

**EXPERIENCES OF NURSE EDUCATORS REGARDING
TRANSFORMATION IN NURSING EDUCATION AND TRAINING IN
FREE STATE PROVINCE**

by

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Submitted in accordance with the requirements for the degree of

MASTERS

in the subject

NURSING SCIENCES

at the

UNIVERSITY OF SOUTH AFRICA

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JANUARY 2023

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EXPERIENCES OF NURSE EDUCATORS REGARDING TRANSFORMATION IN
NURSING EDUCATION AND TRAINING IN FREE STATE PROVINCE

I declare that the above dissertation 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.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.

Signature: 

Date: 09 January 2023

DEDICATION

I dedicate this study to my father, **Mr Petrus Machaboleng Phoofolo**, my mother, **Mrs Pulane Mittah Phoofolo**, my sister **Ms Kebogile Ruth Phoofolo**, my husband, **Mpho Joseph Mofahla**, and my sister and colleague, **Mrs Nthole Martha Marcia Ralikonyana**, all of whom have since passed on.

May their souls rest in eternal peace.

ACKNOWLEDGEMENTS

Praise be to the Lord almighty who anointed me with His holy spirit, wisdom, understanding and perseverance to proceed and ultimately succeed with this study.

I also express my sincere and heartfelt appreciation to the following people:

- My sibling, Mosela Susan Phalatsane, and children, Machaboleng Phoofolo, Kamohelo Mofahla, Motseki Mofahla, who were there to support me emotionally and with personal responsibilities throughout my years of study.
- The Faculty of Human Sciences for allowing me to be one of the students.
- My supervisor, Honourable Dr NL Nkoane and Prof MM Ramukumba for their unwavering support and guidance. Without their patience and availability, I would not have successfully completed this study.
- UNISA for the provision of financial support to complete the master's degree.
- The Free State Department of Health for believing in me and offering financial support for this study.
- The late Principal of the Free State College of Nursing, Mrs NMM Ralikonyana for her words of encouragement and motivation for me to pursue my studies. May her precious soul rest in eternal peace.
- Management of the Free State College of Nursing and research committees in all the campuses for their support in coordinating availability of participants; i.e. eligible and relevant nurse educators for the study.
- All the nurse educators who participated, and those who could not participate in the study. It is because of their positive involvement and openness with responses that the necessary conclusions could be drawn, and recommendations were made.
- My colleagues Dr Elna van Dyk, Ms Mmoni Seate, Dr Selloane Phakisi, Ms Vuyelwa Dumane, Ms Leonie Coetzee, Ms Pulane Tshukudu and Ms Molebisi Tsotetsi who kept inspiring me when my faith and hope waned.

EXPERIENCES OF NURSE EDUCATORS REGARDING TRANSFORMATION IN NURSING EDUCATION AND TRAINING IN FREE STATE PROVINCE

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ABSTRACT

The purpose of the study was to explore and describe nurse educators' experiences with nursing education and training transformation in the Free State province. The study was conducted at the two campuses of a nursing college in the Free State. A descriptive explorative interpretative qualitative study was conducted. The research population was nurse educators in the nursing college in the Free State. Non-probability purposive sampling was done to recruit participants, and data were collected through in-depth interviews with ten nurse educators in the nursing college. An interview guide was developed and pretested for trustworthiness.

Data analysis was done concurrently with data collection, using a "hands-on" process, also known as "dwelling on" data by the researcher. The researcher listened to audio recordings and reread the transcriptions to immerse herself in the collected data. The thematic approach was employed. The categories were clustered into subthemes and grouped to form themes: 1) Transformation processes, 2) Availability of resources, 3) Organisational factors, and 4) New nursing programme. A continuous comparison was employed across the categories and themes to develop meanings.

The study's findings indicated lack of involvement and communication challenges triggered emotional responses among participants. They also reported a lack of resources and management's inability to deal with change processes that had a negative impact on new programmes' implementation. Hence, recommendations were

made for nursing education to strengthen clinical practice and for further research studies to facilitate the effective rendering of the new programmes. The study concludes that in order for any educational transformation to be successful, nurse educators' experiences, beliefs, perceptions and views must be recognised.

Concepts: Beliefs, Educational transformation, Experiences, Nursing education, Nurse educators, Perceptions, Transformation, Values, Views.

SOTHO ABSTRACT TRANSLATION

Sepheho sa boithuto e ne e le ho fuputsa le ho hlalosa boiphihlelo ba barupelli ba baoki malebana le phetoho ya thuto le kwetliso ya Baoki ba Freisetata; Afrika Boroa. Diphuputso tsena di ile tsa etswa dikampong tse pedi tsa sekolo sa booki Freisetata. Ho ile ha etswa boithuto ba boleng bo hlalolang-hlahlobo. Mohlala wa batho ba ithutwang e ne e le barupelli ba baoki sekolong sa Booki Freisetata. Kgetho-mohlala ka maikemisetso, ntle le bonnete ba kenelo sehlopheng (Non-probability Purposive Sampling) e ile ya etswa ho thaottha barupelli. Dintlha li ile tsa bokellwa ka dipuisano tse tebileng le barupelli ba leshome ba baoki sekolong sa booki. Ho ile ha sebeliswa tataiso ya dipuisano e entsweng mme ya lekwa esale pele hore na e ka tsheptjwa mme ha etswa mongolo oa dintlha tse hatisitsweng. Hlahlobo ya dintlha e entswe ka nako e le nngwe le pokello ya dintlha, ho sebeliswa mokhwa wa matsoho o tsejwang, hape e le "ho dula holima" pokellotaba ke mofuputsi. Mofuputsi o ile a mamela dikhatiso, mme a bala dingoliloeng hape, ho ikakgela ka setotswana ho taba tse bokeletsweng. Mokhwa wa *Thematic* o ile wa sebeliswa. Dihlopha di ile tsa kopanngwa ka dihlowana, mme tsa arolwa ho etsa dihlooho, mme papiso e tswellwang pele e ile ya sebeliswa ho phatlalla le dihlopha le dihlooho ho hlalisa moelelo. Diphuputso tsa thuto di bontshitse 1) Phetoho tsamaisong 2) Pokeletso ya disebedisoa 3) Maemo a tsamaiso le 4) Thupello tse ntjha. Ka hona, dikhothaletso tse entsweng e ne e le tsamaisong ya thuto ya booki, ho matlafatsa ditshebeletso tsa lefapha la bophelo bo botle; le phuputso tse ka tswelletswang pele ho phetahatsa boleng ba mananeo a matjha. Boithuto bo dumela hore phetoho e phetahatseng thutong e hloka ho ananelwa ha boiphihlelo , tumelo, temoho le maikutlo a barupelli ba baoki.

Likhopolo: Ditumelo, Phetoho ya thuto, Dipihlelo, Thuto ya booki, Barupelli ba baoki, Phetoho, Temoho, Litekanyetso, Maikutlo.

