODs should ensure that educator posts are filled as soon they become vacant to prevent overload of remaining staff

*HODs should maximise working time at the office by addressing noise levels and dealing with strictly honoured silence rules in open office spaces

- HODs should enforce equal predetermined central breaks in the day, so that interruptions at other times are decreased
- HODs should consider more work-at-home days for those educators that need to work uninterrupted
- Educators should use other spaces such as the library with more privacy and where unnecessary interruption is avoided

*Individual educators could consider maximising time needed to work at home without interruptions by setting aside quiet time for example five to seven in the morning to have more social time later in the day with family

8.3.2.5 Support for research

Concluding statements

*HEI training support through free or subsidised workshops or short courses is available at HEI level for staff, but not for contract workers. Government support for research and development of staff is also available, such as the NESP, nGAP, EACEP programmes

*Insufficient support for research is experienced at HR and departmental level, due to work overload and lack of HR information about financing

- Often educators have to fund their own studies
- There is lack of time such as with sabbaticals to work uninterrupted on research and to finish master's and PhD degrees
- Staff capacity regarding research output is ignored, with resultant anxiety, chronic disease and increased absence

Guideline 7 Support staff to reach the goal of obtaining their PhD as a job requirement

Recommendations for implementation

*Faculty management and HODs should create policy towards career pathing and obtaining a PhD as the starting point for enabling research

- This policy should include the milestones to be reached from the commencement of the academic career, with topics such as analysis of statistics, qualitative interviewing skills, and academic writing skills being covered by workshops
- A 'leave no-one behind' attitude should reign at departments, where all current educators (contract longer than a year, permanent contracts and full-time positions) are supported to reach their goals over time, with regular reports on progress being required
- Such progress can be mapped on the performance appraisal
- A weekly study day at home should be allowed, with progress reports to prove that this time is used efficiently in reaching study goals

*HEI faculty should include educators in writing retreats that are built into university recess periods to facilitate writing of theses and production of articles. HODs should ensure that educators are aware of and supported in using such opportunities

*HEI faculty should ensure that educators are also aware of summer and winter school programmes and sponsorships to courses such as understanding SPSS and Atlas.ti

*The HEI through HR and Department of Finances should create policy to ensure transparency regarding finances obtained via article production and money earned for university, to understand own position regarding availability of funds for further research and studies

*HEI faculty should encourage collaboration with other HEIs on teaching and learning best practice, especially attending conferences offered by Higher Education Learning and Training Association of South Africa (HELTASA) and New Academics Regional Colloquium (NATRC)

8.3.3 Support output by reinforcing departmental, home and individual levels
8.3.3.1 Departmental influence on quality of work-life
8.3.3.1.1 Heads of departments

Concluding statements

*The character, role and functioning of an HOD are the greatest influences on QWL in the department. Expectations of the HOD are to:

- Align the vision and mission of the department with that of the HEI, to provide staff with information regarding goals and objectives
- Facilitate a pleasant work environment, with characteristics of change management, empowerment by participation, understanding and compassion with staff's circumstances
- Be research driven and encourage educators to obtain PhD qualifications and research outputs
- Continuously promote the agenda of the department, negotiating for needs clearly and effectively, facilitate interdepartmental collaboration on several levels, and be visible by serving on several committees
- Allocate benefits in a fair, consequent way with equal support, transparency and provision of information up, down and sideways
- Strike a balance between support and discipline, apply justice fairly and help when trauma is experienced
- Consider succession planning to empower an educator corps to take over when the time arrives

*The hierarchical historically patriarchal structure of HEIs has a negative influence. Instead of promoting a matriarchal approach in a female-oriented workplace, HODs align with the historical structure, resulting in educators perceiving that they are not heard

*Lack of leadership skills and ineffective supervision are reported, with the leader not knowing his or her role and poor management of the department

*Not all HODs encourage open relationships. Favouritism is experienced in some cases, with competition over career paths being experienced

*Toxicity of the work environment occurs because of conflict that is not dealt with constructively and with such issues as racism and diversity

*All levels of management tend to expect work at HEIs to be demanding, without recognising that labour legislation is being contravened

*Appreciation of educators' contributions is thus not expressed and experienced by all, with some HODs being seen as femocrats

Guideline 8 Support the HOD on commencement of job, and in identification of departmental problems

Recommendations for implementation

*HR and faculty management should screen potential HOD candidates carefully for their qualifications, leadership abilities and management qualities with the focus on those candidates that would recognise the need for and encourage transformation

- New HODs should go through an orientation and induction process on commencement of duties
- A leadership coach should be available to develop HOD qualities to deal with situations
- HODs should be equipped by HR to be proactive about work-life balance policies
- HODs should ensure that the utilisation of performance appraisals does not impact negatively on the educators in the department

*Faculty management and staff function departments should maintain good relationships with the HOD and give unconditional support, whereas the HOD or a chosen representative should encourage good relationships between HR and the nursing department and regular updating of nursing staff regarding expectations from new labour legislation and faculty management

- A democratically chosen management team elected from the educators should assist the HOD with participative management and decision making
- The HOD needs to promote open communication channels via regular meetings, give information from HEI exco and receive feedback from staff to determine whether activities are on track and issues are addressed adequately. Each educator should be engaged with at least once a month, to diagnose, assess, address and prevent issues from escalating
- Faculty management, HR, HODs and educators should be actively engaged with women's issues on campus

• The HOD should encourage regular self-reflection in the department to rule out egocentricity and narcissism in overseeing staff
8.3.3.1.2 Line managers

Concluding statements

*A line manager carries a double burden with own teaching/research workload and having to orientate, support and supervise the educators with little support of their own

- Rules of the HEI need to be enforced, but without the ultimate power of an HOD. The line managers often find themselves powerless in arguments between top management and educators, as they are blamed from the top and the bottom for decisions
- Often promotion to line management is done without preparation to acquire management skills, causing ineptness in dealing with staff, with resulting unhappiness and staff turnover. Burnout and physical manifestations of stress are thus a real risk in this position

*Line managers, with ultimate responsibility and accountability for the output of the programme, are often prone to micro management

- However, having control over own work contributes to educators' QWL, and being micro managed indicates a lack of control and of participative management, and poor bottom-up communication, resulting in job dissatisfaction. Single educators and those with responsibility for older people in the households are especially irritated with this aspect
- Line managers' inability to afford educators similar flexibility causes resentment and feelings of being treated unfairly
- ***Performance appraisal** as the responsibility of the line manager is an important reason for job dissatisfaction due to a lack of subjectivity
- When professional growth is embraced in the organisation, performance appraisals are seen as being helpful for the career path
- Performance appraisals are not used adequately as a tool, thus losing credibility to enforce acceptable behaviour. Instruments used for performance appraisals have unrealistic deadlines. Constructive feedback after performance appraisals is often lacking
- Performance appraisals are so problematic in some HEIs that educators are willing to leave their HEI if another HEI is seen as less

stringent and more realistic in its evaluation methods of staff

Guideline 9 Support and develop the line manager continuously

Recommendations for implementation

*HODs should grow good relationships with, and support line managers, with turns being given to all staff members to act as line managers and act as HODs in order to develop capacity and insight into processes for succession planning by:

- Assessing line managers' leadership and management qualities and qualifications on commencement and during delivery of the job, to determine which growth areas should be focused on
- Appointing a leadership coach to develop the line manager's abilities to deal with situations as part of the development process.
- Allowing line managers access to special programmes such as mindfulness to ensure mental and psychological health

*HR and HODs should ensure that an orientation and induction process follows on commencement of line manager's duties, in terms of position, context and necessaryleadership qualities needed with the following aspects being addressed

- Assess each individual educator's needs to progress on his or her career path which is mapped into the performance appraisal
- Recognise employees adequately for achievements and work well done
- Keep communication channels open via regular meetings and feedback to report what is happening on HEI top-level decision making to include lower-level employees in processes, and to determine success of output
- Manage employees without monitoring their every move
- Deal adequately with performance appraisals, address issues of underperforming by goal setting, have honest talks about expectations

8.3.3.1.3 Nurse educators

Concluding statements

*Although all educators are expected to perform to a standard and produce excellent output, equal help is not afforded to everyone to improve

qualifications and research output

*The talent searches by the corporate world and government deplete HEIs of black talent that is grown for educator positions, with slower change in representation and transformation

*The presence of racial tensions, political agendas and professional jealousy causes 'othering' and deteriorating relationships. This situation occurs as a result of residual apartheid, and affirmative action to correct it. Victimisation, overt and covert denigration and bullying are experienced as being painful

*Different cultures are experiencing discrimination against one another, with power play causing job dissatisfaction. This is a long-standing problem in nursing

- The effects of high workloads, poor support and lack of participation in management result in negative experiences which decrease tolerance
- Poor relationships cause deep-seated distrust, fear, anger, frustration and sadness
- Such negative experiences are ascribed to differing work ethics, lack of competence, unwillingness to engage in work absenteeism, selfishness in monopolising administrative staff
- Inability to voice feelings results in mental arguments and frustration, with concomitant emotional, physical and mental distress, and ultimately affects willingness to engage in further studies and intent to stay

*Having a colleague to confide in helps in coping with the environment, and trusted support helps with successful socialisation. However, there are few opportunities and little time at work to engage socially, to understand each other's circumstances and needs, with relationships remaining superficial and lacking understanding of the other party's problems. This causes a lack of feeling of belonging and support and sadness. Nurse educators might wonder whether the HEI is the right workplace for them. Nursing is a caring career field, and caring needs to be displayed among staff as role modelling for students to prevent internalisation of uncaring behaviour, which could affect patients

Guideline 10 Address lack of cohesion among educators to obtain synergy

Recommendations for implementation

*HR should ensure all educators take part in an orientation and induction programme of the HEI, which should be presented biannually to enable inclusion of all newly acquired academics

*HODs, line managers and educators should collaborate with the departments of psychology, sociology and business in management of diversity issues with historical perspectives of all parties being taken into consideration, and by dealing honestly and openly with political issues

*HODs and HR should facilitate active creation of respect with recognition of every person's inherent dignity and worth. This includes consideration of one another's narratives and how these influence personalities and perspectives.

*HODs should make educators aware that they should show the same respect to colleagues as towards their students and their patients.

*The HOD should facilitate the creation of a buddy system for social support of new employees. Junior educators could be paired with seniors in a mentor system providing teaching and learning support in the workplace, to diagnose problems and motivate proactively

*HR and HODs should support educators with workshops and courses to develop teamwork and synergy

*The HOD should arrange the formation of a social committee that is responsible for social events once a quarter where achievements are celebrated thus building compassion, trust and understanding

*HR and HODs should facilitate support groups and the assistance of life coaches to alleviate negative emotions in the workplace

*HR and HOD should be able to recognise stress-inducing situations, and focus on helping staff to deal with these conditions

*HODs should

- make educators aware that they should show the same respect to colleagues as towards their students and their patients
- facilitate the creation of a buddy system for social support of new employees. Junior educators could be paired with seniors in a mentor system providing teaching and learning support in the workplace, to diagnose problems and motivate proactively

- arrange the formation of a social committee that is responsible for social events once a quarter where achievements are celebrated thus building compassion, trust and understanding

*HODs and HR should

- facilitate active creation of respect with recognition of every person's inherent dignity and worth. This includes consideration of one another's narratives and how these influence personalities and perspectives
- support educator with workshops and courses to develop teamwork and synergy
- facilitate groups and the assistance of life coaches to alleviate negiatve emotions in the workplace
- be able to recognise stress-inducing situations, and focus on helping staff to deal with these conditions

8.3.3.1.4 Supportive staff

Concluding statements

*Effective supportive staff contribute to decreasing the workload via their administrative functions, allowing the educator to give more attention to other functions. It seems that this type of staff are often over- or under-burdened, as a result of a lack of supervision by the HOD or line manager. If not well managed, this staff category can be a source of stress

*Some supportive staff have been upskilled, and need more support to improve to the level at which they would support academics adequately. Language skills, knowledge of technology, general management and 'soft' skills to work effectively with students and academics are needed

Guideline 11 Address the growth needs of administrative staff and their effective support for nurse educators

Recommendations for implementation

*HR and HODs should ensure that newly appointed administrative staff members have an orientation and induction session, similar to that of nurse educators, with a buddy and a mentor being allocated to them

*HR should assess and address administrative assistants' technological and general office skills and language proficiency

*HODs and HR should consider that willing supportive staff can be developed to obtain undergraduate degrees and move up in the hierarchy of an HEI. Such career prospects would help with their empowerment and ability to contribute to the team

*Line managers of administrative staff should have dedicated monthly meetings to help them direct their energy towards improving services to the department of nursing, addressing their problems, and recognising their efforts

*HR should consider lateral placements for administrative staff that are unwilling to change or to contribute towards the team effort, so that staff with the necessary abilities can be recruited

8.3.3.1.5 Students

Concluding statements

*Nursing students are entering HEIs en masse without the necessary grounding for tertiary education. With poverty levels and unemployment rife in South Africa, many need to provide for themselves, as well as their extended families on their meagre bursaries. Many are the first of their families to attend an HEI. With their own basic needs not being met, they are expected to function at self-actualisation level

- Some tertiary students come to HEIs traumatised by their environment and socialisation processes, without the psychological development to deal with their issues, and thus are not focused on patients whose needs are priority in healthcare institutions
- Aspects such as under-preparedness, language issues, social and psychological problems, and lack of student accommodation bring poor attitudes on a larger scale than before, which the educator has to deal with
- Students are over-involved in social media and thus lack the social graces required of previous generations of student nurses. They present with absenteeism, unethical behaviour, and regular conflict among themselves, appear militant, and show lack of respect. Owing to their numbers, they are difficult to engage with and mentor at personal level
- Underprepared undergraduate students lack critical thinking skills and the ability to study independently, have poor reading skills, and are

not self-directed, show unwillingness to read subject-related study material or to partake in group work activities, with a preference for lectures, and resultant poor study progress

- Students from nursing bridging courses and colleges who attempt postgraduate courses struggle to cope with the degree of independence, and independent and critical thinking that is required, with extra support in teaching and learning and survival at HEIs needed

- Educators generally are not aware of student backgrounds, as they come from a generation that was more privileged, and had been handpicked for university entry, unlike the currently low entry requirements to bachelor programmes, especially at non-research intensive HEIs. Few HEIs have extended learning programmes to help students cope with the work

*Despite these obstacles, many educators nurture their students. Many expressed a sense of pride and the fulfilment when students excelled in their studies

- Some excellent students are grown to become academics, and are successful in this venture, but others leave the profession because of lack of stimulation and being undervalued

- Nursing students are less involved in student strikes, and more concerned with finishing their degree in time, because, without funding, many pay for themselves. They seem to be more responsible, with proactive structures at their HEIs to deal with strikes

Guideline 12 Support the diverse needs of nursing students

Recommendations for implementation

*HODs and faculty management should acknowledge successful educators and programmes and use them as best-practice examples

*The full diversity and needs of the student population should be considered by providing adequate study bursaries and hostel facilities

- The programme coordinator should perform a full assessment of students' situations, initiating a plan to address problem areas via the right people, with a follow-up assessment later in the year to determine success rate

- The programme coordinator should allocate educators to be responsible for empowering peer groups to perform counselling and adoption

- of a 'buddy system' in the new work environment. Educators should support such peer groups by providing skill-building opportunities. This will help to develop compassion among students, and also develop teaching skills for the future educator
- Programme coordinators should refer students to counsellors when problems are too difficult to handle
- Programme coordinators should engage with departments such as psychology and sociology to help create awareness on how to deal with the new category of students, and plan interventions that would benefit teaching and learning in such circumstances
- As part of social studies, educators should allow students to produce and show videos of issues in their own communities as a way of understanding the students' situation and frame of reference. Understanding students would help in understanding the community, and vice versa, to enable healthcare to focus on issues in the community
- HR and funding officers should ensure that nursing students at all faculties have access to NSFAS funding. Educators could initiate fundraisers to help students with basic needs
- HODs and programme coordinators should consider the initiation of extended programmes in helping to grow human capital

8.3.3.2 The influence of individual factors on quality of work life

8.3.3.2.1 Personality

Concluding statements

* The intersection of gender and culture can result in conflict, with the male being unwilling to be subservient to a female HOD or line manager, and the female attitude towards other females often being non-supportive, competitive, and not allowing for succession planning

*Generation gaps exist between educator and student and between HOD and line managers, with staff ranging in age from Baby Boomers to Millennials:

- Expectations of the older and the younger generations differ, which might influence power relations and intent to stay negatively. Older generations have the wisdom and experience of teaching and learning, with younger ones being more willing to engage with change and

take risks

- Senior educators are at the peak of their careers, and usually have all the qualifications to be an excellent mentor. Some are capable of continuing beyond retirement, but are unable to do so because of enforced retirement at 60. Retired academics are still successfully employed to facilitate classes, do clinical accompaniment, and supervise master's students. Older educators are more satisfied with their QWL, possibly have obtained the necessary qualifications, and made tenure. Once this has happened, they do not tend to have a high turnover rate, which might be detrimental to teaching and learning efforts when they lose interest in their teaching and research function in some cases

- HEIs are engaging in production of a younger cohort, with a surge towards developing researchers at an earlier age to build the knowledge economy of South Africa. The support services to empower this younger group have not been adapted to the goals of growing them

- There is less of a generation gap between the younger educators and the student cohort, which might help with adaption of teaching and learning strategies that would benefit the student. However, younger educators are often employed in contract posts, which are not ideal for work security, supporting their family, and progress on career paths

- Some incompatibility exists between younger educators' need to socialise with their peers and tend to family responsibilities and the expectations of the academic workload, with a high resignation rate for better opportunities in the government, political and private sectors

*Language and ethnic differences exist, with a need for sensitivity about language use

- The older generation female black academics had fewer role models, and battled to be recognised as academics. The younger cohort has more support built in through accelerated programmes towards representativeness

- Many academics are of retirement age in this decade, and will be replaced with a younger cohort

- Majority groups tend to be not aware of minority needs, which are neglected at HEIs

- English has become the common denominator in academia, with Afrikaans being phased out, despite attempts to retain it. Educators are becoming more au fait with teaching in English, which increases communication among the diverse groups at university

- Patriarchy is still experienced by nursing departments, without the tools to deal with assertiveness with this situation

- Political and racial tensions exist among some educators, who are considering a career change because of the mental stress and experience of not fitting in

*Affectivity and locus of control as personality traits affect the experience of a QWL. Those with positive affectivity and an internal locus of control experience a better QWL which helps with managing the workload

- Intellectually stimulated educators are positive about their input with students, feel that they are growing professionally, and have a sense of prestige in teaching at an HEI, with meaning being found in their experiences at work, and have a better QWL

- Negative affectivity is debilitating and the reason for poor work performance and turnover

Guideline 13 Determine personal and individual factors that influence the quality of work life

Recommendations for implementation

*On employing new staff members, the interviewing team should consider personal characteristics that would complement the team and build a diverse educator corps

- Faculty management should develop sensitivity towards the personal factors individual educators possess and display via their perspective of life. HODs and faculty management should facilitate engagement of the diverse cultures on campus to create better understanding and helping one another to reach their goals. Diversity factors that cause problems in the workplaces should be identified and experts called in to deal with them.