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ACRONYMS

ANA	American Nursing Association
CCNE	Commission of Collegiate Nursing Education
CETUs	Clinical Education and Training Units
CHE	Council of Higher Education
CPD	Continuous Professional Development
DHET	Department of Higher Education and Training
FSSON	Free State School of Nursing
HCPs	Healthcare Professionals
HEQSF	Higher Education Qualification Sub-Framework
IT	Information Technology
MDGs	Ministerial Development Goals
MEHE	Ministry of Education and Higher Education
NDoH	National Department of Health
NDP	National Development Plan
NEIs	Nursing Education Institutions
NEPI	Nursing Education Partnership Initiative
NHRD	National Health Research Database
NLNAC	National League for Nursing Accreditation
NQF	National Qualifications Framework
NSC	National Senior Certificate
ONL	Order of Nurses
OSD	Occupation-Specific Dispensation
PHC	Primary Healthcare
SANC	South African Nursing Council
SAQA	South African Qualifications Authority
WIL	Work-Integrated Learning

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Transformation has been a common topic since 1994, especially within the academic and health environment (Few, Morchain, Spear, Mensah & Ramkumar Bendapudi 2017:2). The conversation was prompted by the shortage of healthcare professionals (HCPs) in the African continent, including South Africa. The legacy nursing qualifications were deemed a challenge as they reflected nurses' quality of training needed attention. The National Department of Health's National Development Plan (NDP) 2030 also called for a radical transformation of the health sector and health professionals' education to respond to these challenges (NDoH 2020:24).

Volmink (2018:4) was also concerned about the quantity, quality and relevance of HCPs, prompting greater efforts to be directed at the training and development of the nurse cadre. The author believed that transformation in nursing education and training would facilitate the production of competent and knowledgeable nurses to ensure positive health outcomes.

A revision of nursing qualifications was also crucial as directed by the need to change the profession in South Africa. It was important to realign education to the new National Qualifications Framework (NQF), a comprehensive system approved for the classification, registration, publication and articulation of quality-assured national qualifications. The aim was to address the injustices of the past (NDoH 2009:4). In support, Rispel, Blaauw, Ditlopo and White (2018:13) also stated that "Human Resources for Health (HRH) are critical to the achievement of universal health coverage reforms". Hence, strategies were developed with explicit goals to ensure the effective transformation of nursing education for improved population health care (NDoH 2020:21).

This chapter presents an overview of the nursing education landscape's transformation that is aligned with the requirements of the higher education system,

and the National Department of Health's (NDoH) forecasted needs of the health system. This transformation applies to all nursing education institutions, whether private or public (NDoH 2020:9). The chapter also presents the problem that drove the research and the research objectives, and offers a summary of the methodology followed in conducting the research.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

The implementation of transformation plans and up-scaling nursing qualifications within the Higher Education Qualification Sub-Framework (HEQSF) was seen as a necessity to improve patient health outcomes in South Africa. The move presented some challenges for nursing education and training, with regard to nurse educators who needed urgent up-skilling of qualifications to match the higher education requirements. Academic staff for undergraduate programmes needed relevant academic qualifications higher than the exit level of the programme, but at minimum, a degree. For postgraduate programmes, staff required at least the same level of education as the exit level of the programme, with qualifications awarded by recognised higher education institutions (CHE 2004:10).

South Africa advocated for nursing education and training up-scaling and professionalisation to the university level. Thus, from as early as 1950 to 1985, nursing colleges offered a three-year hospital-based diploma for nurses. This was later followed by four-year degree and diploma programmes (South African Nursing Council [SANC] Regulation R425: 1985 paragraph 2 (c)). According to Bvumbwe and Mtshali (2018:1), nursing education in sub-Saharan countries had been neglected, and thus needed to be transformed to increase the capacity of nurse educators and preceptors. In addition, there was a need to develop a new curriculum with a strong base in regulatory frameworks.

In 2014, the SANC thus created a mechanism for change by phasing out legacy qualifications and introducing new nursing qualification structures (SANC 2014: Circulars 13 (s1; s2 & s3)). Subsequently, nursing education institutions (NEIs) in the Free State responded to the minister of education's declaration that hospital-based nursing schools merge with or relocate to nursing colleges as a move towards higher

education and per instruction of the head of health in the Free State (SANC 2014: Circulars no14 (s4)).

The pace of nurse educators' development and recruitment seemed misaligned with the pace of new qualifications' implementation, with inherent requirements of relevant qualifications challenging nurse educators' availability to offer certain new qualifications. Some nurse educators were of retirement age and thus opted to retire, resulting in a loss of nurse educators with relevant expertise. The researcher observed this resulted in reduced human resources needed for effective service delivery and the production of adequate numbers of nurses.

The transformation process evoked varied emotions among nurse educators as it involved developing new curricula. The researcher noted the Free State college lost an estimated 10 nurse educators annually, with observable delays in filling their posts. Another expectation, coupled with the transformation in nursing education and training, was for nurse educators to be upskilled so they could offer higher qualifications according to higher education prescripts and implement innovative teaching strategies. Nurse educators appeared apprehensive and anxious as some questioned their advanced age in line with the expectation.

The researcher's interest in this issue was triggered by discussions about transformation in nursing education when NEIs seemed to lose nurse educators to retirement without replacements. Hence, this study was deemed crucial, as transformation is aimed towards quality nursing education and positive health outcomes.

1.3 STATEMENT OF THE RESEARCH PROBLEM

Transformation creates new ways of teaching and learning, establishing opportunities for educators to improve their qualifications. Mahlathi and Dlamini (2017:10) claim the demand created by an increasing and complex burden of disease in South Africa warranted responses to the changing needs, developments, priorities and expectations in health care, aligned with the current transformation in nursing education.

The demand is seen as one of the contributory factors to the heightened need for new competencies among nurses, and the changing of post-schooling education landscapes as articulated by the NQF to enhance the quality and standard of care. Hence, Free State nursing colleges needed to expand opportunities for scholarship within nursing education to capacitate educators to provide new programmes (Direko & Davhana-Maselesele 2017:9).

The researcher is working as the head of an academic department in one public nursing college in the Free State province. In this role, the researcher noted a substantial number of nurse educators retiring from colleges within the province, even before retirement age. This raised questions regarding nurse educators' experiences related to the transformation process.

The gap created by early resignations and delays in their replacements posed a great challenge to nursing students' training in the province, thus negatively impacting the quality of healthcare service delivery (Zwane & Mtshali 2019:1). It is unknown how the nurse educators perceived the new qualification requirements. In addition, the Free State college had few nurse educators with master's degree qualifications to match the requirements for higher education (CHE 2004:10). This implied that most nurse educators would only be able to teach the three-year diploma and higher certificate programmes.

The transformation of nursing education had significant implications for nurse educators that entailed reconstructing teaching programmes and redefining educators' qualifications. Therefore, a perspective on educators' experiences of the transformation process can provide an interpretive lens to understand educators' thoughts and actions. Hence, the need for this study.

1.4 PURPOSE OF THE STUDY

The purpose of the study was to explore and describe nurse educators' experiences with nursing education and training transformation in the Free State province.

1.5 OBJECTIVES OF THE STUDY

- Identify nurse educators' perceptions about nursing education's transformation in the Free State province.
- Explore nurse educators' views regarding the management of the transformation process.
- Describe the transformation's implications for nurse educators and nursing programmes.
- Recommend measures to support the implementation of the new programmes.

1.6 RESEARCH QUESTIONS

- What are nurse educators' perceptions about the transformation of nursing education and training in the Free State?
- How do nurse educators view the management of the transformation process?
- What are the implications of transformation for nurse educators and nursing programmes?
- Which measures can support the implementation of the new nursing programmes?

1.7 SIGNIFICANCE OF THE STUDY

1.7.1 Institution-specific significance

Transformation in higher education in South Africa is a necessary and significant process to address the injustices of the past (NDoH 2020: 27). In nursing education, a need arose to realign programmes to reduce the lengthy years of training and apparent repetition across disciplines. However, as all change arouses some anxieties, the process needs to be managed effectively in order to achieve the intended objectives. This study provided an opportunity to probe more deeply into the nurse educators' views and experiences of transformation in the sector.

The researcher's emphasis was on providing educators with an opportunity to illuminate their personal theories, experiences and beliefs about the nursing education environment in the Free State. The study also identified perceived gaps in the

transformation process. Consequently, the findings may offer greater insights into how the process may be better managed without compromising expertise and the quality of nursing education and training.

1.7.2 Department-specific significance

The unique contribution of this study will be the description of nurse educators' experiences regarding nursing education and training transformation, shedding light on areas that need attention within the department's planned performance. Therefore, annually planned targets for skilled and competent nurses shall be achieved, with resultant improvements in health service delivery by the Free State Department of Health. Improvements will be based on throughput from nursing colleges to facilitate adequate staffing in health services (FSDoH 2019:114).

1.7.3 Significance for nurse educators

The information nurse educators provided for this study will facilitate effective recommendations to respective and appropriate managerial or supervisory levels. This will benefit the review of plans and activities to uplift the quality in nursing education and training. Nurse educators are reflective intellectuals who bring their own personal theories to the teaching and learning contexts. Therefore, valuable input from nurse educators on what worked and did not work in response to the national strategic direction for nursing and midwifery education and practice will be feasible (NDoH 2020:11(c1)).

1.8 DEFINITION OF KEY TERMS

The following key terms are used in this study and defined in the sections that follow: beliefs, educational transformation, experience, nursing education, nurse educators, perceptions, support, transformation, and views.

1.8.1 Conceptual definitions

1.8.1.1 Beliefs

Beliefs refer to “human cognitions that influence how people think and behave in certain situations” (Oviedo & Szocik 2020:1). In this study, beliefs relate to perceptions among nurse educators about what educational transformation is. These beliefs are part of and may direct the individual experience and response to the transformation processes.

1.8.1.2 Educational transformation

Educational transformation refers to the “Extension of education and training beyond the classroom and traditional clinical experiences to experiential learning opportunities in communities” (National Academy of Medicine 2020:2). For the purpose of this study, educational transformation means changes in nurses’ educational qualifications through the introduction of new nursing programmes aligned to primary healthcare reengineering. Transformation is aimed at enhancing the quality of nursing education and training to promote positive health outcomes in the communities.

1.8.1.3 Experience

Experience entails active participation in events or activities that serve as a source of knowledge that influences thinking and behaviour (Brink, Van der Walt & Van Rensburg 2018:8). In this study, the term refers to the nurse educators’ daily encounters and participation in educational transformation processes in their college. These activities became their source of knowledge and shaped their perceptions and views.

1.8.1.4 Nursing education

This specialist field focuses on educating and training students, registered according to Nursing Act No 33 of 2005, and undertaking undergraduate or postgraduate programmes in nursing (Nursing Act No 33 of 2005, 27(s32)). Nursing education revolves around students and their endeavours to become professional nurses.

Ultimately, it secures future generations of nurses to serve people in need of care (Kotze 2017:200). In the context of this study, nursing education refers to a system that educates and trains nursing students through diplomas and postgraduate diplomas and degrees at the nursing college in preparation to render care to the community.

1.8.1.5 Nurse educators

Nurse educators are professional nurses with a certificate in and registered for the additional qualification in nursing education, issued by the registrar after successfully completing the course of study. Nurse educators complied with all the requirements for the qualification and paid the prescribed fees (Regulation R118,1987, Paragraph 8).

In the context of this study, the nurse educator refers to a professional nurse with an additional qualification in nursing education who is registered as such with the SANC and teaching at a nursing college.

1.8.1.6 Perception

Perception refers to “seeing, interpreting and taking something as objective and real” (Carbon 2014:1). This facilitates gaining insight based on personal experiences that leads to the acquisition of knowledge and understanding. In this study, perception entails how nurse educators saw and interpreted the transformation process in nursing education that facilitated more knowledge and understanding through personal involvement.

1.8.1.7 Support

Support refers to “accessibility to an individual, group or community through social ties” (Li, Luo, Mu, Li, Ye, Zheng, Xu, Ding, Ling, Zhou & Chen 2021:2). In the context of this study, support entails being available and accessible to neophyte nursing students who need to be mentored by nurse educators and facility nurses to become knowledgeable, competent and accomplish the expectations of new programmes.

1.8.1.8 Transformation

Transformation refers to “change in processes — but it is not synonymous with change” (Few et al. 2017:2). In the context of this study, transformation refers to radical changes in nursing programmes, phasing out the legacy qualifications, and replacing them with new programmes and curricula aimed at ensuring the production of innovative and creative registered nurses.

1.8.1.9 Views

Views refer to “opinions, moods and sentiments related to the experience of an object or phenomena” (Padwal, Guluvani & Kanthe 2022:2). In the context of this study, views relate to individuals’ opinions and sentiments regarding the transformation of nursing education that can result in positive or negative moods.

1.9 RESEARCH METHODOLOGY AND DESIGN

1.9.1 Research methodology

The research methodology refers to the specific procedures or techniques used to identify, select, process, and study information about the transformation of nursing education in the Free State province (Goundar 2012:10).

According to Mishra and Alok (2017:1), the research methodology is the manner in which research problems are thoroughly solved using a systematic approach to describe the steps taken to explore the research problem. The research methodology entails the processes engaged in and used by researchers during data collection, analysis and interpretation (Creswell & Creswell 2018:16). It is a guiding tool for the researcher and assists researchers when deciding on the type of data and appropriate data collection tools for their study. The methodology section is where the researcher explains specific methods used in the study. This research study used a qualitative methodology, described fully in Chapter 3.

1.9.2 Sample

A sample is a part or fraction of a whole or a subset of a larger set selected by the researcher (Brink et al. 2018:117). Polit and Beck (2017:743) refer to a sample as “a subset of a population comprising of those selected to participate in a study”. A sample is selected from a group of people or elements with similar traits or characteristics to represent the population (Grove & Gray 2019:293). Hence, the researcher selected a sample using non-probability purposive sampling, with typical case selection, focussing on cases with typical, normal or representative characteristics (Etikan, Musa & Alkassim 2015:3). The sample comprised nurse educators from two campuses of the selected nursing college in the Free State, who had a diploma, degree, masters or PhD in nursing education, and experience of two years or longer, who had experienced the transformation.