- With a large component of female workers being employed in the nursing department, the financial department should budget for contract workers to replace educators on maternity leave

- The career goals of younger nurse educators should be taken in account by equal management and opportunities created to attain goals

- HODs and faculty management should set an example and encourage nurse educators to partake in leisure, sport and relaxation activities

- Faculty management should consider provision of opportunities for children of staff to obtain cheaper study rates as incentive to stay
- Faculty management should facilitate English communication skills to improve communication and quality teaching and learning
- Faculty management should facilitate motivational coaches to help develop a positive affectivity and internal locus of control for educators
- HODs and faculty management should be aware of negativity in the department and address it immediately by referral to HR or EAPs
- The HOD should engage the industrial psychology department to address issues that affect QWL in the workplace

8.3.3.2.2 Physical and mental health, socialisation and leisure

Concluding statements

*Stress releasing/coping mechanisms, such as socialising with family and friends, religious activities and hobbies, are the most appreciated and used by educators. The more such mechanisms are engaged in, the more successfully a person manages work stress.

*Academics admit to not having balance and quality in their work life, as work overload and completion of studies result in working after hours, with few having the time to engage with stress-releasing mechanisms

*Such lack of time to engage in recreation and leisure affects mental and physical wellbeing:

- Nurse educators could become negative towards their work and the HEI and offer poor support to students
- When experiencing stress, nurse educators could feel despondent, isolated, depressed, guilty and hostile and burnout might follow
- When nurse educators neglect their own self-care activities, there could be an increase in sick leave and turnover
- Some educators are being medicated for stress-related situations, with reports of engaging in the use of alcohol, prescribed or unprescribed drugs, and needing counselling

* Unrealistic expectations are a major reason for stress, with lack of emotional recognition and conflict at work taking their toll as anxiety, frustration and mental fatigue is generated. Work overload is often accepted, but with detrimental effect on own health and family life

*Although they are knowledge-producing institutions with HR departments, HEIs, their medical faculties and nursing departments are often

unable or unwilling to recognise and acknowledge the importance of mitigating the effects of stress from work overload and poor habit, as they have to prove that they earn their keep by an increased production of knowledge and output. Not enough is done in this intellectual and academic environment to address work stress

- HEIs in general are lacking policies, strategies and energy to prevent, diagnose and treat work-related stress as the cause of major depression, burnout and anxiety disorders and chronic physical conditions such as heart attacks, diabetes and stomach ailments
- HRs at universities seems unaware of, or do not have a great influence in addressing this situation or are also overloaded with dealing with large numbers of staff
- Universities have staff health clinics, but these are overloaded and sometimes staff do not use them or are not aware of its existence
- Counselling services should be more available to educators suffering from stress and mental disorders

Guideline 14 Implement organisational efforts to meet wellness needs

Recommendations for implementation

*Strategies to be implemented by management to facilitate an healthy lifestyle for nurse educators could be ensured by

- Acknowledging and abiding by labour legislation and a 40-hour work week
- Creating forums at the workplace for discussing the effect work has on the rest of one's life with staff that are actively involved in actions and teams to address workplace injuries and stress in the HEI environment
- Collaborating with medical aids to focus on preventative health to address health decline among employees. Their anonymous statistics provide a basis line status of health at university staff level
- Investigating effectiveness and usage of such health screening and work wellness programmes to address and improve issues
- Providing facilities on campus to address exercise and socialising towards improved physical and mental health
- Providing communal tea rooms in departments enabling staff to engage with each other on a more personal level

- Determining resources for referral of staff in cases of stress-related illnesses, alcoholism and substance abuse
- Aligning departmental strategy with that of the HEI. Determining the impact of this strategy on the QWL of nurse educators
- Enforcing lunch hours and tea times on nurse educators and engaging staff in others' lives to create greater understanding, tolerance, a better atmosphere, and possibly friendships and support at work

8.3.3.2.3 Home influence on quality of work life

Concluding statements

*Home issues and anxieties about responsibilities towards parents and children can occupy minds of educators at work

- Some HODs are intuitive and offer help, whereas others do not want to interfere, unless asked. However, educators vary in their openness about these problems
- African mother-tongue speakers might be disadvantaged because of cultural expectations of women, and not having enough academic role models of own culture and older generation in academia
- Positive parental influence encourages educators to attain the qualifications as an academic, and assists in obtaining social capital within one generation
- Some educators have extended families for which they are responsible. Parents and grandparents contribute to the running of a younger generation household, but may become a source of anxiety when the older and younger generations both need care

*Intimate relationships suffer because of the negative effect of workloads on quality and leisure time together

- Helpful partners contribute to QWL. However, in a traditionally patriarchal society, the nurse educator has more responsibilities for children and households, and the female breadwinner suffers in such a situation
- Each age group of children brings its own pressures and demands related to milestones and the child's personality. Children of nurse educators might be expected to become independent sooner than peers because of responsibilities

- Absenteeism might be more prevalent than reported among nurse educators owing to responsibilities with younger children
- Having only adult children in the household helps in experiencing less stress at work

*Flexible work scheduling and reducing work-family conflict lead to increased perception of control over work and family demands. With support and accountability built in, misuse and poor output might be prevented

*Educators on contracts have specific needs as parents to provide with remuneration and benefits, however these cannot be met because of non-ideal contract status

Guideline 15 Create awareness of the importance of family life

Recommendations for implementation

*Women in the faculty in general have to negotiate assertively for support for their own gender. This can also be done through social forums for women at work

*Faculty management and HODs should frequently allow flexitime or time to work at home. If nurse educators worked for eight hours over a weekend, a day in the week should be allocated to address home issues in work time when necessary

8.4 STUDY LIMITATIONS

The researcher acknowledges that the small sample obtained from the educators in the first phase and the lack in diversity of the HODs and of rural HEI representation in the second phase could have influenced the results. In addition, more probing in interviews could have helped to ensure that all the issues were addressed equally in the interviews. The questionnaire for the first phase was quite lengthy, and the initial draft sent had to be changed for ease of moving from one question to another, which might have discouraged some respondents from engaging with the questionnaire.

Despite these limitations, insight was obtained into those factors that influence the QWL of the role players in the nursing department of an HEI. The insight obtained in this study gave a unique look into the functioning of South African HEIs, as this is the first of its kind in South Africa into departments run by a mostly female component in largely male-run faculties. The findings and recommendations have implications for HR and faculty management to address.

8.5 RECOMMENDATIONS

The recommendations that were generated from the guidelines are as follows:

8.5.1 Recommendations for faculty management

To address QWL in all departments, and particularly the nursing department, faculty management should:

- Realise the need for support in departments to deal with massification of tertiary education and address this tendency
- Involve nursing departments in planning of funding and budgets, FTEs, and workload calculation towards more transparency with job description
- Strive towards a more decentralisation of power and friendly, supportive and confidential relationships and high morale. More females should be included at management level and attend to the needs of the mostly female nurse educators
- Actively address drawing up of policies to guide behaviour in HEIs

- Allow departmental heads freedom to decide about matters such as flexi-time

8.5.2 Recommendations for human resource management

To improve working conditions at HEIs for educators in all departments, and the nursing department in particular, HR should:

- Ensure that the strategic planning and goals of the HEI include workplace wellness programmes, assessment of the status quo of wellness of employees, strategies to address misalignment, and monitoring of plans to address misalignment

- Be transparent about legislation and policies that are applicable to educators and ensure fairness in applying these in all departments, and considering the needs of individuals

- Ensure that all vacant positions are filled as soon as possible, and that staff, especially HODs, are selected with great care

- Ensure that every educator has had an orientation and induction process, irrespective of his or her contract with the HEI

- Ensure that HODs and line managers receive leadership training in these positions to manage their workforce successfully and fairly

- Be aware of possible discontent among staff, and ensure involvement in staff organisations to ensure issues are addressed proactively

- Be knowledgeable about trends such as flexitime and reduced work-weeks to accommodate educators in obtaining their qualifications and managing their workload

8.5.3 Recommendations for heads of nursing departments

For successful management of their nursing departments at HEIs, HODs should:

- Ensure that an Africanised community diagnosis is the foundation of their curriculisation, inclusive of the student component for whom they have to facilitate teaching and learning

- Collaborate with FUNDISA in determining best practices and act as a pressure group to influence SANC and other decision to apply such best practices

- Support other HEI nursing departments in reaching the goals towards such best practices through collaborative actions instead of competitive ones

- Ensure transparency is experienced via top to bottom and bottom-up communication in all aspects that educators need to function ideally

- Budget and negotiate for improvements such as advanced technology for educators to deal successfully with their student load

- Support line managers in their management and leadership function and afford them the training for this position

- Consider flexi-time arrangements for educators to deal with their work-life situations

- Enable each educator to follow his or her career path via support of studies, ensuring that he or she knows how to get there, and is informed of resources

- Develop management skills among educators to help with participative decision making and succession planning

8.5.4 Recommendations for implementation of the guidelines

To benefit from this research and improve the QWL of nurse educators at HEIs, HEIs and nursing department HODs should

- Determine which of the situations described as background to the guidelines are applicable to their institution, and whether the guideline would help towards an improved QWL

- Create awareness among departments in HEIs about health statistics and apply peer group pressure for this status quo to be investigated, addressed and continuously updated

- Identify champions to do assessment of the status quo of QWL at each HEI, in planning the required changes via the guidelines, implementing the guidelines and monitoring the progress of each guideline

- Ensure that feedback is given to faculty management and HODs of the progress in the planned change processes and adaptation of plans where necessary

8.5.5 Recommendations for further research

The study findings indicate that QWL is influenced by multiple factors on the individual, home and work fronts, with the work front having the most input on QWL. The researcher proposes that further research should be directed towards:

- Evaluating the implementation of the guidelines towards improving the QWL of nurse educators
- Determination of best practices in nursing departments in using technology in teaching and learning
- Investigating students' perceptions of teaching and learning and aspects they deem necessary to attain success in tertiary education
- Determining best practices to deal with large numbers of students successfully in a teaching and learning situation
- Investigating the possibility of a four-day work week for educators, allowing one day to work at home
- Evaluating the effectiveness of administrative support and the need for upgrading skills at this level
- Determining the status of QWL on departmental campuses of HEIs on an annual base
- Investigating the effectiveness of employee organisations on campus from the viewpoint of the various role players
- Investigatiing absenteeism and its relationship to work, home and individual factors
- Evaluating best practices on HR functioning level at HEIs and the support individuals need from HR
- Engaging in ethnographical and participant observational research to determine the extent to which nurse educators negotiate through factors that impinge on their daily work-lives to maintain control, autonomy, pride, meaning and dignity

8.6 CONTRIBUTION OF THE STUDY

The demography of nurse educators and the complexity of the quality of work-life balance in South African HEI nursing departments has been highlighted for the first time by this study.

The use of mixed methods research gave voice to the nurse educators as employees, and the HOD's as representatives of the employer, to bring a greater understanding of the various perceptions of the issue of QWL.

Easton and Van Laar's (2007) model of and questionnaire about WRQoL assisted in identifying problems that are unique to to nursing departments in the South African HEI landscape specific, which are related to the individual, home and workplace. However, with the help of the data from the rest of the questionnaire and interviews, a larger picture was obtained of the factors that affect nurse educators' worklife at South Africa universities. These meso and macro factors were portrayed by the conceptual framework of this study, which builds on Easton and Van Laar's model to understand the South African context better. This provides the reader with some insight into problems regarding QWL of universities in a previously colonised low- to middle-income country.

The identification of problems led to the provision of guidelines towards solutions of such problems and potential improvements in QWL, which might benefit not only nursing departments, but all departments of HEIs, and ultimately influence the nursing departments of HEIs further afield on the African continent. This would give this research a global footprint, especially in assisting developing countries to improve their teaching and learning experience for both students and educators.

8.7 CONCLUSION

The research questions of this study were answered by investigating those factors that influence the QWL of nurse educators in South African HEIs and measuring their QWL. Thus the study objectives were achieved, and guidelines were drawn up to address the factors that influence a QWL, via mixing the information obtained from the survey, interview and literature sources. Insights obtained by this study indicate that transformational intelligence with acceptance of historical context is needed to apply

these solutions to the complexity of diverse situations, and political and social dilemmas.

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ANNEXURE A: Ethical clearance for study

UNISA | university of south africa

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

REC-012714-039

HSHDC/480/2015

Date: 25 November 2015   Student No: 546-898-1

Project Title: Factors influencing the quality of work life of nurse educators
                  teaching at South African Universities.

Researcher: Cornelle Young

Degree: D Litt et Phil   Code: DPCHS04

Supervisor: Prof JH Roos
Qualification: D Litt et Phil
Joint Supervisor: Prof MJ Oosthuizen

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 B: Consent for use of questionnaire

From: Simon Easton [mailto:simon.easton@port.ac.uk]
Sent: Friday, 12 September 2014 10:59 AM
To: Cornelle Young <cornelle@medinet.co.za>
Cc: Darren Van Laar <darren.van.laar@port.ac.uk>
Subject: Re: FW: Work-related Quality of Life Scale
Hello
Thank you for your email.
Please feel free to use the WRQoL for your research. We would be happy to see if we can assist further a ay be helpful, and to hear of your findings in due course.
Key information can be found at:
http://www.qowl.co.uk/qowl_scales_overview.html
and
http://www.qowl.co.uk/researchers/qowl_downloads_qnr_overview.html
Kind regards
Simon

On 10 September 2014 19:41, Cornelle Young <cornelle@medinet.co.za> wrote:
Dear Sir,
I am a PhD student at the University of South Africa (similar to your open university) and would like to use your copyrighted WRQoL scale as instrument in part of my research amongst nurse academics in the 23 university nursing faculties in South Africa. I am of the opinion that as you covered healthcare workers as well as employees of higher education employees with this instrument, it might help me obtain results for the quantitative part of my studies.
I hope that you can help me with this endeavour.
 Kind regards

Cornelle Young

_____

Sent from the Administration Office
Department of Psychology, University of Portsmouth
King Henry Building, King Henry Ist Street, Portsmouth, PO1 2DY, UK
Telephone: 023 9284 6312
Simon Easton
Senior Lecturer
Chartered Clinical Psychologist
Department of Psychology
University of Portsmouth

If you are currently employed and like would assist us with research into Quality of working life in relation to expectations for retirement, please follow the link below.

https://www.surveymonkey.com/s/ZXXH93Q

ANNEXURE C: Consent for use of data-base for email addresses

From: Hester Klopper [mailto:klopperhc@gmail.com]
Sent: 23 February 2015 01:05 PM
To: Cornelle Young
Subject: Re: FW: Permission to use FUNDISA contact detail for study
Beste Cornell
Die beginsel was bespreek, en FUNDISA lede het aangedui dat hulle nie 'n probleem het indien dit vir 'n PhD studie is nie en dat toestemming tot deelname van elke individu verkry sal moet word.
Baie groete en sterkte met jou studie.
Groete
Hester
Prof Hester C. Klopper (PhD, MBA, FANSA)
President: Sigma Theta Tau International
Chief Executive Officer: FUNDISA
Professor: UWC and NWU
Office tel: +27 (0) 12 333 1415
Twitter: @klopperhc
On 19 February 2015 at 20:14, Cornelle Young <cornelle@medinet.co.za> wrote:

Beste Prof Klopper,
Baie dankie vir die tewoordstaan vanmiddag en die offer om more op die FUNDISA vergadering die saak te opper teenoor die lede.
Buiten die ondergenoemde wil ek graag ook vra of die hoofde van die verpleegafdelings soos verteenwoordig by FUNDISA gewillig sal wees om deel te neem aan die tweede kwalitatiewe gedeelte van die navorsing waar anonieme inligting ingesamel oor die eerste gedeelte deurgegee word na hulle deur die Delphi tegniek vir beplanning van 'n aksieplan om geidentifiseerde probleme te help aanspreek.
Vriendelike groete
Cornelle Young

From: Cornelle Young [mailto:cornelle@medinet.co.za]
Sent: 21 December 2014 11:02 AM
To: ceo.fundisa@edunurse.co.za
Subject: Permission to use FUNDISA contact detail for study
Importance: High
Dear Prof Klopper,
I would like to do a study for PHD purposes about Quality of Work Life (QWL) amongst the 426 nursing lecturers at universities. I want to contact the lecturers via their contact detail in the FUNDISA booklet(s). The first part of the mixed method approach is a questionnaire that will be done electronically if they click on the link sent to them (Survey Monkey). The second part of this study will be obtaining information regarding opinions about improving the Quality of Work Life.
I am doing this study through Unisa with Prof Roos and Prof Oosthuizen as my supervisors.
They have advised me to ask your opinion regarding the ethical implications of using the FUNDISA booklet to obtain access to the lecturers' opinions regarding the issue of QWL.
Of course all information obtained will be confidential and anonymous and participants will not be coerced in taking part in the study. Those that do not respond in either phase will also not be penalised in any way.
Your feedback regarding this matter will really be appreciated.
Kind regards
Cornelle Young

PARTICIPANT INFORMATION SHEET AND LETTER FIRST PHASE

1. Letter of explanation and consent to partake in study

Dear Nurse Educator

My name is Cornelle Young and I am doing research about FACTORS INFLUENCING THE QUALITY OF WORKLIFE OF NURSE EDUCATORS TEACHING AT SA UNIVERSITIES with Professor JH Roos at the Department of Health Studies at the University of South Africa, towards a D Litt et Phil degree. Ethical clearance from UNISA (REC-012714-039) and your university/institution were given for this study.

As a nurse educator teaching at a South African university, your opinion is valuable to this research. You are requested to participate in this electronic survey and to give consent via the 'Yes' response button below this explanation, if you agree. Please complete and submit the questionnaire by 14 October 2016.

The results of the study will be published in a thesis and published as an article in a professional journal. A copy of the results will also be made available to your institution.

You have the following rights
1. To understand the purpose of the research study
2. To decline to participate
3. The freedom to terminate your participation in this research study at any time you feel like it, if you did originally consent to partake
4. Information obtained up to the point of your termination as a respondent could however still be used by the researcher
5. The researcher will be adhering to the principles of confidentiality and anonymity and data will be under no circumstances be reported in such a way as to reveal your identity or the identity of your school / university /organisation
6. To undertake to complete the questionnaire yourself and give honest answers to reasonable questions and not to mislead the researcher
7. To contact the researcher or her promotor at the contact details provided
8. To have the information received during this survey only used for research purposes and not released for any employment-related performance evaluation, promotion and/or disciplinary purposes.