1.9.3 Research setting

Polit and Beck (2017:47) refer to the research setting as “a specific place where information is gathered from the participants”. In qualitative research, the research setting refers to “the place, site or location where the data was collected from the participants” (Brink et al. 2018:47). A setting is a place where an event takes place.

In this study, the researcher used the two campuses of a nursing college in the Free State as research sites. These represented the context of the nurse educators, where teaching and learning occur.

1.9.4 The research design

Research designs refer to “the overall plan for connecting the conceptual research problems to the pertinent (and achievable) empirical research” (van Wyk 2012:4). Du Plooy-Cilliers, Davis and Bezuidenhout (2021:14) refer to the research design as “a complete plan outlining what the researcher will do from formulating the research question up to the final stage of data analysis, and helps the researcher to navigate the study up to the final destination”. Hence, the researcher conducted an exploratory, descriptive, interpretative and qualitative study aimed at identifying and describing

nurse educators' experiences regarding transformation in nursing education and training.

The designed plan guided the researcher on steps to follow throughout the study to answer the research questions based on factual information gathered during data collection. The data were analysed to outline relevant measures to mitigate the implications and gaps verbalised by participants and recommend measures to support the implementation of the new nursing programme to enhance the quality of nursing education and training.

1.9.5 Research methods

Creswell and Creswell (2018:250) define 'research methods' as forms of data collection, analysis and interpretation conducted by the researcher. Research methods are the techniques and methods that researchers take on when conducting research (Mishra & Alok 2017:1). The research methods adopted in this study were deemed suitable to address the research objectives. These methods guided the type of data to be collected and the techniques required to select the sample and analyse data.

The methods are outlined in the summary contained in Table 1.1:

Table 1.1: Summary of research methods

Population	Nurse educators with more than two years' experience in nursing education registered as nurse educators with the South African Nursing Council (SANC).
Sampling	Non-probability purposive sampling with typical case selection.
Data collection	In-depth interviews with individual nurse educators. Audio recording of the interviews was done.
Data analysis	Creswell's (2018) qualitative approach to thematic analysis was implemented.

1.10 MEASURES TO ENSURE TRUSTWORTHINESS

Lincoln and Guba (1985:301 in Polit & Beck 2017:559-560) suggest five criteria for developing trustworthiness in qualitative research: credibility, dependability, confirmability, transferability and authenticity. Polit and Beck (2017:560) recently added authenticity to the criteria, as stated. The study aimed to explore and describe nurse educators' experiences regarding transformation in nursing education and training in the Free State province. Hence, it was crucial to enter the participants' academic life world to gain a better understanding of the challenges that negatively impacted their academic life. Details are provided in Chapter 3.

1.11 SCOPE OF THE STUDY

Data were collected at two campuses (southern and northern) of the Free State college of nursing. The study focused on the perceptions and beliefs of nurse educators in the Free State province regarding transformation in nursing education and training, and their views on how the process was managed. Transformation's implications for nurse educators and the nursing programmes were also described to recommend feasible measures to support the implementation of new programmes. The findings were applicable to the Free State province as qualitative studies do not aim to generalise findings.

1.12 STRUCTURE OF THE DISSERTATION

The dissertation's structure is outlined in Table 1.2.

Table 1.2: Structure of the dissertation

Chapters	Content of chapters
Chapter 1: Orientation to the study	This chapter is a general introduction to the study. It outlines the formulation of the research problem, the aim and objectives of the study, and throws light on definitions of key concepts used in the study. A brief description of the research design and methods, ethical aspects and measures to ensure trustworthiness is also provided.
Chapter 2: Literature review	Chapter 2 focuses on literature that was consulted regarding the evolution, challenges and benefits of transformation in nursing education and training from international and regional sources and local settings.
Chapter 3: Research design and methodology	This chapter describes the research design and methods used in this study. The research methods include the population, sampling, data collection process and approach, data analysis, ethical considerations and trustworthiness.
Chapter 4: Analysis, presentation and description of the research findings	This chapter deals with the data analysis, presentation and description of the research findings based on themes, categories and sub-categories that emerged from the data.
Chapter 5: Interpretation and discussion of findings, recommendations and conclusions	Chapter 5 interprets and discusses the research findings based on existing literature, and presents the recommendations and limitations of the study. Conclusions are also offered based on the research findings.

1.13 SUMMARY

This chapter addressed the overview and background to the research, research design and methodology, ethical considerations, measures implemented to ensure trustworthiness, the significance and scope of the study. The next chapter discusses literature relevant to transformation in nursing education and training.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter dealt with the overview of the study. This chapter presents literature sourced from articles released from 2011 to 2022 that centred around transformation in nursing education and training. An earlier article from 1994 and one from 2003 were also included due to their relevance to transformation in nursing education.

Polit and Beck (2017:733) refer to the literature review as “a critical summary of existing knowledge on a topic, often prepared to put the research problem in context”. Relevant literature with information linked to the topic under study is identified and used to assist in making factual conclusions for future studies (Burns & Grove 2005:96 in Brink, van der Walt & van Rensburg 2018:57). The literature review is essential in developing an understanding of a given area, limiting the scope of study, and conveying the relevance of the study (Brink et al. 2018:57).

The literature review was conducted to determine whether the topic was worth studying and limited the scope to a needed area of inquiry (Creswell & Creswell 2018:23). The study acknowledges there are debates about stand-alone literature review chapters in qualitative studies, but this study used literature to shape the parameters of this research. Hence, the chapter gives a general overview of transformation in nursing in the African context and South Africa.

The researcher explored nursing education transformation processes in various countries, including the United States of America (USA), Africa, and China, and compared those with the nursing education transformation in South Africa. Relevant literature from previous work was scant; the researcher identified not much research has been conducted on the topic under study. Grove and Gray (2019:199) claim that qualitative studies are often conducted on topics about which very little is known, and few studies were available to review on this topic.

The first section of this chapter offers an explanation of what literature reviews entail, followed by the focus of the study, search strategy and general overview of transformation.

2.2 FOCUS OF THE STUDY

The research purpose and objectives guided the selection of appropriate literature for review so relevant findings could be examined. A focus question was necessary to guide the literature review process, refining the literature with an emphasis on relevance to the research study.

Polit and Beck (2017:54) refer to a research question as a specific query regarding the research problem that researchers want to answer. The authors further declare that good research necessitates starting with good questions (Polit & Beck 2017:85). McCombes (2020:1) suggests that the research question must be designed by the researcher, it must be focused, researchable, feasible, practical and complex enough to develop answers, and it must be relevant to the field of study.

Grove and Gray (2019:93) also specified that objectives or questions must be used in qualitative research to provide direction to the collection of the data. Hence, the research question was written carefully by the researcher. Brink et al. (2018:43) also approved that “a good research question is key to the researcher’s decisions about design, data collection and analysis”. Therefore, the researcher outlined the following question for this study: “How do you experience transformation in nursing education and training in the Free State province?” A well-structured research question helped the researcher refine the search strategy and conduct a successful literature review.

2.3 SEARCH STRATEGY

The researcher searched literature using various databases, journals and articles. UNISA library and the FSSON library, which is in partnership with the Department of Arts, Sports and Culture, were contacted, and their librarians assisted the researcher in gaining access to relevant platforms to search. Google Search, SAGE and Nursing

Centre were also used, and appropriate articles were identified using keywords related to transformation in nursing education.

2.4 EMERGENT THEMES

The following themes emerged from the literature sources that were reviewed:

- General overview of transformation in nursing education and training
- Evolution of nursing education and training
- Regulations
- Infrastructure, computer and e-learning resources
- Capacity building for nurse educators
- Human resources for nurse education

2.5 EDUCATIONAL LANDSCAPE IN SOUTH AFRICA

The educational landscape relates to the context in which education takes place, including teaching styles, attitudes, and principles. In South Africa, education has been primarily student-centred, rote learning, with teaching being objective-oriented. Conversely, with transformation, learning and teaching are competency and outcomes based, and technological advancements are advocated for in the new nursing programmes.

2.5.1 Transformation in higher education

The South African education system is in the process of transition, and there was a general call for transformation in the higher education sector, as pointed out by Hugo and Fakude (2016:12). In a study on the reform of nursing education in South Africa, Blaauw, Ditlopo and Rispel (2014:8) also stated that “the current educational proposals depicted the tendency towards professionalization, that reflects a preoccupation with international comparability and status rather than local priorities crucial for improving health outcomes”. Hence, the Minister of Education made a declaration to have nursing colleges under the umbrella of nursing education.

2.5.2 Transformation in nursing education

Quality improvement in nursing education is within the context of the wider education reform project in the country, which aims to ensure quality education at all levels within the country, as implemented by the Bahrain Education and Training Quality Authority (BQA) (Muyssar, Batool & Fariba 2018:962). Bvumbwe and Mtshali (2018:5) also highlighted that in African countries such as Malawi, there is a well-established system of nursing education regulation and accreditation. Hence, collaboration with governing bodies such as the Council of Higher Education (CHE) took place, and higher education policies were developed to guide transformation in higher learning institutions (Muraraneza & Mtshali 2020:6). Stringent measures with regard to nursing education regulations and programmes were enforced, with the CHE evaluating programmes in the NQF aimed at ensuring quality in nursing education.

The new chief nursing officer was appointed in 2017 and ensured the development of the country's first National Nursing Education Policy. It reflected the country's latest regulatory requirements and represented the fulfilment of a key recommendation from the most recent national strategic plan for nurses' education, training and practice. The policy ultimately created uniformity in the way nurses are educated across South Africa's nine provinces (The Nursing Education Partnership Initiative (NEPI) 2017:2).

The SANC also embarked on a process of reviewing nursing programmes, replacing old (legacy) programmes, such as the Diploma in General Nursing and Midwifery (R425) and the Diploma in Midwifery (R245) with new programmes, like the Diploma in Nursing (R171) and the postgraduate Diploma in Midwifery (R1497). These amendments were made to meet the expected quality standards of health care (SANC 2014 Circular, 12; 13 & 14). However, the researcher noted some gaps, especially regarding the qualifications of nurse educators as the implementers of planned degree and postgraduate programmes.

2.5.3 Key drivers of change

Feller (2018:1) emphasises that as health care continues to change, nurses' education must also evolve to meet these changes. In nursing education, important drivers for

change include curriculum demands, expertise, knowledge and skills among nurse educators, availability of resources, and management capabilities (Hugo & Fakude 2016:7). Hence, there is an urgent need to upskill nurse educators' competencies.

Despite the key drivers that literature outlined, the researcher observed there was still a need to review critical areas that can have a negative impact on the objective of transforming nursing education and training. Some of these critical areas include skilled and knowledgeable nursing professionals at the end of their training programmes. The key drivers are unpacked below:

2.5.3.1 Curriculum demands

Bvumbwe and Mtshali (2018:7) conducted a study titled "Nursing education challenges and solutions in sub-Saharan Africa: an integrative review". They highlighted that a change in the healthcare landscape puts enormous pressure on practice as the healthcare system in the region is becoming more complex. Hence, there is a need for a robust approach to revise the curriculum and move away from the hospital-based approach to a community-based approach.

Jacob, Holman, Msolomba, Wasili, Langdon, Levin, Mondywa, Bateganya and MacLachlan (2015:95) conducted a task analysis to strengthen nursing and midwifery pre-service education in Malawi, and they identified gaps in clinical teaching and faculty supervision. This highlights a gap in nurse educators' and clinical facilitators' competencies. Recommendations were that attention needs to be placed on training nurses and midwives, as their knowledge and skills are critical to improving health outcomes. Consequently, the curriculum must be strengthened to ensure programmes are practically and strategically aligned.

In a review study by Forbes, Oprescu, Downer, Phillips, McTier, Lord, Barr, Alla, Bright, Dayton, Simbag and Visser (2016:53-56), it was reported that research has shown nursing students benefit from exposure to simulation as an instructional strategy. Hence, the use of videos is recommended to enhance the quality of clinical skills. This also calls for the enhancement of nurse educators' technological skills.

Nyoni and Botma's (2020:1) study on "Integrative review on sustaining curriculum change in higher education: Implications for nursing education in Africa" hinted that "engaging in planned curriculum change has financial, human and material resource repercussions and requires heavy investments". The researcher agrees that financial investments and adequate resources for facilities and colleges are crucial to escalate curriculum stipulations, the quality and standard of nursing education and training, and promote positive health outcomes.

2.6 DISCUSSION OF EMERGENT THEMES

2.6.1 General overview of transformation in nursing education

Transformations in nursing education and training were aimed at improving the quality of nursing education and training. The terms 'transformation' and 'reform' were used interchangeably in some cited resources. Lakoff and Johnson (1980:145 in Wibeck, Björn-Ola, Alves, Asplund, Bohman, Boyko, Feetham, Huang, Nascimento, Rich, Rocha, Franco Vaccarino & Shi Xian 2019:6) explained transformation is a change that can be planned or unplanned. One important approach they considered was developing strategies to transform nursing education. Hence, the focus was on nursing education's structure, processes and outcomes. Bruce and Klopper (2017:474) similarly highlighted that more governments are increasingly transforming their health services, emphasising nursing education and training to enhance the quality of education and improve health outcomes.

The researcher noted that transformation in nursing education and training required active involvement of all stakeholders. Therefore, nurse educators' involvement is crucial based on their knowledge of problem areas that could need their input. These include discussions on policy-making, complemented by adequate resources and capable leadership so that transformation does not remain a mere aspiration but an achievable outcome (Barron & Padarath 2017:7).