No payment or reward is available for participating in this study. However, participating in this study will give you a voice regarding your work circumstances and help attempt to influence factors that impact on it. It will also benefit future nurse educators, by acting as background to draw up guidelines to orientation and faster adaptation to teaching, and thus retention of scarce nurse educators.

There are no foreseeable risks, harm or side-effects to the participants of this study.

You may contact Prof J H Roos, email roosjh@unisa.ac.za, Telephone 012 33215953 or the research

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ethics chairperson of the Health Studies Higher Degrees Committee, University of South Africa (Prof L Roets), roetsl@unisa.ac.za, Telephone 012 4292226, Fax 012 4296688 if you have any ethical concerns about how this study was conducted.

Thank you for taking time to participate in this study.

Cornelle Young

* 1. I have read the above explanation and consent to take part in this survey
  - ○ 1.1 Yes
  - ○ 1.2 No

---

2. Demographics

* 2. What is your age in years?

[   ]

* 3. What is your gender?
  - ○ 3.1 Male
  - ○ 3.2 Female

* 4. What is your home language? (Please note options 4.1-4.12 is for South African citizens, and option 4.13 for persons with another country of origin)
  - ○ 4.1 English
  - ○ 4.2 Afrikaans
  - ○ 4.3 IsiZulu
  - ○ 4.5 seSotho
  - ○ 4.6 Xhi Tonga
  - ○ 4.7 IsiNdebele
  - ○ 4.8 se Pedi
  - ○ 4.9 seTswana
  - ○ 4.10 IsiSwati
  - ○ 4.11 tshiVenda
  - ○ 4.12 IsiXhosa
  - ○ 4.13 Some other ethnicity / country of origin (please specify)

[   ]

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* 5. What is your marital status?
  - ○ 5.1 Married
  - ○ 5.2 Divorced
  - ○ 5.3 Living with a partner
  - ○ 5.4 Single
  - ○ 5.5 Widowed
  - ○ 5.6 Other (please specify)

[   ]

3. Family information

* 6. Indicate if you need to take care of the following DEPENDENT children/elderly in your household (If YES, write the number in the box)

	Yes	No
6.1 Children 0-6 years	○	○
Number		
6.2 Children 7-13 years	○	○
Number		
6.3 Children 14-18 years	○	○
Number		
6.4 Children 19 years and older	○	○
Number		
6.5 Elderly, eg parents, parents in law and grandparents	○	○
Number		

* 7. Do you have a creche / day care facility as a support system in your work place?

○ 7.1 Yes
○ 7.2 No

* 8. Are you the only breadwinner in your household?

○ 8.1 Yes
○ 8.2 No

* 9. Spouse / other breadwinner's careerfield

○ 9.1 Stay at home parent/partner by choice/home maker
○ 9.2 Unemployed
○ 9.3 Agriculture eg farmer
○ 9.4 Technical eg electrician/plumber
○ 9.5 Computer related
○ 9.6 Teacher
○ 9.7 Academic
○ 9.8 Government
○ 9.9 Medical field - doctor, pharmacist, dentist
○ 9.10 Not applicable, I am the only breadwinner
○ 9.11 Other (please specify)

* 10. Parents' highest qualification (eg unschooled, ABET, Grade 7, Grade 10, Matric, Diploma, B degree, etc). If you do not know, you can state so.

10.1 Father
10.2 Mother

4. Qualifications and tenure

* 11. Your HIGHEST academic qualification

○ 11.1 Certificate post matric
○ 11.2 Diploma at Nursing College for Registration as Nurse
○ 11.3 Bachelor's Degree
○ 11.4 Postgraduate diploma, eg Nursing Education
○ 11.5 Master's Degree
○ 11.6 Doctoral Degree
○ 11.7 Post doctoral studies
○ 11.8 Other (please specify)

* 12. Minimum requirement (qualification) to enable you to be promoted to the next post level within a nursing department /school/division

○ 12.1 Matric
○ 12.2 Diploma
○ 12.3 Bachelor's degree
○ 12.4 Honour's degree
○ 12.5 Master's degree
○ 12.6 Doctoral degree
○ 12.7 Post-doctoral studies
○ 12.8 I already have all the qualifications I need for promotion to the next post level
○ 12.9 Other (please specify)

* 13. Mention any problems that you may have with completing your next necessary qualification to be able to continue working in your current post. You may choose more than one option.

☐ 13.1 I do not need any more qualifications
☐ 13.2 I do not have any problems to obtain a next qualification
☐ 13.3 A lack of time
☐ 13.4 A lack of finances
☐ 13.5 I will not be rewarded for more qualifications
13.6 Other (please specify)

* 14. If your highest qualification is not a master's degree or a doctorate, are you working towards one?

○ 14.1 Yes
○ 14.2 No
○ 14.3 Not applicable

Reason if answered NO

* 15. If you are registered for a master's or a doctoral degree already, when do you anticipate finishing it?

○ 15.1 1 year
○ 15.2 2 years
○ 15.3 3 years
○ 15.4 4 years
○ 15.5 5 years
○ 15.6 6 years and more
○ 15.7 Not applicable

Reason

5. Institution and activities

* 16. Select the name of the educational institution you are employed at:

- 16.1 Cape Peninsula University of Technology
- 16.2 Durban University of Technology
- 16.3 Nelson Mandela Metropolitan University
- 16.4 Tswane University of Technology
- 16.5 University of Cape Town
- 16.6 University of Fort Hare
- 16.7 University of the Free State
- 16.8 University of Johannesburg
- 16.9 University of Kwa-Zulu Natal
- 16.10 University of Limpopo (Medunsa campus)
- 16.11 University of Limpopo (Turfloop Campus)
- 16.12 University of the Northwest (Mafikeng Campus)
- 16.13 University of the Northwest (Potchefstroom Campus)
- 16.14 University of Pretoria
- 16.15 University of Stellenbosch
- 16.16 University of South Africa (UNISA)
- 16.17 University of Venda
- 16.18 University of the Western Cape
- 16.19 University of the Witwatersrand
- 16.20 University of Zululand
- 16.21 Vaal University of Technology
- 16.22 Walter Sisulu University

* 17. Are there any programmes / bursaries available in your educational institution to assist lecturers to improve their qualifications?

- 17.1 Yes, only if I study at my employee institution
- 17.2 Yes, even if I study at another educational institution
- 17.3 No
- 17.4 Unsure

Please explain

* 18. How long have you been employed at this educational institution?

- 18.1 0-2 years
- 18.2 3-5 years
- 18.3 6-10 years
- 18.4 11-15 years
- 18.5 16-20 years
- 18.6 21-25 years
- 18.7 26-30 years
- 18.8 31 years and longer

* 19. Please indicate the type of contract you have with this educational institution and the length of time in this position

- 19.1 Full time employee
- 19.2 Year to year contract
- 19.3 Contract less than a year, only for portions of work
- 19.4 Contract for more than a year, but not a fulltime employee

Lenght of time in this position

* 20. Please indicate the number of hours paid for per week at this educational institution if not a permanent full-time employee

- 20.1 0-10 hours
- 20.2 11-20 hours
- 20.3 21-30 hours
- 20.4 31-40 hours
- 20.5 More than 40 hours per week
- 20.6 Not applicable, full-time, permanent employee

21. Indicate your involvement in the educational institution in the following activities (must add up to 100%)

21.1 Research (eg post doctoral)

21.2 Scholarship (academic study or achievement, articles generated)

21.3 Teaching

21.4 Student contact (clinical and mentoring included)

21.5 Administrative

21.6 Service / outreach to the community

21.7 Other /please specify

22. Which level of students do you teach?

- 22.1 Undergraduates
- 22.2 Postgraduate diplomas
- 22.3 Master's degree
- 22.4 Doctoral degree

22.5 Other (please specify)

23. Please list all subjects / modules that you teach

24. What number of students do you teach?

24.1 In the first semester

24.2 In the second semester

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6. Causes of stress

* 25. When you think of your WORK life, what comes to mind first, as reason for the most stress experienced? And second and third? Please list in order of being MOST problematic to least problematic.

25.1 [   ]

25.2 [   ]

25.3 [   ]

* 26. When you think of your HOME LIFE, what comes to mind first, as reason for personal stress which affects work performance? And second and third? Please list in order of being MOST problematic to least problematic.

26.1 [   ]

26.2 [   ]

26.3 [   ]

* 27. My quality of work life is negatively affected by

	Completely disagree	Disagree	Neutral	Agree	Completely agree
27.1 Increased student numbers	○	○	○	○	○
27.2 Staff shortages in the department	○	○	○	○	○
27.3 Conflict between responsibilities at work and demands at home	○	○	○	○	○
27.4 Inadequate renumeration	○	○	○	○	○
27.5 Inadequate benefits eg Medical Aid, Pension Fund, Childcare	○	○	○	○	○
27.6 Inadequate performance appraisals by line manager	○	○	○	○	○
27.7 Micro-management by line manager	○	○	○	○	○
27.8 Technology old, dated, insufficient	○	○	○	○	○
27.9 Insufficient support for own research	○	○	○	○	○
27.10 Lack of transparency between management of nursing department at university and lecturing staff	○	○	○	○	○
27.11 Poor communication between management and rest of staff	○	○	○	○	○
27.12 Too little time for recreation and family life	○	○	○	○	○
27.13 Unreasonable time constraints to deliver quality output to teaching and research	○	○	○	○	○
27.14 Unrealistic deadlines and goals	○	○	○	○	○
27.15 Having to work after hours	○	○	○	○	○
27.16 Having to work weekends	○	○	○	○	○
27.17 Unrealistic expectations of students or managment, eg too little time to mark assignments	○	○	○	○	○
27.18 Work impacts negatively on my physical health	○	○	○	○	○
27.19 Work impacts negatively on my mental status	○	○	○	○	○
27.20 Work impacts negatively on my social life	○	○	○	○	○
27.21 Gender discrimination	○	○	○	○	○
27.22 Racial discrimination	○	○	○	○	○
27.23 Age discrimination	○	○	○	○	○

27.23 Other (please specify)

7. Coping with stress and intention to stay

* 28. Please estimate number of days absent from work the last 12 months for the following reasons:

28.1 Official leave [   ]

28.2 Sick leave [   ]

* 29. The following are ways that I cope with pressure at my work

☐ 29.1 Taking part in religious activities
☐ 29.2 Support from my family
☐ 29.3 Counseling, eg psychologist
☐ 29.4 Taking prescribed medication, eg for anxiety
☐ 29.5 Taking alcohol or recreational drugs to relax (voluntary answers only)
☐ 29.5 Socialising with friends / family
☐ 29.6 Taking part in hobbies eg reading, needlework
☐ 29.7 Exercise eg gym, running
☐ 29.8 Taking of regular holidays
☐ 29.9 Speak to the line manager
☐ 29.10 Speak to colleagues
☐ 29.11 Allowed to work from home
☐ 29.12 Other (please specify)
[   ]

* 30. Do you intend to stay at this educational institution for the next 5 years?

○ 30.1 Yes
○ 30.2 No
○ 30.3 Plan to retire in next 5 years
○ 30.4 Undecided

Please explain if answered NO or UNDECIDED
[   ]

* 31. The following reasons made me commence work at this educational institution

	Completely disagree	Disagree	Neutral	Agree	Completely agree
31.1 The institution has a good name	○	○	○	○	○
31.2 I wanted to teach at a university	○	○	○	○	○
31.3 I was tired of the clinical situation	○	○	○	○	○
31.4 I would be able to help my children through university this way	○	○	○	○	○
31.5 I like the intellectual stimulation	○	○	○	○	○
31.6 It was promotion for me	○	○	○	○	○
31.7 It was a strategic move towards career development	○	○	○	○	○
31.8 I thought it held prestige	○	○	○	○	○
31.9 This is a research-driven institution	○	○	○	○	○
31.10 I like a regular work week from Mondays to Fridays (no shift work like in hospital)	○	○	○	○	○

31.11 Other (please specify)
[   ]

32. The following factor(s) keep me working at this educational institution

	Completely Disagree	Disagree	Neutral	Agree	Completely Agree
32.1 I am happy here	○	○	○	○	○
32.2 I have a full-time post	○	○	○	○	○
32.3 I am well-paid	○	○	○	○	○
32.4 My children can study here (I get subsidised)	○	○	○	○	○
32.5 I enjoy working with my colleagues	○	○	○	○	○
32.6 Opportunities are limited in this province	○	○	○	○	○
32.7 Provides room for professional growth and development	○	○	○	○	○

32.8 Other (please specify)

[   ]

* 33. Are problems within the nursing department dealt with conclusively and satisfactory resolved where possible?

○ 33.1 Yes
○ 33.2 No
○ 33.3 Uncertain

Please explain if you answered NO or UNCERTAIN

[   ]

* 34. Do you have a body representing you at your workplace, eg a Union or Women's Forum?

○ 34.1 Yes
○ 34.2 No
○ 34.3 I do not know

* 35. Do you belong to this body?

○ 35.1 Yes
○ 35.2 No
○ 35.3 Not applicable

* 36. Are you satisfied with this body's ability to represent you?

○ 36.1 Yes
○ 36.2 No
○ 36.3 Do not know
○ 36.4 Not applicable

Please explain if answered NO or DO NOT KNOW

[   ]

* 37. If there was ONE thing that you could change about your circumstances at work, what would that be?

[   ]

8. Van Laar and Easton's "Work related Quality of Life'(WRQoL) Scale

Please do not take too long over each question, we want your first reaction, not a long drawn out thought process. Please do not omit any questions. This is not a test, simply a measure of your attitude to the factors that influence you at work.

* 38. To what extent do you agree with the following?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
38.1 I have a clear set of goals and aims to enable me to do my job	○	○	○	○	○
38.2 I feel able to voice opinions and influence changes in my area of work	○	○	○	○	○
38.3 I have the opportunity to use my abilities at work	○	○	○	○	○
38.4 I feel well at the moment	○	○	○	○	○
38.5 My employer provides adequate facilities and flexibility for me to fit work around my family life	○	○	○	○	○
38.6 My current working hours / patterns suit my personal circumstances	○	○	○	○	○
38.7 I often feel under pressure at work	○	○	○	○	○
38.8 When I have done a good job, it is acknowledged by my line manager	○	○	○	○	○
38.9 Recently I have been feeling unhappy and depressed	○	○	○	○	○
38.10 I am satisfied with my life	○	○	○	○	○
38.11 I am encouraged to develop new skills	○	○	○	○	○
38.12 I am involved in decisions that affect me in my own area of work	○	○	○	○	○

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
38.13 My employer provides me with what I need to do my job effectively	○	○	○	○	○
38.14 My line manager actively promotes flexible working hours /patterns	○	○	○	○	○
38.15 In most ways my life is close to ideal	○	○	○	○	○
38.16 I work in a safe environment	○	○	○	○	○
38.17 Generally things work out well for me	○	○	○	○	○
38.18 I am satisfied with the career opportunities available for me here	○	○	○	○	○
38.19 I often feel excessive levels of stress at work	○	○	○	○	○
38.20 I am satisfied with the training I receive in order to perform my present job	○	○	○	○	○
38.21 Recently, I have been feeling reasonably happy, all things considered	○	○	○	○	○
38.22 The working conditions are satisfactory	○	○	○	○	○
38.23 I am involved in decisions that affect members of the public in my own area of work	○	○	○	○	○
38.24 I am satisfied with the overall quality of my working life	○	○	○	○	○

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ANNEXURE E: Consent forms from 22 SA universities

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

9 February 2016

2016-CHS-008
Cornelie Young
Student Number:5468981

Dear Cornelie Young

Decision: Ethics Approval

Name: Cornelie Young
Department of Health Studies
cornelle@medinet.co.za
0812700016

Proposal: Factors influencing the Quality of Work Life of nurse educators teaching at South African Universities

Qualification: D Litt et Phil (Health Studies)

Thank you for the application for research ethics clearance by the College of Human Sciences Research Ethics Review Committee. Final approval is granted for the duration of the research period as indicated in your application.

For expedited review: The application was reviewed in compliance with the Unisa Policy on Research Ethics by the College of Human Sciences Research Ethics Review Committee on 4 February 2016.

The proposed research may commence with the proviso that:

1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the (Name of unit/sub-unit) Ethics Review Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for

the research participants.

3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

Note:
The reference number [top right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the College of Human Sciences Research Ethics Review Committee.

Kind regards,

Professor AH Mavhandu-Mudzusi
Chair: CHS Ethics Review Committee
Department of History
Tel: +27 12 429 2055
Cell: 082 4061 2494
Email:mmudza@unisa.ac.za

Professor RMH Moeketsi
Executive Dean: College of Human Sciences

Approval template 2014

Office of the Deputy Vice Chancellor:
lResearch, Technology Innovation & Partnerships
Bellville Campus
P O Box 1906
Bellville 7535
Tel: 021-9596242
Email: NhlapoC@cput.ac.za

23 May 2016

Ms Cornelle Young
Steilenbosch University
Nursing Department
P O Box 6162
Tyger Valley
7536
Email: cornelle@medinet.co.za

Dear Ms Young,

RE: PERMISSION TO CONDUCT RESEARCH AT CPUT

The Faculty Research Ethics Committee received your application entitled "Factors influencing the quality of work life of nurse educators teaching in South Africa Universities", together with the dossier of supporting documents.

Permission is herewith granted for you to do research at the Cape Peninsula University of Technology.

Wishing you the best in your study.

Sincerely

APPROVED
Chair Senate Ethics Committee
2 3 MAY 2016
Cape Peninsula
University of Technology
Sign:

PO Box 1906 Bellville 7535 South Africa
086 123 2788
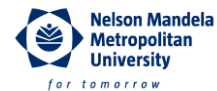
• PO Box 77000 • Nelson Mandela Metropolitan University
• Port Elizabeth • 6031 • South Africa • www.nmmu.ac.za

Office of DVC: Research & Engagement
Room 1706, Main Building
NMMU South Campus
Tel. +27 (0)41 504 2016/7 Fax. +27 (0)41 504 9591
Andrew.leitch@nmmu.ac.za

24 May 2016

(Institutional permission for conducting research)

(HSHDC/480/2015)

Dear Ms Cornelie Young

TITLE: 'FACTORS INFLUENCING THE QUALITY OF WORK LIFE OF NURSE EDUCATORS TEACHING AT SA UNIVERSITIES'.

I Professor Andrew Leitch, DVC: Research and Engagement grant permission for the above mentioned study and will act in the capacity as gatekeeper for this institutional study.

SIGNATURE:

DATE: 24 May 2016

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

29/06/2016

Approval Certificate
New Application

Ethics Reference No.: 257/2016

Title: Factors influencing quality of work life of nurse educators teaching at South African universities

Dear Mrs Cornelle Young

The **New Application** as supported by documents specified in your cover letter dated 12/06/2016 for your research received on the 13/06/2016, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 29/06/2016.