2.6.2 Evolution of nursing education

Evolution refers to how change takes place over time from generation to generation (Middleton, Nicholson & O'Neill 2019:89). According to Carson-Newman University

(2018:1), the USA's nursing education transformation occurred within the last two centuries, and a testament to the advancement of the profession was the number of nurses pursuing higher education. Moreover, the need for a formal nursing school in London was recognised by Florence Nightingale in 1894 and momentum was gained by the 1950s. The president of the American Academy of Nursing affirmed that "the country was most certainly in an age of transformation, some of the transformation was underway but much of it was still in the distance" (Berkowitz, 2016:1).

The Department of Health's plan for transforming nursing education in South Africa focused on professionalisation and ensuring that the Ministerial Development Goals (MDGs) and priorities were considered with curriculum reviews, which were in line with other countries (FSDoH 2016:53). The researcher observed that nurse educators' involvement, as the drivers of the process, was limited to a few consultative meetings. This lack of involvement may negatively affect the understanding of their roles and expectations with regard to transformation in nursing education and training.

Matlakala (2016:4), in her inaugural speech, was concerned with the risk of transforming nursing education, and pronounced it a "Benefit or Peril for the profession". The author implied that transformation had some opportunities and challenges. Hence, constructive conversations needed to ensue between governing bodies, like SANC, the NDoH, and the Department of Higher Education and Training (DHET), to render congruency to the process. Matlakala's concern needed to be considered to promote benefits to the profession rather than facing the perils caused by the transformation process's flaws and ineffective implementation.

2.6.2.1 Nursing education in the African region

In African countries such as Rwanda, transformation started three decades ago with the institution of the primary healthcare philosophy to close the gap between health professionals' education and health care (Muraraneza & Mtshali 2018:10). Muysar et al. (2018:959) also agree the development of a national health workforce was one of the most impressive achievements in the health system of Bahrain in the Middle East.

In Malawi, despite great strides to increase the number of available nurses, the quantity of the health workforce remained inadequate, and improvements to the quality of nursing education were crucial. Hence, a study on transformation in nursing education was conducted to strengthen health systems. The findings indicated the strategies used to improve nursing education were relevant, though health professionals' education had not maintained the pace of healthcare demands (Bvumbwe & Mtshali 2018:1).

A study by Muraraneza, Mtshali and Mukamana (2016:11) revealed that in the African context, many higher learning institutions were engaged in designing and implementing competency-based curricula for pre-service nursing and midwifery students. However, challenges with hospital-oriented programmes lacking a focus on primary health care, a mismatch between curricula competencies and healthcare needs, a shortage of and inadequately trained teaching staff, inappropriate teaching methods, and inappropriate physical resources were still experienced.

2.6.2.2 Nursing education in South Africa

The South African healthcare system's transformation has been an ongoing, protracted process, but the restructuring of higher education has gained momentum since the country's democratisation in 1994 (African National Congress 1994:1). The White Paper on Transformation of the Health System presented a policy framework to transform the new health system, which was adopted in April 1997. The cornerstone was primary health care (Rispel 2016:18), and the nurse educator was thus unavoidably caught up in the change process.

Barron and Padarath (2017:4) also emphasise that there are critical issues that need to be addressed by policy-makers and practitioners to revitalise the nursing profession. They claim focus should be placed on nursing education and nurses' participation in policy-making. There were also concerns among other researchers who conducted studies on the impact of transformation in nursing education in terms of involvement and consultation. The researcher similarly believes that continuous involvement and consultation with nurse educators throughout the process is crucial for them to fully understand the implications and facilitate support for the transformation process.

2.6.3 Regulation

“Professional bodies have a role derived from legislation in order to regulate professional conduct” (CHE 2013:13). The function of regulation is to ensure that each individual has some level of understanding of accountability in their professional discipline. Flook (2003:1) agrees that “while regulation of nursing began as a simple registry process to protect the nursing title and the public, issues of staffing, delegation, reporting of incompetent or impaired nurses are of concern”.

Zuyderduin, Pienaar and Bereda-Thakhathi (2016:2) also highlight that “Professional statutory bodies have a role devised from legislation to set requirements for professional registration and to regulate professional conduct”. Therefore, “all the countries need to have their nursing programmes and qualifications evaluated and approved accordingly by the relevant statutory body in respective countries to uphold the principles of quality, credibility and relevance of programmes to the communities served” (NDoH 2019:12).

In the USA, nursing education is evaluated by the National League for Nursing Accreditation (NLNAC) and the Commission of Collegiate Nursing Education (CCNE), which are responsible for implementing educational assessments (Deng, 2015:98). Moreover, in Bahrain (Middle East), government and private nursing education programmes are reviewed under higher education and classified on the NQF.

In South Africa, SANC regulates the nursing profession as a statutory body (SANC 2005). Matlakala (2016:2) states that SANC is accredited by the South African Qualifications Authority (SAQA) (Act No. 58 of 1995, s5) and provides directives and regulations for new nursing programmes and qualifications, and endorses new curricula. All programmes and nursing education providers (both public and private) are required to be registered and accredited by the DHET, SANC and CHE, in line with the applicable legislation, prior to offering any programmes in the HEQSF. It results in qualifications being registerable with SANC to facilitate standardisation and quality assurance (NDoH 2019:12).

2.6.4 Infrastructure, computer and e-learning resources

The provision of necessary physical and human resources is crucial for the effective implementation of new programmes. Van Rensburg (2014:2) researched “South Africa’s protracted struggle for equal distribution and equitable access – still not there”, and highlighted the human resource challenges African countries face. The author stated, “Poorly developed health professions and a dearth of tertiary training institutions to produce health professionals is experienced as a result of low staff motivation, lack of resources, supplies and high vacancy rates”.

Bierman (2019:1) also wrote an article on the critical shortage of nursing staff in South Africa that proclaimed “qualified staff were down 40% that was attributed to heavy workload, long hours, challenging circumstances in the workplace, lack of support, insufficient funds and equipment”. The author further pointed to the Department of Public Service and Administration’s report that “currently, there are more nursing staff including nurse educators who resign or retire as there are students being trained or entering the workforce”.

Nurse training is a theoretical and practical profession that mainly takes place in real situations. Teaching and learning environments that are not adequately resourced thus negatively affect the quality of student nurses’ learning achievements (Zuyderduin et al. 2016:246). The researcher believes the availability of physical, human and material resources is key to rendering efficient and effective training to nursing students in the new programme. Therefore, the provision of an adequate budget is crucial to sourcing all necessary resources.

According to Fawaz, Hamdan-Mansour and Tassi (2018:106), educational technology focuses on evolved models of technology that ease the educational journey. Moreover, the use of healthcare information technology (IT) is predicted to persist and is expanding considerably. Nurse educators therefore have a double role to include appropriate technologies in educating and training nurses so they can efficiently employ technology in clinical practice.

Muraraneza and Mtshali (2018:9) also highlight that a curriculum is an educational approach that explores the use of technology to enhance learning resources and access to tertiary education. Therefore, medical schools, NEIs, nurse educators and student nurses will all need to cultivate techniques for dealing with the abrupt amount of new information, concepts and skills.

A study conducted in the USA revealed that “the need for change was clear: the nursing education system was not equipped to handle the large influx of nursing students needed to meet the increased demand for highly skilled nurses” (Gorski, Gerardi, Giddens, Meyer & Peter-Lewis 2015:2). Hence, it is essential to build on current resources and structures to ensure seamless academic progression.

In another study conducted in sub-Saharan Africa, a lack of infrastructure, inadequate facilities and lack of material resources were highlighted as major challenges for nursing education (Bvumbwe & Mtshali 2018:15). Resources and infrastructure shortages are common in the African continent; however, in low-resource countries like Ghana, the issues are compounded by preventable diseases and injuries that are poorly managed (Bell, Rominski, Bam, Donkor & Lori 2014:2).

In a study conducted in South Africa, Armstrong and Rispel (2015:4) affirmed that “African nurse education institutions struggled to maintain the minimum quality standards”. Their findings indicated that attending to issues of governance and nurse educator preparedness was necessary for transformative education. Sufficient budgets are seldom allocated for clinical skills-building, academic libraries, the up-skilling of nurse educators, and the provision of access to IT.

Existing evidence also suggests that the health workforce education and training sector remains underfunded, with a resultant strain on innovation, compromising quality enhancement processes (NDoH 2020:51). However, in South Africa, infrastructure in nursing schools was enhanced with the support of nursing education partners, to facilitate student learning and the implementation of new curricula. The development of a dynamic and stimulating learning environment equipped with relevant, up-to-date information systems was a key strategy to promote life-long learning among both students and nurse educators (NEPI 2017:3). Still, the researcher observed a

resounding need for a review of the budget allocated to nursing education platforms globally to ensure quality is maintained in training and educating nurses to meet minimum standards for community care.

2.6.5 Capacity building for nurse educators

A study by Armstrong and Rispel (2015:5) on social accountability and nursing education in South Africa revealed that “nurse educators within many of the NEIs, especially nursing colleges, have not kept abreast with developments in the practice environment and also lack modern teaching skills”. Hence, the need for continuous professional development (CPD) to improve excellence and remove doubts about the quality of nurse educators; especially in terms of their competencies (NDoH 2021:10).

Salmond and Echevarria (2017:21) also explored healthcare transformation and the changing roles for nursing, claiming that “transformation and the changes required are not easy but requires an examination of one’s own knowledge, skills and attitudes and whether that places an individual as ready to contribute to the change”. Hence, a training and development needs analysis was conducted for nurse educators. Benner (2012:184) was also hopeful that in 10 years, the practice-education gap would have been eradicated through transformations in nursing education.

There had been concerns regarding nurse educators’ skills and competencies, which required comprehensive and ongoing training and development at all levels. This finding aligns with the agreed national competency framework for nurse educators, emphasising an enhancement of the skills, judgement, knowledge and attributes necessary for teaching students (NDoH 2020:7). Volmink (2018:5) also believes educators influence the type and quality of student graduates, yet this aspect of educational experience receives very little attention.

In Rwanda, the nursing faculty’s capacity was strengthened through continuous education focused on advanced teaching methodologies and curriculum development, among other approaches. The initiative was supported by an international academic partnership, recognising that the programme had to be owned by Rwanda, and that cultural humility needed to be practised throughout all collaboration activities. Before

this intervention, there was relatively low pay and non-recognition of expertise in nursing education (WHO 2020:4).

In the USA, a campaign for action was initiated to advance the implementation of “The future of nursing, leading change, advancing health”, issued in 2010, which called for an improved education system. Various committees established a centre to champion nursing in America, focused on improving educational opportunities and nursing capacity since it was launched in 2007. This increased nurses’ access to higher education through online and simulation education technology (Gorski et al. 2015:48).

In South Africa, some recommendations were made by the National Department of Health to facilitate positive practice environments, and the implementation of CPD for nurses and midwives linked with licencing and professional progression (NDoH 2013:39 (s5)). The SANC, in response, established the CPD Technical Working Group (TWG) to facilitate the effective implementation of the CPD programme in South Africa (SANC 2019:8).

NEPI (2017:2) highlighted, “The need for capacity building was only as strong enough as their teachers”. Hence, in South Africa, NEPI supported access to higher education and CPD training for the targeted colleges identified as nursing education and training partners. Master’s degrees and clinical preceptorship programme opportunities were also granted to nurse educators, including study tours to university simulation laboratories to strengthen the learning environment.

In response to the global need for capacity building among nurse educators, Gauteng Province, as one of NEPI’s beneficiary provinces, identified the need to further ensure capacity building among nurse educators and was applauded by the chairperson for its efforts in this regard.

Other provinces were encouraged to start implementing capacity building for nurse educators, since only plans were submitted (CPASSA 2020:12). Upgrading nurse educators’ skills efficiency, especially with regard to technological advancements, was a grey area. Their age and skill in the era of transformation ultimately called for refresher courses and training on the new equipment to be used.

The researcher observed that only a specified number of nurse educators was considered for the skills development initiatives by NEPI, based on set targets and timeframes for programmes' implementation by SANC. Hence, the nurse educators who were left out presented notable fear and anxieties based on new programmes' expectations.

A study comparing nursing education among different countries indicated that the USA used a training method comprising seven nursing programmes arranged on seven levels, ranging from high to low. The method provided students with a variety of choices (Deng 2015:97). Flexible continuing nursing education is also offered by the American Nursing Association (ANA) and includes academic conferences, professional activities and others, to equip nurses with the necessary knowledge and skills. Thus, a considerable number of nurses in America have master's and doctoral degrees.

In a study conducted in Lebanon, it emerged that some African countries have two approaches to nursing education, such as the Bachelor of Nursing (BSN) and technical track accredited. Research reflected that the bachelor education in nursing qualification had a broader theoretical base than the technical education qualification. The Ministry of Education and Higher Education (MEHE), in collaboration with the Order of Nurses (ONL), agreed the bachelor's degree in nursing is the academic licence that optimally produces nurses apt for the demands of the work environment. The study's findings further indicate that "the deficit in nurse educators was worsened by the task overload, deficient reinforcement thus the increased need for some solutions like quality education for nurses" (Fawaz, Hamdan-Mansour & Tassi 2018:108).

To uplift the standard of nursing education in South Africa, recommendations by the NDoH include a revision of requirements for registration as a nurse educator, with special emphasis on core competencies and ongoing clinical competence (NDoH 2013:31).

The researcher observed that the NEPI team in the Free State capacitated many nurse educators. However, the number of nurse educators allocated to the colleges for

development per programme was limited, considering their actual development needs to be adequately skilled and match the demands of the new HEQSF-aligned programmes. This reflects colleges' inability to offer nursing degrees and postgraduate diplomas, since a majority of nurse educators' qualifications in the college were only up to a degree level. Some only recently acquired master's and PhD qualifications as required by the regulating body (CHE 2004:10).

2.6.6 Human resources for nurse education

Nursing is the largest profession in healthcare and has a strong voice in policy development. Nurses have the potential to advance nursing education through innovation, leadership practice policies, research and education (Feller 2018:3). Fawaz et al. (2018:106) reiterate that quality nursing education relies largely on the availability of well-trained and competent nurse educators. Therefore, the development and filling of vacancies were identified as demanding challenges in nursing education, made more complex by non-academic activities.