Please note the following about your ethics approval:
Ethics Approval is valid for 1 year
- Please remember to use your protocol number (**257/2016**) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

Ethics approval is subject to the following:
- The ethics approval is conditional on the receipt of **6 monthly written Progress Reports**, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

Additional Conditions:
- Provisional approval, pending receipt of permissions form University of Pretoria, University of Limpopo (Medunsa Campus), University of Limpopo (Turfloop Campus) and University of Cape Town.

We wish you the best with your research.

Yours sincerely

Dr R Sommers; MBChB; MMed (Int); MPharMed,PhD
Deputy-Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

☎ 012 356 3084   📠 deepeka.behari@up.ac.za   🖥 http://www.up.ac.za/healthethics
✉ Private Bag X323, Arcadia, 0007 - Tswelopele Building, Level 4, Room 60, Gezina, Pretoria

---

Thu 05/05/2016 06:53

Christa Grobler <christa@vut.ac.za>
Re: Permission to do research at your university

To   Cornelle Young
Cc   Bobby Naidoo

ⓘ You replied to this message on 05/05/2016 21:53.

Dear Cornelle

The ethical clearance from UNISA you provided is acceptable and sufficient. You therefore, have my permission to continue with your study.

As indicated. I forwarded your quiestionaire to the relevant staff.

Please feel free to contact me if further assistance is needed.

Kind Regards

Christa

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

TURFLOOP RESEARCH ETHICS
COMMITTEE CLEARANCE CERTIFICATE

MEETING: 05 July 2016

PROJECT NUMBER: TREC/125/2016: IR

PROJECT:

Title: Factors influencing the quality of work life of nurse educators Teaching at South African Universities
Researcher: Ms C Young
Supervisor: Prof JH Roos
Co-Supervisor: Prof MJ Oosthuizen
Institution: University of South Africa
Degree: Independent Research

PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:
i)   Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
ii)   The budget for the research will be considered separately from the protocol.
      PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

UNIVERSITY JOHANNESBURG

FACULTY OF HEALTH SCIENCES

RESEARCH ETHICS COMMITTEE
NHREC Registration no: REC-241112-035

REC-01-03-2016

11 March 2016

TO WHOM IT MAY CONCERN:

STUDENT: YOUNG, C
STUDENT NUMBER: -

TITLE OF RESEARCH PROJECT: Factors influencing the quality of work life of nurse educators teaching at South African universities.

DEPARTMENT OR PROGRAMME: NON-DEGREE PURPOSE

SUPERVISOR: -   CO-SUPERVISOR: -

The Faculty Academic Ethics Committee has scrutinised your research proposal and confirm that it complies with the approved ethical standards of the Faculty of Health Sciences; University of Johannesburg.

The REC would like to extend their best wishes to you with your postgraduate studies.

Yours sincerely,

Prof M Poggenpoel
Chair : Faculty of Health Sciences REC
Tel: 011 559 6689
Email: mariep@uj.ac.za

UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee

Room E52-24 Old Main Building
Groote Schuur Hospital
Observatory 7925
Telephone [021] 404 7682 • Facsimile [021] 406 6411
Email: nosi.tsama@uct.ac.za
Website: www.health.uct.ac.za/fhs/research/humanethics/forms

30 June 2016

HREC REF: 305/2016

Mrs C Young
PO Box 6162
Tygervalley
7536

Dear Mrs Young

PROJECT TITLE: FACTORS INFLUENCING THE QUALITY OF WORK LIFE OF NURSE EDUCATORS TEACHING AT SOUTH AFRICAN UNIVERSITIES.

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30th July 2017.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.
(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval before the research may occur.

Please quote the HREC REF in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE
Federal Wide Assurance Number: FWA00001637.
Institutional Review Board (IRB) number: IRB00001938

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical

HREC 305/2016

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

OFFICE OF THE DEPUTY REGISTRAR

5 February 2016

Ms Cornelle Young
UNISA Student number: 546-898-1

TO WHOM IT MAY CONCERN

"Factors influencing the quality of work life of nurse educators teaching at South African universities"

This letter serves to confirm that the above project has received permission to be conducted on University premises, and/or involving staff and/or students of the University as research participants. In undertaking this research, you agree to abide by all University regulations for conducting research on campus and to respect participants' rights to withdraw from participation at any time.

This notice serves as proof that the University's internal mailing system may be used as the mechanism by which potential participants can be approached.

If you are conducting research on certain student cohorts, year groups or courses within specific Schools and within the teaching term, permission must be sought from Heads of School or individual academics.

The necessary ethical clearance has been obtained.

Nicoleen Potgieter
Deputy Registrar

Private Bag 3, Wits, 2050, South Africa | T +27 11 717 1204/8 | F +27 86 553 2271 | www.wits.ac.za

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UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA

UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

IRB nr 00006240
REC Reference nr 230408-011
IORG0005187
FWA00012784

25 May 2016

MRS C YOUNG
DEPT OF HEALTH STUDIES
UNISA

Dear Mrs C Young

HSREC 94/2016
PROJECT TITLE: FACTORS INFLUENCING THE QUALITY OF WORK LIFE OF NURSE EDUCATORS TEACHING AT SOUTH AFRICAN UNIVERSITIES

1. You are hereby kindly informed that, at the meeting held on 24 May 2016, the Health Sciences Research Ethics Committee (HSREC) approved the above project after all conditions were met.

2. The Committee must be informed of any serious adverse event and/or termination of the study.

3. Any amendment, extension or other modifications to the protocol must be submitted to the HSREC for approval.

4. A progress report should be submitted within one year of approval and annually for long term studies.

5. A final report should be submitted at the completion of the study.

6. Kindly use the HSREC NR as reference in correspondence to the HSREC Secretariat.

7. The HSREC functions in compliance with, but not limited to, the following documents and guidelines: The SA National Health Act. No. 61 of 2003; Ethics in Health Research: Principles, Structures and Processes (2015); SA GCP(2006); Declaration of Helsinki; The Belmont Report; The US Office of Human Research Protections 45 CFR 461 (for non-exempt research with human participants conducted or supported by the US Department of Health and Human Services-(HHS), 21 CFR 50, 21 CFR 56; CIOMS; ICH-GCP-E6 Sections 1-4; The International Conference on Harmonization and Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH Tripartite), Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines, Constitution of the HSREC of the Faculty of Health Sciences.

Yours faithfully

PROF WJ STEINBERG
VICE CHAIR: HEALTH SCIENCES RESEARCH ETHICS COMMITTEE

Cc: Prof JH Roos

Health Sciences Research Ethics Committee
Office of the Dean: Health Sciences
T: +27 (0)51 401 7795/7794 | F: +27 (0)51 444 4359 | E: ethicsfhs@ufs.ac.za
Block D, Dean's Division, Room D104 | P.O. Box/Posbus 339 (Internal Post Box 640) | Bloemfontein 9300 | South Africa
www.ufs.ac.za

DUT
DURBAN
UNIVERSITY OF
TECHNOLOGY

DIRECTORATE FOR
RESEARCH AND
POSTGRADUATE
SUPPORT

Directorate for Research and Postgraduate Support
Durban University of Technology
Tromso Annexe, Steve Biko Campus
P.O. Box 1334, Durban 4000
Tel.: 031-3732576/7
Fax: 031-3732948
E-mail: moyos@dut.ac.za

3rd May 2016

Ms Cornel Young
c/o Department of Health Studies
University of South Africa (UNISA)

Dear Ms Young

PERMISSION TO CONDUCT RESEARCH AT THE DUT

Your email correspondence in respect of the above refers. I am pleased to inform you that the Institutional Research Committee (IRC) has granted permission for you to conduct your research "Factors influencing the Quality of Work Life of nurse educators teaching at South African Universities" at the Durban University of Technology.

We would be grateful if a summary of your key research findings can be submitted to the IRC on completion of your studies.

Kindest regards.
Yours sincerely

PROF. S. MOYO
DIRECTOR: RESEARCH AND POSTGRADUATE SUPPORT

Tshwane University of Technology
We empower people

Research Ethics Committee

The TUT Research Ethics Committee is a registered Institutional Review Board (IRB 00005968) with the US Office for Human Research Protections (IORG# 0004997) (Expires 9 Jan 2017). Also, it has Federal Wide Assurance for the Protection of Human Subjects for International Institutions (FWA 00011501) (Expires 22 Jan 2019). In South Africa it is registered with the National Health Research Ethics Council (REC-160509-21).

April 11, 2016

Ref #: REC/2016/03/007
Name: Young C
Student #: 5468981 (UNISA)

Ms C Young
C/o Prof JH Roos
College of Human Sciences
University of South Africa

Dear Ms Young,

Decision: Final Approval – Phase 1 & 2

Name: C Young
Project title: *Factors influencing the quality of work life of nurse educators teaching at South African Universities*
Qualification: D Litt et Phil, University of South Africa
Supervisor: Prof JH Roos
Co-Supervisor: Prof MJ Oosthuizen

Thank you for submitting the revised project documents for ethics clearance by the Research Ethics Committee (REC), Tshwane University of Technology (TUT). In reviewing the documents, the comments and notes below are tabled for your consideration, attention and notification:

- **Proposal, Ethical Considerations**
  - The REC took note of the following commitment regarding the reporting of the study results:
    As there is a relatively large number of biographical items (1-11) in the first part of the questionnaire, these items will only be reported on in pooled format (general, not specific to the university) in all research outputs to prevent identification of research participants to further protect anonymity. The specific university will also not be explicitly identified in in research outputs to protect the university's name.

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- **Questionnaire**
  - **Item 3.** The revised item headings are in order and duly noted.
  - **Item 24.** The revised item formulation and the revised required response detail from the survey respondents are in order and duly noted.
  - **Item 25.4.** The "Optional" response option is in order and duly noted.

- **Cover Letter, Phase 1 (Addendum D)**
  - **Employment Vulnerability.** The inclusion of an *employment vulnerability* statement is in order and duly noted.
  - **Contact Information.** The addition of contact information for the researcher, supervisor/s and UNISA REC is in order and duly noted.

- **Cover Letter, Phase 2 (Addendum E)**
  - **Employment Vulnerability.** The inclusion of an *employment vulnerability* statement is in order and duly noted.
  - **Contact Information.** The addition of contact information for the researcher, supervisor/s and UNISA REC is in order and duly noted.

- **Interview Guide, Phase 2**
  - The interview guide is in order and duly noted.

- **Institutional Requirement**
  - The REC took note of the researcher's commitment (E-mail dated Apr 9, 2016) to provide a copy of the final project report to the TUT Head of Department: Adelaide Tambo School of Nursing Science, for notification and/or potential implementation in the TUT context.

The Chairperson of the Research Ethics Committee, Tshwane University of Technology (TUT), reviewed the revised project documents on Apr 11, 2016. **Final Approval** is granted to conduct **Phases 1 & 2** of the project.

The proposed research project may now continue with the proviso that:

1) The researcher/s will conduct the study according to the procedures and methods indicated in the approved proposal, particularly in terms of any undertakings and/or assurances made regarding the confidentiality of the collected data.

2) The proposal will again be submitted to the Committee for prospective ethical clearance if there are any substantial changes from the approved proposal.

3) The researcher/s will act within the parameters of any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Strict adherence to the following South African legislation, where applicable, is especially important: Protection of Personal Information Act (Act 4 of 2013), Children's Act (Act 38 of 2005) and the National Health Act (Act 61 of 2003).

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4) The current ethics approval expiry date for this project is **December 31, 2018.** No research activities may continue after the ethics approval expiry date. Submission of a duly completed Research Ethics Progress Report (available at: http://www.tut.ac.za/Other/minew/ResearchEthicsCommittees/Pages/default.aspx) will constitute an application for renewal of REC ethics approval.

Note:
The reference number [top right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants.

Yours sincerely,

WA HOFFMANN (Dr)
Chairperson: Research Ethics Committee
[Ref#2016=03=007=YoungC]

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Wed 20/04/2016 15:26

Brian Van Wyk <bvanwyk@uwc.ac.za>
RE: Ethical permission to do research at your university

To   Cornelle Young; Karien Jooste

You replied to this message on 20/04/2016 20:51.

Dear Cornelle

Thank you for your application. I am happy to grant permission to contact academic staff in the School of Nursing to participate in the survey as part of your PhD research, entitled "Factors influencing the quality of work life of nurse educators teaching at South African universities".

Regards

Prof Brian van Wyk (DPhil, MSc)
Deputy dean: Research and Postgraduate Studies

School of Public Health
Faculty of Community and Health Sciences
UNIVERSITY OF THE WESTERN CAPE
Private Bag X17
Bellville 7535
SOUTH AFRICA
Tel: +27 21 959 2173/3261
Fax: +27 21 959 2872
Mobile: +27 828049055
skype: prof_be_vanwyk

Ms. Cornelie Young
Department of Health Studies
College of Human Sciences
University of South Africa

Per email: roosjh@unisa.ac.za

24 May 2016

Dear Ms. Young

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT UNIZULU "FACTORS INFLUENCING THE QUALITY OF WORK LIFE OF NURSE EDUCATORS TEACHING AT SOUTH AFRICAN UNIVERSITIES"

Your letter to me, dated 08 February 2016, refers.

I hereby grant approval for you to conduct part of your research at UNIZULU, as per the methodologies stated in your research proposal and in terms of the data collection instruments that you have submitted. I note also that the University of South Africa, under the College of Human Sciences has issued an ethical clearance certificate and having read the documentation, I am happy to accept that certificate.

You may use this letter as authorization when you approach the appropriate persons. Please note that permission is based on the documentation that you have submitted. Should you revise your research instruments, or use additional instruments, you must submit those to us as well.

I wish you well in your research.

Yours sincerely,

Professor Nokuthula Kunene
Chairperson: University of Zululand Research Ethics Committee

cc: Mr. D Van Rensburg- Registrar

2016-04-19

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by Health Research Ethics Committee (HREC) at the meeting held on 10/03/2016, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby **approves** your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title:	Factors influencing the Quality of Work Life of nurse educators teaching at South African Universities.
Project Leader/Supervisor:	Prof JH Roos
Student:	C Young

Ethics number:	N W U - 0 0 0 0 8 - 1 6 - A 1

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Full Single Application
Commencement date: 2016-04-18   **Expiry date:** 2017-04-17   **Risk:** Medium

Special conditions of the approval (if applicable):

- **Please make contact with Ms Elsabe Bornman at Elsabe.Bornman@nwu.ac.za at our university to obtain a goodwill permission letter and provide the HREC with a copy of this.**
- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC via HREC:*
  - *annually (or as otherwise requested) on the progress of the project, and upon completion of the project*
  - *without any delay in case of any adverse event or any matter that interrupts sound ethical principles during the course of the project.*
  - *Annually a number of projects may be randomly selected for an external audit.*
- *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the HREC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC via HREC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-IRERC and HREC retains the right to:*
  - *request access to any information or data at any time during the course or after completion of the project;*
  - *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.*
  - *withdraw or postpone approval if:*
    - *any unethical principles or practices of the project are revealed or suspected,*
    - *it becomes apparent that any relevant information was withheld from the HREC or that information has been false or misrepresented,*
    - *the required annual report and reporting of adverse events was not done timely and accurately,*
    - *new institutional rules, national legislation or international conventions deem it necessary.*
- *HREC can be contacted for any report templates Ethics-Monitoring@nwu.ac.za or further assistance via Ethics-HRECApply@nwu.ac.za; 018 299 1206.*

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC or HREC for any further enquiries or requests for assistance.

Yours sincerely

Linda du Plessis
Digitally signed by Linda du Plessis

Prof Linda du Plessis
Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

University of Fort Hare

OFFICE OF UNIVERSITY REGISTRAR

March 02, 2016

Ms. Cornelie Young
P. O. Box 6162
Tyger Valley
7536

cornelie@medinet.co.za

Dear Ms Young

Approval from the Registrar's Office to Conduct Research

Having consulted the Chairperson of the Research Ethics Committee, I hereby grant permission for Ms C Young to conduct research relating to her thesis "Factors influencing the quality of work life of nurse educators at South African universities"

We look forward to reading the research report.

Kind regards

Prof M M Somniso
Institutional Registrar

---

20 March 2016

Mr Cornelle Young

Department of Health Studies

University of South Africa

PO Box 392

UNISA

0003

Dear Mr. Cornelle Young

Permission to conduct Research at the University of Venda

The Directorate of Research and Innovation has hereby granted you permission to conduct research at the University of Venda.

Project titled: "*Factors influencing the quality of work life of nurse educators teaching at South African Universities*".

The conditions are that all the data pertaining to University of Venda will be treated in accordance with the Ethical principles and that will be shared with the University. In addition consent should be sought by you as a researcher from participants.

Attached is our policy on ethics.

Thank you

Prof. G.E. Ekosse

Director Research and Innovation

Cc: Prof JE Crafford (DVC Academic)

OFFICE OF THE DEAN – FACULTY OF HEALTH SCIENCES
DR W. CHITHA: Tel: 047 502 2667/2672 - Fax: 086 614 0246
Website: www.wsu.ac.za E-mail: fhs@wsu.ac.za/wchitha@wsu.ac.za

Nelson Mandela Drive Campus
3rd Floor Old Library Building
Private Bag X1, UNITRA, 5117

Mrs C Young
Researcher
Department of Health Studies
Unisa

Dear Madam

Re: Request of access to Conduct a Study "Factors influencing the Quality of Work Life of Nurse Educators teaching at South African Universities".

Your letter dated the 28th January 2016 refers.

Access to the Department of Nursing, nurse educators and the Head of Department is hereby granted on condition that prior consent will be obtained and principles of confidentiality and anonymity will be adhered to. In addition, the Faculty expects to get a report on the findings of your study for learning and improvement purposes.

Yours faithfully

_____
Dr. Wezile Chitha
Dean: Faculty of Health Sciences
Date: 5th February 2016

Walter Sisulu University

---

14 January 2016

Ms Cornelle Young
Department of Health Sciences
University of South Africa

Dear Ms Young

Concerning phase 2 of research project: *Factors influencing the Quality of Work Life of nurse educators teaching at South African Universities*

The researcher has institutional permission to proceed with this project as stipulated in the institutional permission application. This permission is granted on the following conditions:

- Participation is voluntary.
- Persons may not be coerced into participation.
- Persons who choose to participate must be informed of the purpose of the research, all the aspects of their participation, the risks to participation, their role in the research and their rights as participants. Participants must consent to participation. The researcher may not proceed until she is confident that all the before mentioned has been established and recorded.
- Persons who choose not to participate may not be penalized as a result of non-participation.
- Participants may withdraw their participation at any time, and without consequence.
- The data must be responsibly and suitably protected.
- The researcher must pay due diligence in seeing that the data is handled in the strictest confidence.
- Data must be collected and processed in a way that ensures the anonymity of all participants.
- The use of the collected data may not be extended beyond the purpose of this study.
- Individuals may not be identified in the report(s) or publication(s) of the results of the study.
- The privacy of individuals must be respected and protected.
- The researcher must conduct her research within the provisions of the Protection of Personal Information Act, 2013.

Best wishes,

Prof Ian Cloete
Senior Director: Institutional Research and Planning

---

15 February 2016

Mrs Cornelle Young
Department of Nursing
Health Sciences
Tygerberg Medical Campus
UNIVERSITY OF SOUTH AFRICA
Email: cornelle@medinet.co.za

Dear Mrs Young

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"Factors influencing quality of work life (QWL) of nurse educators teaching at South African universities".

It is noted that you will be constituting your sample as follows:

- with a request for responses on the website. The questionnaire must be placed on the notice system http://notices.ukzn.ac.za. A copy of this letter (Gatekeeper's approval) together with the ethical clearance must be simultaneously sent to (govenderiog@ukzn.ac.za) or (ramkissoonb@ukzn.ac.za). You are not authorized to distribute the questionnaire to staff and students using Microsoft Outlook address book.

  Please ensure that the following appears on the questionnaire/attached to your notice:
  - Ethical clearance number;
  - Research title and details of the research, the researcher and the supervisor;
  - Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
  - gatekeepers approval by the Registrar.
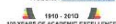
PARTICIPANT INFORMATION SHEET AND LETTER AND CONSENT FORM SECOND PHASE

Ethics clearance reference number: **2016_RPSC_008 UNISA**

12 July 2017
Title: Factors influencing the quality of work life of nurse educators teaching at South African Universities
Dear Nurse Educator
My name is Cornelle Young and I am doing research with Professor JH Roos a professor in the Department of Health Studies towards a D Litt et Phil degree at the University of South Africa. The researcher is self-funded for the purpose of collecting the data and doing this research. We are inviting you to participate in a study entitled 'Factors influencing the quality of work life of nurse educators teaching at South African Universities''.

WHAT IS THE PURPOSE OF THE STUDY?
This study is expected to collect important information that could help determine the factors that influence the quality of work life of nurse educators at South African universities and help develop guidelines to ultimately enhance their quality of work life.

WHY AM I BEING INVITED TO PARTICIPATE?
You were chosen to be a participant to this study because you are a head/acting head of a nursing department at a South African University. Your contact details were obtained from the FUNDISA data base/administrator at your nursing department as per permission of these institutions. All heads/acting heads of the nursing departments of the 22 South African universities will be interviewed to help develop guidelines to address the factors identified from the survey, if necessary.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?
You will be requested to be interviewed via a semi-structured interview if you are head of a nursing department. The interview will last approximately 45 minutes to an hour.
Data collected will be analysed with the help of computer software. The results of the study will be sent in a report to your university, it will also be available per publication in a journal and via the thesis which would be available on publication (Unisa online – open access), as well as communicated per a conference.

 You have the following rights
    1. To understand the purpose of the research study
    2. To decline to participate
    3. The freedom to terminate your participation in this research study at any time you feel like it, if you did originally consent to partake
    4. The researcher will be adhering to the principles of confidentiality and anonymity and data will be under no circumstances be reported in such a way as to reveal your identity
    5. To undertake to give honest answers to reasonable questions and not to mislead the researcher
    6. To contact the researcher or her promotor at the contact details provided if necessary
    7. To have the information given by yourself only used for research purposes and not released for any employment-related performance evaluation, promotion and/or disciplinary purposes

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?
Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be asked to sign a written consent form. You are free to withdraw or abort the effort at any time whilst doing the interviews without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?
Participating in this study will give you a national voice regarding factors that influence the QWL from a head/acting head of nursing's perspective and will help to attempt to influence factors that impact on it. It will also benefit future nurse educators teaching at universities, by introducing guidelines to orientation and faster adaptation to teaching at a university, and thus retention of scarce nurse educators.

ARE THEIR ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?
No negative consequences are foreseen. The type of questions that will be asked will elicit your opinion of the representativeness of the findings of the first phase survey when compared to your university's situation, as well as whether you have been able to successfully address these issues at your university's nursing department. Your input would be valued greatly, as it would help to develop guidelines to address issues at all the other universities.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Your name will not be recorded anywhere and no one will be able to connect you to the answers you give. Your answers will be given a code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

Only the researcher, the supervisor of this study and the statistician will have access to the data and they are bound by their employee agreement with the university to hold confidential the information obtained by them in this survey and the interviews. Your answers may be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

Anonymous data provided by you may be used for other purposes, such as a research report, journal articles and/or conference proceedings. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researcher for a period of five years in a locked cupboard/filing cabinet in her house **whilst** electronic information will be stored on a password protected computer and on the Internet, on Dropbox. Hard copies of transcriptions of the interviews will be shredded.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

No payment or reward is available for participating in this study. Interviewees will be supplied with something to drink and eat, especially since they may have to offer up their lunch hour due to a busy programme.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This Protocol was submitted to the Research Ethics Committee, **University of Limpopo** and written approval has been granted by this committee. The study has been structured in accordance with the declaration of Helsinki (last update: October 2013) which deals with the recommendations guiding doctors in biomedical research involving human subjects. A copy of the Declaration may be obtained from the investigator should you wish to review it.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings or require any further information or want to contact the researcher about any aspect of this study, please contact Cornelle Young on 0812700016 or email cornelle@medinet.co.za. The findings are accessible for a two year period from July 2018-2020

Should you have concerns about the way in which the research has been conducted, you may contact Prof J H Roos, email roosjh@unisa.ac.za, Telephone 012 33215953. Contact the research ethics chairperson of the Health Studies Higher Degrees Committee, University of South Africa (Prof L Roets), roetsl@unisa.ac.za, Telephone 012 4292226, Fax 012 4296688 if you have any ethical concerns.

Thank you for taking time to read this information sheet and for participating in this study.

Cornelle Young

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified. I agree to the recording of the interview.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname………………………………………… (please print)

Participant Signature…………………………………………………..Date…………………

Researcher's Name & Surname…………………………………………(please print)

Researcher's signature…………………………………………………..Date…………………

ANNEXURE G: Chapter 4 tables

Table 4.18 Means and standard deviations of age groups' Work-Related Quality of Life

		21-30 yrs	31-40 yrs	41-50 yrs	51-60 yrs	61-70 yrs	Total
		Descriptives					
SAW	**Mean**	.	2.00	2.18	2.22	1.72	2.11
	Standard Deviation	.	.90	1.20	1.06	.71	1.04
GWB	**Mean**	.	3.09	3.26	3.44	3.69	3.36
	Standard Deviation	.	.94	1.05	.85	.77	.91
HWI	**Mean**	.	2.92	3.15	3.05	3.33	3.09
	Standard Deviation	.	1.02	.92	1.25	.97	1.09
JCS	**Mean**	.	2.74	2.86	2.98	3.24	2.94
	Standard Deviation	.	.58	.59	.58	.19	.56
CAW	**Mean**	.	2.36	3.15	3.32	3.93	3.19
	Standard Deviation	.	.73	.85	1.00	.55	.97
WCS	**Mean**	.	3.13	3.17	3.33	3.63	3.29
	Standard Deviation	.	.74	.91	.92	.61	.86
Total	**Mean**	.	2.89	3.14	3.32	3.55	3.23
	Standard Deviation	.	.57	.60	.66	.34	.62

		Sum of Squares	Df	Mean Square	F	Sig.
		ANOVA				
CAW	**Between Groups**	14.510	3	4.837	6.201	.001
	Within Groups	56.933	73	.780		
	Total	71.443	76			

Table 4.19 Bonferroni post hoc findings of re-classified age groups' mean scores of Work-Related Quality of Life

Dependent Variable	(I) Age group	(J) Age group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Bonferroni Multiple Comparisons							
CAW2	31-40	41-50	-.79103	.31462	.085	-1.6443	.0623
		51-60	-.96484*	.28684	.007	-1.7428	-.1869
		61-70	-1.56695*	.38295	.001	-2.6055	-.5284
	41-50	31-40	.79103	.31462	.085	-.0623	1.6443
		51-60	-.17381	.24755	1.000	-.8452	.4975
		61-70	-.77593	.35447	.191	-1.7373	.1854
	51-60	31-40	.96484*	.28684	.007	.1869	1.7428
		41-50	.17381	.24755	1.000	-.4975	.8452
		61-70	-.60212	.33006	.433	-1.4973	.2930
	61-70	31-40	1.56695*	.38295	.001	.5284	2.6055
		41-50	.77593	.35447	.191	-.1854	1.7373
		51-60	.60212	.33006	.433	-.2930	1.4973
*. The mean difference is significant at the 0.05 level.							

Table 4.20 Means, standard deviations and ANOVA testing of language and ethnicity groupings' Work-Related Quality of Life

		Language			
		English	**Afrikaans**	**Other**	**Total**
SAW	**Mean**	1.98	1.97	2.35	2.04
	Standard Deviation	1.00	1.07	.80	1.01
GWB	**Mean**	3.25	3.52	3.06	3.36
	Standard Deviation	.91	.89	.90	.90
HWI	**Mean**	2.87	3.41	2.52	3.08
	Standard Deviation	1.17	.94	1.05	1.08
JCS	**Mean**	2.99	3.06	2.71	2.98
	Standard Deviation	.62	.52	.61	.57
CAW	**Mean**	3.29	3.28	2.88	3.22
	Standard Deviation	1.07	.95	.85	.98
WCS	**Mean**	3.21	3.40	3.13	3.29
	Standard Deviation	.81	.86	.95	.85
Total	**Mean**	3.21	3.31	3.03	3.23
	Standard Deviation	.64	.60	.64	.62

ANOVA

		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
SAW	**Between Groups**	1.476	2	.738	.724	.488
	Within Groups	75.407	74	1.019		
	Total	76.883	76			
GWB	**Between Groups**	2.476	2	1.238	1.535	.222
	Within Groups	61.325	76	.807		
	Total	63.802	78			
HWI	**Between Groups**	9.839	2	4.919	4.579	.013
	Within Groups	82.717	77	1.074		
	Total	92.556	79			
JCS	**Between Groups**	1.240	2	.620	1.923	.153
	Within Groups	23.855	74	.322		
	Total	25.095	76			
CAW	**Between Groups**	1.914	2	.957	1.006	.370
	Within Groups	73.220	77	.951		
	Total	75.133	79			
WCS	**Between Groups**	.980	2	.490	.665	.517
	Within Groups	55.238	75	.737		
	Total	56.218	77			
total	**Between Groups**	.773	2	.386	1.020	.366
	Within Groups	26.901	71	.379		
	Total	27.673	73			

Table 4.21 Bonferroni Post Hoc testing of Home-Work Interface scores of different language speakers

						95% Confidence Interval	
Dependent Variable	**(I) language**	**(J) language**	**Mean Difference (I-J)**	**Std. Error**	**Sig.**	**Lower Bound**	**Upper Bound**
HWI	**English**	Afrikaans	-.53984	.26300	.131	-1.1835	.1038
		Other	.34286	.34598	.974	-.5039	1.1896
	Afrikaans	English	.53984	.26300	.131	-.1038	1.1835
		Other	.88269*	.32083	.022	.0975	1.6679
	Other	English	-.34286	.34598	.974	-1.1896	.5039
		Afrikaans	-.88269*	.32083	.022	-1.6679	-.0975
*. The mean difference is significant at the 0.05 level.							

Table 4.22 The effect of marital status on Work-Related Quality of Life

Descriptives					
	Marital status	N	Mean	Std. Deviation	Std. Error Mean
SAW	married/living with partner	51	2.1471	1.14146	.15984
	single/not living with partner	29	1.9655	.75511	.14022
GWB	married/living with partner	53	3.4843	.83414	.11458
	single/not living with partner	29	3.1207	.95525	.17738
HWI	married/living with partner	53	3.2013	.99215	.13628
	single/not living with partner	29	2.8621	1.18696	.22041
JCS	married/living with partner	53	3.0566	.48254	.06628
	single/not living with partner	27	2.7778	.68250	.13135
CAW	married/living with partner	54	3.2963	.86794	.11811
	single/not living with partner	29	3.0805	1.13269	.21033
WCS	married/living with partner	53	3.3648	.72284	.09929
	single/not living with partner	28	3.1667	1.02840	.19435
Total	married/living with partner	50	3.3452	.52685	.07451
	single/not living with partner	26	3.0234	.70217	.13771

Independent samples testing										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
						Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
variances	Equal	F	Sig.	t	df				Lower	Upper
JCS	assumed	6.708	.011	2.116	78	.038	.27883	.13175	.01653	.54112
	not assumed			1.895	39.643	.065	.27883	.14712	-.01861	.57626
Total	assumed	3.334	.072	2.249	74	.028	.32181	.14312	.03664	.60697
	not assumed			2.055	40.029	.046	.32181	.15657	.00537	.63824

Table 4.23 Work-Related Quality of Life of educators with or without children 7-13 yrs old

Descriptives - Group Statistics					
	Children 7-13 yrs	N	Mean	Std. Deviation	Std. Error Mean
SAW	With children 7-13 yrs	16	2.3438	1.12129	.28032
	Without children 7-13 yrs	43	1.9419	.94623	.14430
GWB	With children 7-13 yrs	16	3.3438	1.02102	.25525
	Without children 7-13 yrs	45	3.4519	.82543	.12305
HWI	With children 7-13 yrs	16	3.2500	1.05760	.26440
	Without children 7-13 yrs	45	3.2074	1.05718	.15759
JCS	With children 7-13 yrs	16	2.8229	.57564	.14391
	Without children 7-13 yrs	42	3.0794	.51303	.07916
CAW	With children 7-13 yrs	16	2.8542	.98107	.24527
	Without children 7-13 yrs	45	3.4296	.88083	.13131
WCS	With children 7-13 yrs	16	3.1042	.97159	.24290
	Without children 7-13 yrs	45	3.3852	.78159	.11651
Total	With children 7-13 yrs	16	3.1549	.71318	.17829
	Without children 7-13 yrs	41	3.2980	.56493	.08823

Independent samples testing										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
						Sig. (2-tailed)	Mean Differ-ence	Std. Error Differ-ence	95% Confidence Interval of the Difference	
	Equal variances	F	Sig.	t	df				Lower	Upper
CAW	assumed	.820	.369	-2.179	59	.033	-.57546	.26411	-1.10394	-.04698
	not assumed			-2.068	24.154	.049	-.57546	.27820	-1.14946	-.00147

Table 4.24 Work-Related Quality of Life of educators with or without children 19 years old and older

Means of educators with/without children 19 years and older					
Children 19 yrs and older		**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
SAW	With children 19 yrs and older	24	2.3542	1.05788	.21594
	Without children 19 yrs and older	38	1.8289	.85642	.13893
GWB	With children 19 yrs and older	25	3.3400	.96162	.19232
	Without children 19 yrs and older	38	3.3947	.80671	.13087
HWI	With children 19 yrs and older	25	3.2400	.95994	.19199
	Without children 19 yrs and older	38	3.2281	1.00182	.16252
JCS	With children 19 yrs and older	24	2.9861	.64253	.13116
	Without children 19 yrs and older	36	3.0787	.45685	.07614
CAW	With children 19 yrs and older	25	3.3600	.97620	.19524
	Without children 19 yrs and older	38	3.3158	.92981	.15084
WCS	With children 19 yrs and older	25	3.4267	.95024	.19005
	Without children 19 yrs and older	38	3.3509	.69726	.11311
Total	With children 19 yrs and older	24	3.3043	.68853	.14054
	Without children 19 yrs and older	36	3.2597	.51197	.08533

Independent samples testing									
		Levene's Test for Equality of Variances		t-test for Equality of Means					
						Sig. (2-tailed)	Mean Differ-ence	Std. Error Differ-ence	95% Confidence Interval of the Difference	
	Equal variances	**F**	**Sig.**	**t**	**df**				**Lower**	**Upper**
SAW	assumed	.983	.325	2.146	60	.036	.52522	.24477	.03561	1.01483
	not assumed			2.045	41.556	.047	.52522	.25677	.00687	1.04357

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Table 4.25 The effect of qualifications on Work-Related Quality of Life

Descriptives									
				Std. Deviation	Std. Error	95% Confidence Interval for Mean			
		N	Mean			Lower Bound	Upper Bound	Minimum	Maximum
SAW	< Masters	10	2.9500	1.06589	.33706	2.1875	3.7125	1.50	4.50
	Masters	32	2.1719	1.14729	.20281	1.7582	2.5855	1.00	4.50
	PhD	34	1.7647	.74096	.12707	1.5062	2.0232	1.00	4.00
	Postdoc	4	1.8750	.62915	.31458	.8739	2.8761	1.00	2.50
	Total	80	2.0813	1.01708	.11371	1.8549	2.3076	1.00	4.50
GWB	< Masters	11	3.5152	1.00403	.30273	2.8406	4.1897	2.17	5.00
	Masters	33	3.2222	.88257	.15364	2.9093	3.5352	1.33	4.83
	PhD	34	3.3480	.85808	.14716	3.0486	3.6474	1.17	4.50
	Postdoc	4	4.0833	.79931	.39965	2.8115	5.3552	3.00	4.83
	Total	82	3.3557	.89034	.09832	3.1601	3.5513	1.17	5.00
HWI	< Masters	12	3.2222	1.09483	.31605	2.5266	3.9178	1.00	5.00
	Masters	32	2.9583	1.09985	.19443	2.5618	3.3549	1.00	5.00
	PhD	34	3.0098	1.00666	.17264	2.6586	3.3610	1.00	4.67
	Postdoc	4	4.2500	.87665	.43833	2.8551	5.6449	3.00	5.00
	Total	82	3.0813	1.07031	.11820	2.8461	3.3165	1.00	5.00
JCS	< Masters	11	2.8030	.64901	.19568	2.3670	3.2390	2.00	4.17
	Masters	33	2.9040	.50866	.08855	2.7237	3.0844	1.50	4.00
	PhD	33	3.0808	.61254	.10663	2.8636	3.2980	1.17	4.00
	Postdoc	3	2.8889	.34694	.20031	2.0270	3.7507	2.50	3.17
	Total	80	2.9625	.56936	.06366	2.8358	3.0892	1.17	4.17
CAW	< Masters	12	2.9444	1.12666	.32524	2.2286	3.6603	1.67	5.00
	Masters	33	3.0404	.82814	.14416	2.7468	3.3340	1.33	4.67
	PhD	34	3.4118	1.01191	.17354	3.0587	3.7648	1.33	5.00
	Postdoc	4	3.9167	.78764	.39382	2.6634	5.1700	3.33	5.00
	Total	83	3.2209	.96732	.10618	3.0097	3.4321	1.33	5.00
WCS	< Masters	11	3.5152	.92332	.27839	2.8949	4.1354	2.00	5.00
	Masters	33	3.0606	.75670	.13173	2.7923	3.3289	1.67	4.67
	PhD	33	3.3636	.81379	.14166	3.0751	3.6522	1.00	4.67
	Postdoc	4	4.0833	1.06719	.53359	2.3852	5.7815	3.00	5.00
	Total	81	3.2963	.83997	.09333	3.1106	3.4820	1.00	5.00
Total	< Masters	10	3.3348	.75419	.23850	2.7953	3.8743	2.39	4.83
	Masters	31	3.1136	.56127	.10081	2.9077	3.3195	1.96	4.26
	PhD	32	3.2935	.61030	.10789	3.0734	3.5135	1.65	4.13
	Postdoc	3	3.5362	.56744	.32761	2.1266	4.9458	3.00	4.13
	Total	76	3.2351	.60771	.06971	3.0963	3.3740	1.65	4.83

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
SAW	Between Groups	11.387	3	3.796	4.101	.009
	Within Groups	70.335	76	.925		
	Total	81.722	79			

Table 4.26 Post Hoc Bonferroni testing for the effect of qualifications on experienced stress at work

Depen-dent Variable	(I) highest qual_recode	(J) highest qual_recode	Mean Differ-ence (I-J)	Std Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
SAW	<Masters	Masters	.77813	.34852	.171	-.1660	1.7223
		PhD	1.18529*	.34607	.006	.2478	2.1228
		Postdoc	1.07500	.56913	.376	-.4668	2.6168
	Masters	<Masters	-.77813	.34852	.171	-1.7223	.1660
		PhD	.40717	.23694	.539	-.2347	1.0491
		Postdoc	.29688	.51018	1.000	-1.0852	1.6790
	PhD	<Masters	-1.18529*	.34607	.006	-2.1228	-2478
		Masters	-.40717	.23694	.539	-1.0491	.2347
		Postdoc	-.11029	.50851	1.000	-1.4879	1.2673
	Postdoc	<Masters	-1.07500	.56913	.376	-2.6168	.4668
		Masters	-.29688	.51018	1.000	-1.6790	1.0852
		PhD	.11029	.50851	1.000	-1.2673	1.4879

Table 4.27 Work-Related Quality of Life related to type of contract

Descriptives								
					95% Confidence Interval for Mean			
		N	Mean	Std. Devia-tion	Std. Error	Lower Bound	Upper Bound	Minimum	Maximum
SAW	Full-time	51	1.7941	.79484	.11130	1.5706	2.0177	1.00	4.50
	Year contract	18	2.4444	1.04162	.24551	1.9265	2.9624	1.00	4.50
	>1yr contract	9	2.8333	1.41421	.47140	1.7463	3.9204	1.00	4.50
	Total	78	2.0641	1.00440	.11373	1.8376	2.2906	1.00	4.50
GWB	Full-time	53	3.3805	.83550	.11476	3.1502	3.6108	1.17	4.83
	Year contract	18	3.3519	.96658	.22783	2.8712	3.8325	1.33	5.00
	>1yr contract	9	3.3889	1.15470	.38490	2.5013	4.2765	1.50	5.00
	Total	80	3.3750	.89203	.09973	3.1765	3.5735	1.17	5.00
HWI	Full-time	53	3.0943	1.00081	.13747	2.8185	3.3702	1.00	5.00
	2 Year contract	18	3.1852	1.15596	.27246	2.6103	3.7600	1.00	5.00
	>1yr contract	10	2.7333	1.32218	.41811	1.7875	3.6792	1.00	5.00
	Total	81	3.0700	1.07201	.11911	2.8329	3.3070	1.00	5.00
JCS	Full-time	50	2.9933	.55016	.07780	2.8370	3.1497	1.17	4.00
	Year contract	18	3.0463	.55071	.12980	2.7724	3.3202	2.00	4.17
	>1yr contract	10	2.8167	.65945	.20854	2.3449	3.2884	1.50	3.67
	Total	78	2.9829	.56125	.06355	2.8564	3.1094	1.17	4.17
CAW	Full-time	53	3.3082	.97807	.13435	3.0386	3.5778	1.33	5.00
	Year contract	18	3.3148	.89641	.21129	2.8690	3.7606	1.67	5.00
	>1yr contract	10	2.7333	.99132	.31348	2.0242	3.4425	1.33	4.00
	Total	81	3.2387	.96930	.10770	3.0244	3.4530	1.33	5.00
WCS	Full-time	52	3.3526	.88663	.12295	3.1057	3.5994	1.00	5.00
	Year contract	18	3.3704	.65568	.15455	3.0443	3.6964	2.33	5.00
	>1yr contract	9	3.0000	.88192	.29397	2.3221	3.6779	1.67	4.33
	Total	79	3.3165	.83700	.09417	3.1290	3.5039	1.00	5.00
Total	Full-time	48	3.2237	.57021	.08230	3.0582	3.3893	1.65	4.13
	Year contract	18	3.3382	.57382	.13525	3.0528	3.6235	2.35	4.83
	>1yr contract	9	3.1836	.85774	.28591	2.5243	3.8429	1.96	4.26
	Total	75	3.2464	.60378	.06972	3.1075	3.3853	1.65	4.83

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
SAW	Between Groups	11.647	2	5.823	6.614	.002
	Within Groups	66.033	75	.880		
	Total	77.679	77			

Table 4.28 Bonferroni Post Hoc findings for association between the type of contracts and stress at work

Depen-dent Variable	Type of contract you have with this educational institution and the length of time in this position		Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
SAW	Full-time employee	Year to year contract	-.65033*	.25725	.041	-1.2803	-.0204
		Contract > year	-1.03922*	.33925	.009	-1.8700	-.2084
	Year to year contract	Full-time employee	.65033*	.25725	.041	.0204	1.2803
		Contract >year	-.38889	.38307	.940	-1.3270	.5492
	Contract > year	Full-time employee	1.03922*	.33925	.009	.2084	1.8700
		Year to year contract	.38889	.38307	.940	-.5492	1.3270

Table 4.29 Work-Related Quality of Life scores related to increased student numbers

Descriptives					
Increased student numbers causing stress		N	Mean	Std. Deviation	Std. Error Mean
SAW	disagree	29	2.3966	1.08874	.20217
	agree	49	1.8673	.90586	.12941
GWB	disagree	29	3.3736	.98968	.18378
	agree	50	3.3767	.85038	.12026
HWI	disagree	29	3.2989	1.04024	.19317
	agree	51	2.9346	1.08734	.15226
JCS	disagree	27	3.0247	.58599	.11277
	agree	50	2.9567	.55717	.07880
CAW	disagree	29	3.3908	.98428	.18278
	agree	51	3.1438	.96668	.13536
WCS	disagree	29	3.5632	.76170	.14144
	agree	49	3.1633	.85830	.12261
Total	disagree	27	3.3349	.68574	.13197
	agree	48	3.1966	.55390	.07995

Independent samples testing										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
						Sig. (2-tailed)	Mean Differ-ence	Std. Error Differ-ence	95% Confidence Interval of the Difference	
	Equal variances	F	Sig.	t	df				Lower	Upper
SAW	assumed	1.503	.224	2.311	76	.024	.52920	.22895	.07321	.98520
	not assumed			2.205	50.681	.032	.52920	.24004	.04723	1.01118
WCS	assumed	.875	.353	2.072	76	.042	.39995	.19306	.01544	.78447
	not assumed			2.137	64.611	.036	.39995	.18719	.02606	.77384

Table 4.30 Work-Related Quality of Life related to staff shortages

Descriptives		N	Mean	Std. Deviation	Std. Error Mean
	Staff shortages causing stress				
SAW	disagree	21	2.3571	1.03854	.22663
	agree	57	1.9561	.97870	.12963
GWB	disagree	22	3.6515	1.01563	.21653
	agree	58	3.2701	.82589	.10844
HWI	disagree	22	3.4697	1.16682	.24877
	agree	59	2.9209	1.00447	.13077
JCS	disagree	20	3.0417	.59450	.13294
	agree	58	2.9626	.55325	.07265
CAW	disagree	22	3.1818	1.12559	.23998
	agree	59	3.2599	.91406	.11900
WCS	disagree	22	3.5606	.98875	.21080
	agree	57	3.2222	.75942	.10059
Total	disagree	20	3.3696	.70735	.15817
	agree	55	3.2016	.56201	.07578

Independent samples testing		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
Equal variances		F	Sig.	t	df	Sig. (2-tailed)	Mean Differen-ce	Std. Error Differen-ce	Lower	Upper
HWI	assumed	.027	.870	2.092	79	.040	.54879	.26232	.02666	1.07092
	not assumed			1.953	33.289	.059	.54879	.28104	-.02281	1.12039

Table 4.31 Work-Related Quality of Life with conflict between responsibilities at work and demands at home

Descriptives		N	Mean	Std. Deviation	Std. Error Mean
	Conflict between responsibilities at work and demands at home				
SAW	disagree	24	2.4375	1.10643	.22585
	agree	53	1.8774	.91413	.12557
GWB	disagree	26	3.7756	.68951	.13522
	agree	53	3.1730	.92563	.12715
HWI	disagree	26	3.4359	1.01004	.19808
	agree	54	2.9012	1.07503	.14629
JCS	disagree	24	3.0625	.46835	.09560
	agree	53	2.9528	.60303	.08283
CAW	disagree	26	3.3846	.91259	.17897
	agree	54	3.1481	.99193	.13498
WCS	disagree	26	3.5256	.83359	.16348
	agree	52	3.2115	.83504	.11580
Total	disagree	23	3.4575	.54207	.11303
	agree	51	3.1483	.61605	.08626

Independent samples testing		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
Equal variances		F	Sig.	t	df	Sig. (2-tailed)	Mean Differ-ence	Std. Error Differ-ence	Lower	Upper
SAW	assumed	1.349	.249	2.330	75	.023	.56014	.24041	.08122	1.03907
	not assumed			2.168	37.818	.037	.56014	.25841	.03694	1.08334
GWB	assumed	3.812	.055	2.940	77	.004	.60269	.20499	.19450	1.01087
	not assumed			3.247	64.505	.002	.60269	.18561	.23194	.97343
HWI	assumed	.811	.371	2.124	78	.037	.53466	.25175	.03348	1.03585
	not assumed			2.171	52.361	.034	.53466	.24625	.04061	1.02872

Table 4.32 Work-Related Quality of Life when inadequately remunerated

	Inadequate remuneration	N	Mean	Std. Deviation	Std. Error Mean
Descriptives					
SAW2	disagree	28	2.0179	1.10957	.20969
	agree	50	2.0900	.95131	.13454
GWB2	disagree	30	3.6444	.80317	.14664
	agree	50	3.2133	.91103	.12884
HWI2	disagree	30	3.4444	.97215	.17749
	agree	50	2.8867	1.05325	.14895
JCS2	disagree	27	3.1296	.45370	.08731
	agree	50	2.9233	.59210	.08374
CAW2	disagree	30	3.4889	.98934	.18063
	agree	50	3.1200	.92278	.13050
WCS2	disagree	30	3.5667	.70656	.12900
	agree	49	3.1633	.87961	.12566
total2	disagree	26	3.4381	.55338	.10853
	agree	49	3.1446	.60995	.08714

Independent samples testing

	Equal variances	Levene's Test for Equality of Variances F	Sig.	t-test for Equality of Means t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower	Upper
GWB2	assumed	.957	.331	2.140	78	.036	.43111	.20149	.02997	.83225
	not assumed			2.209	67.315	.031	.43111	.19520	.04153	.82069
HWI2	assumed	.770	.383	2.359	78	.021	.55778	.23645	.08705	1.02851
	not assumed			2.407	65.117	.019	.55778	.23171	.09504	1.02052
WCS2	assumed	3.746	.057	2.125	77	.037	.40340	.18980	.02546	.78135
	not assumed			2.240	71.339	.028	.40340	.18009	.04435	.76245

Table 4.33 Work-Related Quality of Life related to benefits

	Inadequate benefits	N	Mean	Std. Deviation	Std. Error Mean
Descriptives					
SAW	disagree	46	2.0109	.97462	.14370
	agree	32	2.1406	1.05673	.18681
GWB	disagree	47	3.5035	.88020	.12839
	agree	33	3.1919	.88987	.15491
HWI	disagree	47	3.3191	.98530	.14372
	agree	34	2.7255	1.10545	.18958
JCS	disagree	44	3.1061	.52716	.07947
	agree	34	2.8235	.57140	.09799
CAW	disagree	47	3.4184	.93888	.13695
	agree	34	2.9902	.96917	.16621
WCS	disagree	47	3.4468	.89625	.13073
	agree	32	3.1250	.71216	.12589
Total	disagree	44	3.3498	.62304	.09393
	agree	31	3.0996	.55216	.09917

Independent samples testing

	Equal variances	Levene's Test for Equality of Variances F	Sig.	t-test for Equality of Means t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower	Upper
HWI	assumed	1.331	.252	2.542	79	.013	.59366	.23351	.12886	1.05845
	not assumed			2.495	66.154	.015	.59366	.23790	.11869	1.06862
JCS	assumed	.686	.410	2.263	76	.027	.28253	.12486	.03385	.53121
	not assumed			2.239	68.082	.028	.28253	.12617	.03077	.53429
CAW	assumed	.277	.600	1.999	79	.049	.42824	.21425	.00178	.85471
	not assumed			1.988	69.903	.051	.42824	.21536	-.00130	.85778

Table 4.34 Work-Related Quality of Life related to performance appraisals

Descriptives					
	Inadequate performance appraisals by line managers	N	Mean	Std. Deviation	Std. Error Mean
SAW	disagree	36	2.2361	1.10509	.18418
	agree	42	1.9167	.89658	.13835
GWB	disagree	38	3.6579	.76322	.12381
	agree	42	3.1190	.93072	.14361
HWI	disagree	38	3.4298	.94887	.15393
	agree	43	2.7519	1.08402	.16531
JCS	disagree	35	3.2190	.42158	.07126
	agree	43	2.7907	.59104	.09013
CAW	disagree	38	3.6053	.87287	.14160
	agree	43	2.9147	.94307	.14382
WCS	disagree	38	3.5351	.67357	.10927
	agree	41	3.1138	.92679	.14474
Total	disagree	34	3.5000	.49956	.08567
	agree	41	3.0361	.60706	.09481

Independent samples testing										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
							Mean Differ-ence	Std. Error Differ-ence	95% Confidence Interval of the Difference	
	Equal variances	F	Sig.	t	df	Sig. (2-tailed)			Lower	Upper
GWB	assumed	2.647	.108	2.814	78	.006	.53885	.19150	.15759	.92010
	not assumed			2.842	77.286	.006	.53885	.18961	.16130	.91640
HWI	assumed	1.726	.193	2.976	79	.004	.67789	.22776	.22455	1.13122
	not assumed			3.001	78.995	.004	.67789	.22588	.22829	1.12749
JCS	assumed	4.408	.039	3.604	76	.001	.42835	.11885	.19163	.66507
	not assumed			3.728	74.809	.000	.42835	.11490	.19945	.65725
CAW	assumed	1.073	.303	3.405	79	.001	.69053	.20280	.28687	1.09420
	not assumed			3.421	78.820	.001	.69053	.20182	.28880	1.09227
WCS	assumed	5.959	.017	2.295	77	.024	.42127	.18352	.05583	.78670
	not assumed			2.323	72.964	.023	.42127	.18135	.05983	.78271
Total WRQoL	assumed	1.198	.277	3.565	73	.001	.46394	.13013	.20460	.72329
	not assumed			3.631	72.998	.001	.46394	.12778	.20928	.71861

Table 4.35 Work-Related Quality of Life related to performance appraisals

Descriptives					
	Micro management by line managers	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
SAW	disagree	43	2.2558	1.03148	.15730
	dgree	35	1.8286	.93102	.15737
GWB	disagree	44	3.6629	.79524	.11989
	agree	36	3.0231	.88744	.14791
HWI	disagree	44	3.5000	.72782	.10972
	agree	36	2.6019	1.18139	.19690
JCS	disagree	42	3.1270	.41778	.06446
	agree	35	2.8381	.65365	.11049
CAW	disagree	44	3.4545	.86592	.13054
	agree	36	3.0185	1.02336	.17056
WCS	disagree	44	3.5303	.68320	.10300
	agree	35	3.0476	.93983	.15886
Total WRQoL	disagree	42	3.4565	.48475	.07480
	agree	33	2.9789	.64049	.11149

Independent samples testing										
		Levene's Test for Equality of Variances		**t-test for Equality of Means**						
	Equal variances						**Mean Differenc e**	**Std. Error Differenc e**	**95% Confidence Interval of the Difference**	
		F	**Sig.**	**t**	**df**	**Sig. (2-tailed)**			**Lower**	**Upper**
GWB	assumed	1.216	.273	3.397	78	.001	.63973	.18830	.26486	1.01460
	not assumed			3.360	71.113	.001	.63973	.19039	.26011	1.01935
HWI	assumed	16.564	.000	4.171	78	.000	.89815	.21536	.46941	1.32689
	not assumed			3.985	55.738	.000	.89815	.22541	.44656	1.34974
JCS	assumed	10.466	.002	2.348	75	.022	.28889	.12306	.04374	.53404
	not assumed			2.258	55.733	.028	.28889	.12792	.03261	.54517
CAW	assumed	2.818	.097	2.064	78	.042	.43603	.21121	.01554	.85652
	not assumed			2.030	68.800	.046	.43603	.21478	.00752	.86453
WCS	assumed	4.990	.028	2.642	77	.010	.48268	.18270	.11888	.84649
	not assumed			2.549	60.183	.013	.48268	.18933	.10400	.86137
Total WRQoL	assumed	3.108	.082	3.677	73	.000	.47760	.12989	.21873	.73648
	not assumed			3.557	58.101	.001	.47760	.13426	.20886	.74634

Table 4.36 Work-Related Quality of Life related to technology

Descriptives					
	Technology is old and outdated	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
SAW	disagree	54	2.0648	.97151	.13221
	dgree	24	2.0625	1.09656	.22383
GWB	disagree	55	3.3848	.90032	.12140
	agree	25	3.3533	.89147	.17829
HWI	disagree	55	3.0727	1.06707	.14388
	agree	26	3.0641	1.10361	.21644
JCS	disagree	52	3.0449	.49630	.06882
	agree	26	2.8590	.66615	.13064
CAW	disagree	55	3.2667	.98005	.13215
	agree	26	3.1795	.96255	.18877
WCS	disagree	54	3.5370	.74230	.10101
	agree	25	2.8400	.84503	.16901
Total WRQoL	disagree	51	3.2882	.56628	.07930
	agree	24	3.1576	.68094	.13900

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
	Equal variances	**F**	**Sig.**	**t**	**df**	**Sig. (2-tailed)**	**Mean Differ-ence**	**Std. Error Differ-ence**	**Lower**	**Upper**
WCS	assumed	1.511	.223	3.714	77	.000	.69704	.18767	.32335	1.07073
	not assumed			3.540	41.795	.001	.69704	.19689	.29963	1.09444

Table 4.37 Work-Related Quality of Life related to support for research

Descriptives		N	Mean	Std. Deviation	Std. Error Mean
	Insufficient support for own research				
SAW	disagree	27	2.4815	.88232	.16980
	agree	50	1.8600	1.00529	.14217
GWB	disagree	28	3.7619	.82705	.15630
	agree	50	3.2000	.83910	.11867
HWI	disagree	28	3.7262	.87514	.16539
	agree	50	2.7200	.98828	.13976
JCS	disagree	26	3.2628	.35955	.07051
	agree	49	2.8571	.59706	.08529
CAW	disagree	28	3.6310	.80297	.15175
	agree	50	3.0400	.99805	.14115
WCS	disagree	28	3.8571	.61147	.11556
	agree	49	3.0000	.80795	.11542
Total WRQoL	disagree	26	3.6288	.49194	.09648
	agree	48	3.0507	.56464	.08150

		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
	Equal variances	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
SAW	assumed	.665	.417	2.698	75	.009	.62148	.23033	.16264	1.08033
	not assumed			2.806	59.670	.007	.62148	.22146	.17844	1.06452
GWB	assumed	.166	.685	2.852	76	.006	.56190	.19705	.16944	.95437
	not assumed			2.863	56.715	.006	.56190	.19624	.16890	.95491
HWI	assumed	1.820	.181	4.489	76	.000	1.00619	.22415	.55976	1.45262
	not assumed			4.647	61.930	.000	1.00619	.21653	.57334	1.43904
JCS	assumed	6.578	.012	3.167	73	.002	.40568	.12808	.15041	.66095
	not assumed			3.666	71.715	.000	.40568	.11067	.18505	.62630
CAW	assumed	3.475	.066	2.682	76	.009	.59095	.22032	.15214	1.02977
	not assumed			2.852	66.500	.006	.59095	.20724	.17724	1.00467
WCS	assumed	2.948	.090	4.868	75	.000	.85714	.17607	.50639	1.20789
	not assumed			5.248	69.074	.000	.85714	.16333	.53132	1.18296
Total WRQoL	assumed	.616	.435	4.392	72	.000	.57804	.13162	.31567	.84041
	not assumed			4.577	57.764	.000	.57804	.12629	.32521	.83086

Table 4.38 Work-Related Quality of Life related to transparency between management and rest of staff

Descriptives			N	Mean	Std. Deviation	Std. Error Mean
	Lack of transparency between management and rest of staff					
SAW	disagree		39	2.1026	1.02070	.16344
	dgree		39	2.0256	.99966	.16007
GWB	disagree		41	3.5813	.83842	.13094
	agree		39	3.1581	.90559	.14501
HWI	disagree		41	3.3821	1.05557	.16485
	agree		40	2.7500	1.00355	.15868
JCS	disagree		38	3.2193	.40660	.06596
	agree		40	2.7583	.59909	.09472
CAW	disagree		41	3.5041	.92232	.14404
	agree		40	2.9667	.95123	.15040
WCS	disagree		41	3.6504	.68699	.10729
	agree		38	2.9561	.84246	.13666
Total WRQoL	disagree		37	3.4606	.54828	.09014
	agree		38	3.0378	.58822	.09542

	Equal variances	Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
GWB	assumed	.245	.622	2.170	78	.033	.42318	.19500	.03497	.81140
	not assumed			2.166	76.754	.033	.42318	.19538	.03411	.81225
HWI	assumed	.067	.797	2.761	79	.007	.63211	.22896	.17639	1.08784
	not assumed			2.763	78.949	.007	.63211	.22881	.17667	1.08755
JCS:	assumed	5.454	.022	3.955	76	.000	.46096	.11654	.22886	.69307
	not assumed			3.994	68.912	.000	.46096	.11543	.23069	.69124
CAW	assumed	.065	.800	2.582	79	.012	.53740	.20817	.12304	.95176
	not assumed			2.581	78.754	.012	.53740	.20825	.12286	.95194
WCS	assumed	2.702	.104	4.027	77	.000	.69427	.17241	.35096	1.03757
	not assumed			3.996	71.529	.000	.69427	.17375	.34787	1.04066
Total WRQoL	assumed	.067	.797	3.219	73	.002	.42288	.13139	.16102	.68473
	not assumed			3.222	72.864	.002	.42288	.13126	.16126	.68449

Table 4.39 Work-Related Quality of Life as affected by communication between management and staff

Descriptives		N	Mean	Std. Deviation	Std. Error Mean
	Poor communication between management and staff				
SAW	disagree	36	2.1528	1.04074	.17346
	agree	41	1.9756	.98711	.15416
GWB	disagree	36	3.4907	.86184	.14364
	agree	42	3.2460	.92264	.14237
HWI	disagree	36	3.3426	1.04041	.17340
	agree	43	2.8062	1.05968	.16160
JCS	disagree	35	3.1619	.56373	.09529
	agree	42	2.8214	.51718	.07980
CAW	disagree	36	3.4259	.93133	.15522
	agree	43	3.0155	.94268	.14376
WCS	disagree	36	3.4630	.77778	.12963
	agree	41	3.1463	.85974	.13427
Total WRQoL	disagree	35	3.3901	.58175	.09833
	agree	39	3.1003	.59541	.09534

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
	Equal variances	**F**	**Sig.**	**t**	**df**	**Sig. (2-tailed)**	**Mean Difference**	**Std. Error Difference**	**Lower**	**Upper**
HWI	assumed	.894	.347	2.259	77	.027	.53639	.23742	.06363	1.00915
	not assumed			2.263	75.032	.027	.53639	.23703	.06421	1.00857
JCS	assumed	.147	.703	2.761	75	.007	.34048	.12331	.09483	.58612
	not assumed			2.739	69.903	.008	.34048	.12429	.09258	.58837
Total WRQoL	assumed	.185	.668	2.113	72	.038	.28973	.13714	.01635	.56311
	not assumed			2.115	71.464	.038	.28973	.13696	.01666	.56280

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Table 4.40 Work-Related Quality of Life related to time for recreation and family life

Descriptives					
	Too little time for recreation and family life	N	Mean	Std. Deviation	Std. Error Mean
SAW	disagree	16	2.9375	1.23659	.30915
	agree	62	1.8387	.80355	.10205
GWB	disagree	17	3.9020	.79289	.19230
	agree	63	3.2328	.86889	.10947
HWI	disagree	18	3.4259	1.16488	.27456
	agree	63	2.9683	1.03126	.12993
JCS	disagree	18	3.0370	.57609	.13579
	agree	60	2.9667	.56064	.07238
CAW	disagree	18	3.2037	.98445	.23204
	agree	63	3.2487	.97269	.12255
WCS	disagree	17	3.6275	.65492	.15884
	agree	62	3.2312	.86542	.10991
Total WRQoL	disagree	16	3.6114	.62291	.15573
	agree	59	3.1474	.56395	.07342

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
	Equal variances	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
SAW	assumed	6.362	.014	4.327	76	.000	1.09879	.25393	.59304	1.60454
	not assumed			3.375	18.393	.003	1.09879	.32556	.41587	1.78171
GWB:	assumed	.965	.329	2.867	78	.005	.66916	.23336	.20457	1.13375
	not assumed			3.024	27.310	.005	.66916	.22128	.21537	1.12294
Total WRQoL	assumed	.009	.923	2.855	73	.006	.46403	.16251	.14014	.78792
	not assumed			2.695	22.127	.013	.46403	.17217	.10709	.82096

Table 4.41 Work-Related Quality of Life related to time constraints to deliver quality output to teaching and research

Descriptives					
	Unreasonable time constraints to deliver quality care output to teaching and research	N	Mean	Std. Deviation	Std. Error Mean
SAW	Disagree	20	2.5250	.86565	.19356
	Agree	58	1.9052	1.00637	.13214
GWB	Disagree	20	3.4583	.95800	.21422
	Agree	60	3.3472	.87564	.11305
HWI	Disagree	21	3.3968	1.05735	.23073
	Agree	60	2.9556	1.06204	.13711
JCS	Disagree	20	3.1167	.64459	.14413
	agree	58	2.9368	.52781	.06930
CAW	Disagree	21	3.5397	1.00264	.21879
	Agree	60	3.1333	.94321	.12177
WCS	Disagree	20	3.6833	.81273	.18173
	Agree	59	3.1921	.81463	.10606
Total WRQoL	Disagree	19	3.4668	.64241	.14738
	Agree	56	3.1716	.57701	.07711

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
	Equal variances	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
SAW	assumed	.877	.352	2.456	76	.016	.61983	.25233	.11726	1.12239
	not assumed			2.645	38.080	.012	.61983	.23437	.14541	1.09425
WCS	assumed	.213	.646	2.332	77	.022	.49124	.21066	.07177	.91072
	not assumed			2.335	32.895	.026	.49124	.21041	.06310	.91938

Table 4.42 Work-Related Quality of Life as affected by unrealistic deadlines and goals

Descriptives					
	Unrealistic deadlines and goals	N	Mean	Std. Deviation	Std. Error Mean
SAW2	disagree	19	2.3684	.95513	.21912
	agree	59	1.9661	1.00800	.13123
GWB2	disagree	19	3.7105	.85498	.19615
	agree	61	3.2705	.88410	.11320
HWI2	disagree	20	3.5833	1.19881	.26806
	agree	61	2.9016	.98007	.12548
JCS2	disagree	19	3.2281	.51583	.11834
	agree	59	2.9040	.55640	.07244
CAW2	disagree	20	3.4667	1.03957	.23245
	agree	61	3.1639	.94207	.12062
WCS2	disagree	19	3.8421	.70596	.16196
	agree	60	3.1500	.81054	.10464
total2	disagree	18	3.6014	.55584	.13101
	agree	57	3.1342	.57846	.07662

	Equal variances	Levene's Test for Equality of Variances		t-test for Equality of Means						95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference		Lower	Upper
HWI	assumed	1.026	.314	2.551	79	.013	.68169	.26718		.14989	1.21350
	not assumed			2.303	27.817	.029	.68169	.29598		.07523	1.28816
JCS	assumed	.185	.668	2.246	76	.028	.32412	.14431		.03671	.61152
	not assumed			2.336	32.595	.026	.32412	.13875		.04169	.60654
WCS	assumed	1.079	.302	3.339	77	.001	.69211	.20726		.27939	1.10482
	not assumed			3.589	34.339	.001	.69211	.19282		.30039	1.08382
Total WRQoL	assumed	.040	.843	3.014	73	.004	.46720	.15499		.15830	.77610
	not assumed			3.078	29.567	.004	.46720	.15177		.15705	.77735

Table 4.43 Work-Related Quality of Life related to work after hours

Descriptives		N	Mean	Std. Deviation	Std. Error Mean
	Having to work after hours				
SAW	disagree	10	3.2500	1.06066	.33541
	agree	68	1.8897	.87607	.10624
GWB	disagree	11	3.8788	.93717	.28257
	agree	69	3.2947	.86468	.10409
HWI	disagree	11	3.7576	.74671	.22514
	agree	69	2.9903	1.06023	.12764
JCS	disagree	11	2.9848	.80434	.24252
	agree	66	2.9975	.50847	.06259
CAW	disagree	11	3.4242	.98985	.29845
	agree	69	3.2319	.95880	.11543
WCS	disagree	11	3.4242	.97856	.29505
	agree	68	3.2990	.81881	.09930
Total WRQoL	disagree	10	3.6217	.81316	.25714
	agree	65	3.1886	.55057	.06829

| | Equal variances | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | 95% Confidence Interval of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
SAW	assumed	.235	.629	4.463	76	.000	1.36029	.30478	.75326	1.96732
	not assumed			3.866	10.882	.003	1.36029	.35183	.58489	2.13570
GWB	assumed	.036	.849	2.058	78	.043	.58410	.28385	.01900	1.14920
	not assumed			1.940	12.864	.075	.58410	.30113	-.06715	1.23536
HWI	assumed	2.386	.126	2.305	78	.024	.76724	.33290	.10447	1.43000
	not assumed			2.965	17.200	.009	.76724	.25880	.22169	1.31279
Total WRQoL	assumed	1.916	.171	2.164	73	.034	.43311	.20017	.03416	.83206
	not assumed			1.628	10.307	.134	.43311	.26606	-.15732	1.02354

Table 4.44 Work-Related Quality of Life related to working weekends

Descriptives		N	Mean	Std. Deviation	Std. Error Mean
	Having to work weekends				
SAW2	disagree	13	3.0000	1.08012	.29957
	agree	65	1.8769	.88402	.10965
GWB2	disagree	14	3.6310	1.06454	.28451
	agree	66	3.3207	.85050	.10469
HWI2	disagree	15	3.5111	.96664	.24959
	agree	66	2.9697	1.07612	.13246
JCS2	disagree	15	2.8889	.73373	.18945
	agree	63	3.0053	.51672	.06510
CAW2	disagree	15	3.1778	1.02250	.26401
	agree	66	3.2525	.96443	.11871
WCS2	disagree	14	3.3095	.92878	.24823
	agree	65	3.3179	.82376	.10217
Total WRQoL	disagree	13	3.4615	.77584	.21518
	agree	62	3.2013	.55847	.07093

| | Equal variances | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | 95% Confidence Interval of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
SAW	assumed	.084	.773	4.028	76	.000	1.12308	.27884	.56772	1.67843
	not assumed			3.521	15.379	.003	1.12308	.31901	.44458	1.80157

Table 4.45 Work-Related Quality of Life as affected by unrealistic expectations of students and management

Descriptives		N	Mean	Std. Deviation	Std. Error Mean
	Unrealistic expectations of students and management				
SAW	disagree	26	2.2692	1.05101	.20612
	agree	52	1.9615	.97441	.13513
GWB	disagree	27	3.7407	.79573	.15314
	agree	53	3.1887	.88737	.12189
HWI	disagree	28	3.4643	1.10121	.20811
	agree	53	2.8616	1.00519	.13807
JCS	disagree	27	3.0062	.62785	.12083
	agree	51	2.9706	.52884	.07405
CAW	disagree	28	3.2857	1.04906	.19825
	agree	53	3.2138	.93392	.12828
WCS	disagree	27	3.4938	.82364	.15851
	agree	52	3.2244	.83685	.11605
Total WRQoL	disagree	25	3.4557	.63294	.12659
	agree	50	3.1417	.56640	.08010

| | Equal variances | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | 95% Confidence Interval of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
GWB	assumed	.867	.355	2.722	78	.008	.55206	.20285	.14822	.95590
	not assumed			2.821	57.783	.007	.55206	.19573	.16024	.94388
HWI	assumed	.014	.906	2.483	79	.015	.60265	.24274	.11949	1.08581
	not assumed			2.413	50.882	.019	.60265	.24975	.10123	1.10407
Total WRQoL	assumed	.190	.665	2.175	73	.033	.31391	.14430	.02632	.60150
	not assumed			2.096	43.640	.042	.31391	.14980	.01194	.61589

Table 4.46 Work-Related Quality of Life related to poor physical health due to work

Descriptives					
	Work impacts negatively on physical health	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
SAW	disagree	24	2.7500	.94409	.19271
	agree	54	1.7593	.87815	.11950
GWB	disagree	25	3.9133	.73459	.14692
	agree	55	3.1303	.85388	.11514
HWI	disagree	26	3.6538	1.10144	.21601
	agree	55	2.7939	.94823	.12786
JCS	disagree	25	3.2333	.48352	.09670
	agree	53	2.8648	.56050	.07699
CAW	disagree	26	3.6538	.86142	.16894
	agree	55	3.0424	.96237	.12977
WCS	disagree	25	3.8000	.68718	.13744
	agree	54	3.0926	.80984	.11020
Total WRQoL	disagree	23	3.7429	.49171	.10253
	agree	52	3.0268	.51409	.07129

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
Equal variances		**F**	**Sig.**	**t**	**df**	**Sig. (2-tailed)**	**Mean Differ-ence**	**Std. Error Differ-ence**	**Lower**	**Upper**
SAW	assumed	.161	.689	4.494	76	.000	.99074	.22045	.55167	1.42981
	not assumed			4.369	41.430	.000	.99074	.22676	.53294	1.44854
GWB	assumed	1.670	.200	3.964	78	.000	.78303	.19756	.38972	1.17634
	not assumed			4.195	53.554	.000	.78303	.18666	.40873	1.15733
HWI	assumed	.073	.788	3.616	79	.001	.85991	.23782	.38653	1.33328
	not assumed			3.426	43.136	.001	.85991	.25101	.35373	1.36608
JCS	assumed	1.219	.273	2.827	76	.006	.36855	.13038	.10887	.62824
	not assumed			2.982	54.045	.004	.36855	.12361	.12073	.61637
CAW	assumed	1.603	.209	2.758	79	.007	.61142	.22172	.17010	1.05275
	not assumed			2.870	54.431	.006	.61142	.21302	.18441	1.03843
WCS	assumed	1.294	.259	3.780	77	.000	.70741	.18716	.33472	1.08009
	not assumed			4.016	54.569	.000	.70741	.17616	.35430	1.06051
Total WRQoL	assumed	.149	.700	5.636	73	.000	.71616	.12707	.46290	.96941
	not assumed			5.735	43.981	.000	.71616	.12488	.46448	.96783

Table 4.47 Work-Related Quality of Life related to poor mental health due to work

Descriptives					
	Work impacting negatively on mental health	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
SAW	disagree	26	2.7308	.87442	.17149
	agree	52	1.7308	.89914	.12469
GWB	disagree	27	3.8210	.67925	.13072
	agree	53	3.1478	.90680	.12456
HWI	disagree	28	3.3810	1.04513	.19751
	agree	53	2.9057	1.05890	.14545
JCS	disagree	27	3.0494	.49098	.09449
	agree	51	2.9477	.59674	.08356
CAW	disagree	28	3.3929	.90292	.17063
	agree	53	3.1572	1.00129	.13754
WCS	disagree	27	3.5926	.80242	.15443
	agree	52	3.1731	.82576	.11451
Total WRQoL	disagree	25	3.5461	.53384	.10677
	agree	50	3.0965	.58499	.08273

		Levene's Test for Equality of Variances		**t-test for Equality of Means**					**95% Confidence Interval of the Difference**	
Equal variances		**F**	**Sig.**	**t**	**df**	**Sig. (2-tailed)**	**Mean Differen-ce**	**Std. Error Differen-ce**	**Lower**	**Upper**
SAW	assumed	.013	.910	4.672	76	.000	1.00000	.21403	.57372	1.42628
	not assumed			4.716	51.381	.000	1.00000	.21203	.57442	1.42558
GWB	assumed	3.974	.050	3.398	78	.001	.67319	.19810	.27880	1.06758
	not assumed			3.728	67.021	.000	.67319	.18056	.31279	1.03359
HWI	assumed	.993	.322	1.930	79	.057	.47529	.24629	-.01494	.96553
	not assumed			1.938	55.717	.058	.47529	.24529	-.01614	.96672
WCS	assumed	.085	.771	2.162	77	.034	.41952	.19402	.03316	.80587
	not assumed			2.182	54.114	.033	.41952	.19225	.03410	.80494
Total WRQoL	assumed	.188	.666	3.227	73	.002	.44957	.13930	.17194	.72719
	not assumed			3.328	52.247	.002	.44957	.13507	.17856	.72057

Table 4.48 Work-Related Quality of Life related to poor social life due to work

Descriptives		N	Mean	Std. Deviation	Std. Error Mean
	The negative effect of work on social life				
SAW	disagree	29	2.5172	1.05630	.19615
	agree	49	1.7959	.87749	.12536
GWB	disagree	30	3.7222	.82621	.15085
	agree	49	3.1497	.87284	.12469
HWI	disagree	31	3.5806	.82537	.14824
	agree	49	2.7279	1.08797	.15542
JCS	disagree	30	3.0722	.58833	.10741
	agree	48	2.9271	.54242	.07829
CAW	disagree	31	3.3011	.92838	.16674
	agree	49	3.1701	.98864	.14123
WCS	disagree	30	3.4889	.83383	.15224
	agree	48	3.1806	.81056	.11699
Total WRQoL	disagree	28	3.5000	.56534	.10684
	agree	47	3.0953	.57998	.08460

| | Equal variances | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | 95% Confidence Interval of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Differen-ce	Std. Error Differen-ce	Lower	Upper
SAW	assumed	1.373	.245	3.250	76	.002	.72132	.22194	.27929	1.16336
	not assumed			3.099	50.617	.003	.72132	.23278	.25390	1.18874
GWB	assumed	.326	.570	2.887	77	.005	.57256	.19834	.17761	.96751
	not assumed			2.926	64.092	.005	.57256	.19571	.18160	.96353
HWI	assumed	6.385	.014	3.734	78	.000	.85275	.22839	.39806	1.30744
	not assumed			3.970	75.321	.000	.85275	.21478	.42491	1.28060
Total WRQoL	assumed	.398	.530	2.950	73	.004	.40472	.13717	.13133	.67811
	not assumed			2.970	58.072	.004	.40472	.13628	.13194	.67750

Table 4.49 Work-Related Quality of Life as affected by racial discrimination

	Racial discrimination	N	Mean	Std. Deviation	Std. Error Mean
Descriptives					
SAW	disagree	47	2.1915	1.03500	.15097
	agree	31	1.8710	.93957	.16875
GWB	disagree	48	3.5521	.82739	.11942
	agree	32	3.1094	.93192	.16474
HWI	disagree	48	3.2569	1.03882	.14994
	agree	33	2.7980	1.07671	.18743
JCS	disagree	45	3.1222	.42847	.06387
	agree	33	2.7929	.66410	.11560
CAW	disagree	48	3.4097	.93333	.13471
	agree	33	2.9899	.98066	.17071
WCS	disagree	47	3.6028	.70416	.10271
	agree	32	2.8958	.84852	.15000
Total WRQoL	disagree	44	3.4348	.47904	.07222
	agree	31	2.9790	.66659	.11972

	Equal variances	Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
GWB	assumed	2.270	.136	2.229	78	.029	.44271	.19865	.04723	.83819
	not assumed			2.176	61.026	.033	.44271	.20347	.03584	.84958
JCS	assumed	8.234	.005	2.659	76	.010	.32929	.12384	.08264	.57594
	not assumed			2.493	51.059	.016	.32929	.13208	.06415	.59444
WCS	assumed	3.420	.068	4.030	77	.000	.70700	.17546	.35763	1.05638
	not assumed			3.889	58.255	.000	.70700	.18179	.34314	1.07087
Total WRQoL	assumed	4.716	.033	3.448	73	.001	.45582	.13219	.19237	.71927
	not assumed			3.260	51.085	.002	.45582	.13982	.17513	.73651

Table 4.50 Work-Related Quality of Life as affected by age discrimination

	Age discrimination	N	Mean	Std. Deviation	Std. Error Mean
Descriptives					
SAW2	disagree	54	2.1296	1.01955	.13874
	agree	24	1.9167	.97431	.19888
GWB2	disagree	56	3.3810	.89539	.11965
	agree	24	3.3611	.90312	.18435
HWI2	disagree	57	3.1053	1.10762	.14671
	agree	24	2.9861	.99990	.20410
JCS2	disagree	54	3.0309	.54280	.07387
	agree	24	2.8750	.59841	.12215
CAW2	disagree	57	3.4035	.93803	.12425
	agree	24	2.8472	.94781	.19347
WCS2	disagree	55	3.3576	.89317	.12044
	agree	24	3.2222	.69967	.14282
total2	disagree	51	3.3129	.61782	.08651
	agree	24	3.1051	.55899	.11410

	Equal variances	Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
CAW	assumed	.057	.811	2.430	79	.017	.55629	.22895	.10057	1.01200
	not assumed			2.419	42.887	.020	.55629	.22993	.09255	1.02002

Table 4.51 Work-Related Quality of Life related to dealing adequately with problems

		Sum of Squares	df	Mean Square	F	Sig.
HWI	Between Groups	11.935	2	5.967	5.807	.004
	Within Groups	79.126	77	1.028		
	Total	91.061	79			
JCS	Between Groups	4.975	2	2.487	9.676	.000
	Within Groups	19.280	75	.257		
	Total	24.255	77			
CAW	Between Groups	16.922	2	8.461	11.597	.000
	Within Groups	56.177	77	.730		
	Total	73.099	79			
WCS	Between Groups	11.315	2	5.657	10.228	.000
	Within Groups	41.483	75	.553		
	Total	52.798	77			
Total WRQoL	Between Groups	6.299	2	3.149	10.966	.000
	Within Groups	20.678	72	.287		
	Total	26.977	74			

Table 4.52 Post Hoc Bonferroni testing of general well-being related to dealing adequately with problems in the department

Dependent Variable	(I) Are problems within the nursing department dealt with conclusively and satisfactory resolved where possible?	(J) Are problems within the nursing department dealt with conclusively and satisfactory resolved where possible?	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
GWB	Yes	No	.54630*	.22212	.049	.0025	1.0901
		Uncertain	.34144	.27526	.656	-.3324	1.0153
	No	Yes	-.54630*	.22212	.049	-1.0901	-.0025
		Uncertain	-.20486	.26214	1.000	-.8466	.4369
	Uncertain	Yes	-.34144	.27526	.656	-1.0153	.3324
		Uncertain	.20486	.26214	1.000	-.4369	.8466

ANNEXURE H Example of transcription

Interview

P: I think quality of work-life is probably holistic something. It is...I think the first thing I think about is the psychological component of quality of work-life is where you feel satisfied, where you feel comfortable, where you feel challenged in the environment. So I guess...ja, it's cognitive as well. It's an environment ja that challenges you and where you can use your skill optimally. And where you feel you can be the best...I am thinking of the English word, die beste weergawe van jouself in terms of...of your cognitive things, what you have to offer people, what you have to offer students. 00:01:29-6

C: What do you think about the...the quality of work-life of a nurse educator as...as opposite to a head of nursing department? Do you think there is a difference in quality of work-life that they experience? 00:01:46-4

P: I have been both and yes, I think there is a difference in terms of quality of work-life and I have to be careful because I immediately want to pull it back to your personal life. But I don't think you can really separate your personal life from your work-life. So for me it's probably...because for me work, and this sounds wrong, but it is my life. This is where I spend most of my time. This is where my dreams are...some of them, in terms of what I would like to achieve. So they are very linked. I don't think I can separate them anyway. I do think there is a difference. I do think as an educator, it is...it is a stressful job but there is certain things that you don't experience. There are certain things...I think HOD's protect the staff in a way from certain things like dealing with issues like for faculty and university level. So in a sense it...it affects your quality of work-life. I don't know, I must be careful, but I think negatively sometimes or my experience has been...there has been very negative sides to that. But it's improved I think quality of work-life for me too because it has challenged me in ways and it's developed me in ways that wouldn't have developed in the last...I'm doing this for three years now. 00:03:18-8

C: Being a head of a nursing department? 00:03:20-8

P: I acted for two years and (inaudible) for a year. 00:03:24-6

C: In the same university set-up? 00:03:25-9

P: In the same, yes. So I was a lecturer at another university and then I came over as a senior lecturer here and then it was quite fast. Things happened in our department. So I acted and then started. So I think yes, it improves your quality of work-life. It open up new avenues for you in terms of management, in terms of learning how much the system of a university works, in understanding where funding really comes from and how to optimise funding on the one side and...and quality that you provide on the...So it's positive and negative but... but I find it very stressful and it affects my personal life. It does. 00:04:08-0

C: More so than when you were a lecturer? 00:04:08-3

P: Much more so. Definitely much more so. And not in a way that some people might think. You know for instance, I don't mind if it's recess and there is a problem, people phoning me and what...that's not an issue for me at all but more the...it's more the...the conflict and the inter-personal conflicts in the work environment that you somehow become responsible for. You have to sort it out. And I think those are the things that... 00:04:40-2

C: Ok, and if you compare the previous work place to this place, was there sort of...is there the same sort of problems that's causing problems with quality of work-life or is it different? 00:04:54-5

P: Yes, there are similar problems. I think what...what is similar...I'll have to be honest but it's the dynamics in the working environment in terms of culture; in terms of the stories of our country...the discourses in our country in terms of political issues and political agendas; the whole transformation drive. So there are all of those kind of challenges that I find are similar. 00:05:32-5

C: In both universities? 00:05:33-0

P: Yes, yes, yes, those are there. What is different it depends on work-load. The work-load models differ and so I was quite amazed by thinking where I did work staff had big teaching workloads but they...when I reached here I realised but they did not have... 00:05:53-5

C: There's much more here? 00:05:55-4

P: Yes, their work teaching loads are much bigger. 00:05:56-1

C: What sort of university was it that you worked for before? Was it a traditional university or was it also a Technicon which turned into a university or...? 00:06:05-8

P: It was a traditional university that merged but it didn't merge with any of the Technicon's. It was just, you know, two universities... 00:06:14-2

C: So you find with the university...Technicon that turned university the work is more or is it specific to...to this specific university and their collaborations? 00:06:28-4

P: I've...I am going to guess that...remember URT's are very vocation focussed...there is obviously a big focus on work integrated learning and preparing people well for the work place. Even though I was also teaching in the R425 on both sides, I find the input that you give here more intensive. 00:06:56-5

C: Does it have to do with the quality of the student? 00:07:00-2

P: I wouldn't say that it is the quality of students are different...I actually find that the quality of student that I am dealing with here could be better than the quality of the student that we had a the traditional university. I think it's also to do with the level of involvement, if I think about it. When I was at this traditional university, the level of involvement between the lecturer and the student was not so intense. Maybe it was a culture department, we teach and you know that's it, but here you are more involved in students life and you know we support students in terms of struggling to get accommodation and helping them source funding; and knowing much more what is going on in their lives and there is a bigger focus success rate, I find where I am now. So because of this whole thing of improving success rate, you have to know the students...you have to know what the issues are for a student. So probably that is what makes it more intense or the work load more is this higher level of involvement I think. 00:08:11-0

ANNEXURE I Example of qualitative analysis

Codes Report – Grouped by: Code Groups All (42) codes

Career progress and increasing workload

2 Codes:

○ **Career progress and <u>increasing workload</u>**

1 Groups:

increasing workload

13 Quotations:

D 3: f_ug&pg_PhD_Res&Dis - 3:9 As one starts at the university you normally have...you're responsible… (8632:9450)

Text quotation

As one starts at the university you normally have...you're responsible for two or three or four courses but then as you move up and your qualifications improve…normally people have a master's when they start at the university or they are busy with a master's...and you might be co-supervisor for postgraduate studies...it also depends on the institution where you work...when I left the university we were 26 academics who could supervise and we had 502 master's and doctoral students. That's apart from all the courses that we offered … undergraduate and … diploma courses that we offered.

D 3: f_ug&pg_PhD_Res&Dis - 3:35 I think uhm one of the the important things is having the...having the… (30940:32533)

Text quotation

I think… one of the the important things is having the... opportunity… and grace and support to grow in the work where you are...to develop...to receive opportunities to take on challenging work or to take on greater responsibility...not over-loading people because they do work well but giving them the opportunity to grow and develop and to actually get to their self-actualisation level. I think that's very important that people don't feel stagnated at the … education institution where I am because of the large numbers. You know people say all I do is mark, mark, mark, mark, mark and… that is a (burden?) in that tertiary institution. But to give people the opportunity to do something different. To send them on a course where they could stimulate some development which you can actually apply in your place of work. So that people feel...even if I'm not promoted because there is not a position, I am moving upwards in my own development and I am getting ready for something bigger or better even if it's not in this institution I'm getting better. I think that's very important. And... the fact your quality of work-life really depends really on whether it's pleasant for you to come to work on a daily basis or are you apprehensive because there is so much conflict...there is so much tension...there is so much unfairness. So quality of work-life for me is a sense of I'm feeling safe, I enjoy my work, I get support there, if I have a problem I can talk about it but I am supported at work. And that is a big thing for me for quality of work-life.

D 4: f_ug&pg_PhD-Res - 4:3 I think in terms of the responsibility and the accountability that goe… (5980:7625)

Text quotation

I think in terms of the responsibility and the accountability that goes with it. If you are a lecturer, I often think that you are so contained and focussed and your vision is almost kind of limited to what is expected of you as a lecturer. And often it is just your discipline that you drive, it's the students, it's whatever your line manager gives to you, that is your boundary line and that is what you focus on. But when you're HOD it's all of a sudden...it's the expansion of that vision. Now you …have to think for the department. You have to think for the individuals. You have to craft the vision for the department. You have to...that is just for your school or department that you're in; never mind...the faculty and the institution, and then of course your stakeholders and your engagements. So your roles become so much more with that responsibility and the accountability, and I think then it's also lifting yourself up from (a) position where (a) lecturer just got kind of this (specific) view, where the HOD have to lift herself up and think of having more eagle's view and with an eagle's view comes broad-mindedness and lots of other things. And not to even mention your own key performance areas that becomes so extended beyond just the operational management. And...your key performance areas include things like HR and finances and so forth. And it's almost kind of you have to re-look and re-visit where your own position is and I often see it as moving from point A to point B but moving in that direction comes a lot of other variables that you have to take cognisance of as an HOD.

ANNEXURE J: Expert validation form

EXPERTS' OPINION ON THE GUIDELINES FOR ADRESSING QUALITY OF WORK LIFE OF NURSE EDUCATORS TEACHING AT SOUTH AFRICAN UNIVERSITIES

DEMOGRAPHIC DATA

Complete the following information with regard to your own data:

Academic Qualifications		
Current occupation	Manager	
	Expert eg Guidelines, HR	
	Head of Nursing department of nurse educator institution/acting head/experience of acting as a head	
	Lecturer at nursing department of university	
	Other (specify)	
Employed by	University	
	College	
	Other (specify)	

Indicate your field/s of expertise or interest from which perspective you would assess the guidelines.

Field of expertise or interest	**Expertise / interest**	**Comments (Optional)**
Guideline expert		
Education		
Human resource management		
Other (please specify)		

Please disclose any other information regarding your expertise you would consider being important to the researcher.

………

APPRAISAL FORM: PROPOSED GUIDELINES FOR NURSING DEPARTMENTS OF SOUTH AFRICAN UNIVERSITIES TO IMPROVE QUALITY OF WORK LIFE OF THEIR NURSE EDUCATORS

Please rate the proposed guidelines according to the following criteria: (Please add any comments if you wish to)
1= *Not acceptable need major changes*
2= *Acceptable with recommended changes*
3= *Acceptable as described.*

Criteria	1	2	3	Comments
Clarity Recommendations provided are concrete and precise with clear descriptions				
Comprehensiveness Address all aspects of Quality of work life				
Applicability The potential barriers regarding the implementation and cost implications.				
Credibility Guidelines are based on the true findings				
Validity Correct interpretation of the available evidence to support the implementation of the Guidelines				
Other (specify)				

(Adapted from Leech, Van Wyk & Uys 2007:110)

Additional comments:

………

Thank you!

C Young

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ANNEXURE K: Biostatistician's declaration

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot · your knowledge partner

Division of Epidemiology and Biostatistics
Department of Global Health
Faculty of Medicine and Health Sciences
Stellenbosch University

25 June 2019

Confirmation of statistical consultation for PhD Thesis of Cornelle Young

To whom it may concern

This is to confirm that the PhD candidate Cornelle Young consulted me for assistance and guidance with statistical analysis of her quantitative research data for her PhD project. I assisted with carrying out the required statistical hypothesis testing using SPSS version 25, descriptive analysis and interpretation of the results of the tests.

Yours sincerely

Tonya Esterhuizen
Biostatistician/Senior Lecturer
Stellenbosch University

Fakulteit Gesondheidsweteskappe · Faculty of Health Sciences

Verbind tot Optimale Gesondheid · Committed to Optimal Health
Community Health
Posbus/PO Box 19063 · Tygerberg, 7505 · Suid-Afrika/South Africa
Tel: +27 (0) 21 938 9157 , Email: lezsl@sun.ac.za

Certificate of professional editing

Re dissertation titled 'Factors influencing the quality of work life of nurse educators teaching at South African universities'

By Cornelle Young

This is to certify that I, Elizabeth Hain Stewart, am a professional editor, registered with the South African Editors Guild. I have more than twenty years of experience of editing, including seven years as the English editor at the University of South Africa Press, where I was responsible for all the books and journals that were published in English.

I edited this dissertation in December 2018 and June 2019. In doing so, I was careful not to alter the author's voice or change the content in any way. I edit grammar, syntax, and English spelling, and apply the conventions of editing.

I am happy to answer questions about the editing.

Contact details: elizabethhainstewart@me.com. Tel +2712 807 70370 or +27 82 557 2924

Elizabeth Hain Stewart

Pretoria

ANNEXURE M: Turnitin report

turnitin

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

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Page count:	459
Word count:	148,234
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FACTORS INFLUENCING THE QUALITY OF WORK
LIFE OF NURSE EDUCATORS TEACHING AT
SOUTH AFRICAN UNIVERSITIES

by

Cornelle Young

submitted in accordance with the requirements

for the degree of

DOCTOR OF LITERATURE AND PHILOSOPHY

in the subject

HEALTH STUDIES

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: Prof JH Roos

January 2019