The WHO (2020:24) approves that the nurse educator shortage challenge may be alleviated through more collaborative approaches, such as pooling resources across institutions. The WHO (2020) thus supports proposed strategies used by different countries, such as Thailand, where a collaborative approach is used to increase nursing faculties' academic credentials. The country employed a Programme of Higher Nursing Education that started in 1994 and focused on training master's and doctoral nurse educators to teach the growing number of baccalaureate nursing programmes across China. The programme subsequently expanded its impact across 10 countries in East and South-East Asia, allowing the expansion of nurse education programmes and mutual recognition of nurses' credentials across the region.

According to the National Academy Press (2011:11), the USA had insufficient nursing facilities to teach the number of nursing students, let alone the number of qualified applicants who wished to pursue nursing. Age was also a contributing factor to college staff shortages. Nurse educators tend to be older than clinical facility nurses because they must meet the requirements for an advanced degree to teach. Furthermore, salary

disparities between nurses working in education and those working in clinical service were found to be a challenge.

The USA was thus facing serious nursing shortages, but there was a need to improve nursing education and practice to fully develop and utilise nurses' skills, knowledge and experiences (Carson-Newman University 2018:1). The Veterans Affairs Nursing Academic Partnership programme provided funding for salaries and training for expert nurses in partner academic institutions to increase the number of graduates prepared to meet the unique healthcare needs of veterans in acute and primary care settings.

In a study in South Africa, Van Rensburg (2014:2) identified that the human resources for health situations of sub-Saharan Africa were characterised by poorly developed health professions and an absence of tertiary training institutions to produce health professionals. An increase in the nursing workforce in African countries was critical (Bell et al. 2014:2). The WHO (2013:21) similarly supports the need for more nurse educators with new competencies and motivation to serve the needs of nursing education. This is indicative of an initiative to transform and upscale health professionals' education and training.

Zuyderduin et al. (2018:245) believe it is a significant challenge for NEIs in resource-constrained environments, such as South Africa, to meet the quality standards of nursing education and respond to governments' national health ambitions. Some factors external to the NEIs hamper their ability to produce adequate numbers of nurses due to persistent workforce crises being experienced in the South African health systems (Zweigenthal, London & Pick 2016:50). Matlakala (2016:1) also alludes that nursing education in South Africa is not immune to the transformation agenda of the new dispensation.

The process was viewed by some nurse professionals, nurse educators and students as beneficial to the profession, while others did not share the same opinions. Some claimed the process seemed to further heighten concerns regarding the current process of nursing education's transformation in the country.

A lack of decision-making on whether nursing colleges would remain under the jurisdiction of the Department of Health or be moved to the Department of Education seemed to have demoralised nurse educators, and many left nursing, complicating the problem further. Failure to fill vacant nurse educator posts was exacerbated by various factors, such as salary gradings that were stipulated by the Occupation-Specific Dispensation (OSD) and seen as problematic. 'Experience', as a requirement in the job specification of the Free State Department of Health, and a non-review of remuneration in the OSD policy for nurse educators, have also been among the 'push factors' for nurse educators, as observed by the researcher.

The researcher noted a substantially high number of nurse educators retiring from colleges within the province, even before retirement age. This is probably due to the demands of the new qualifications aligned with the current transformation in nursing education (Mahlathi & Dlamini 2017:10). Annually, the college lost about 10 nurse educators with observable delays in filling these posts.

Previous research offered similar evidence of nurse educator shortages in the country (Mulaudzi, Daniels & Direko 2012:12). According to the NDoH (2020:51), effective improvements in nurse educators' training are limited by inadequate budgets due to non-leveraging of funding to support health workforces and curricula towards national needs. The researcher also concurs that the transformation of nursing education can be achieved by competent and dedicated managers who focus on training needs and the objectives of nursing education, contributing to the difficult but inspiring achievement of positive outcomes.

2.7 MAJOR CHANGES IN THE TRANSFORMATION OF NURSING EDUCATION AND TRAINING

- New HEQSF-aligned programmes call for the up-scaling of qualifications and up-skilling of nurse educators' qualifications.
- Reviews of nursing programmes to be NQF-aligned for articulation.
- Introduction of new nursing programmes, such as the three-year diploma (R171) in nursing and the one-year higher certificate (R169).

- Technological advancements such as simulation rooms with advanced equipment.
- Reintroduction of clinical departments like Clinical Education and Training Units (CETUs) to reinforce student support and supervision.

2.8 RESPONSES TO THE TRANSFORMATION

- Responses to the transformation were positive, and implementation was fast-tracked.
- NEPI supported curriculum development and provided the necessary resources such as computer laboratories, simulation laboratories, and skills development for nurse educators.
- The new programmes' implementation was approved by regulatory bodies such as the CHE, the SANC, and the SAQA in 2019, and the first group for the three-year programme (R171) was taken into the programme in June 2020.
- The first group for the one-year higher certificate programme (R169) was taken in January 2023, as accreditation was received in August 2022.
- An identification of facilities that could establish CETUs was initiated with the support of the office of the chief nursing officer at the NDoH.
- A situational analysis was conducted of preceptors' training on student accompaniment and support. A training programme was initiated with 15 nurse educators.
- An additional 20 nurse educators started clinical facilitation training in September 2022 at the University of the Free State.
- Some nurse educators received support in terms of funding to improve their qualifications in response to the HEQSF prescripts.

2.9 REPORTED SUCCESSES

- The first group of R171 students is currently in their third year of study, to complete the programme in April 2023.
- Technological advancements in simulation laboratories with advanced equipment.

- The establishment of CETUs is a work in progress as it involves sourcing funding for adequate facilities with proper infrastructure, equipment, supplies and staffing, as stipulated in the guidelines (NDoH 2020:10).
- Some nurse educators acquired master's degrees though not at the desired rate.
- More nurse educators have been motivated to pursue further studies and acquire relevant qualifications to offer higher programmes than their qualifications.

2.10 SUMMARY

The chapter presented the reviewed literature, and six main themes emerged: a general overview of transformation in nursing education and training; evolution of nursing education and training; regulation; infrastructure, computer and e-learning resources; capacity building for nurse educators; and human resources for nurse education. The themes were discussed individually as they evolved in different countries. There seemed to be some commonalities in the identified themes, but a variation is observed regarding the extent of their impact from one country to another. The next chapter focuses on the research design and method employed in conducting this study.

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

In the previous chapter, literature relevant to the research topic was reviewed and discussed regarding transformation in nursing education and training. In this chapter, the researcher provides an overview of the research paradigm, research approach, research design, sampling techniques, data collection and analysis methods, including measures applied to ensure the trustworthiness of the findings and ethical considerations in the conduct of this research.

3.2 RESEARCH PARADIGM

A paradigm is a general perspective with certain assumptions that reflect the researchers' philosophical orientation, beliefs and principles about the world. It also determines how the researcher senses, interprets and acts within that world (Kivunja & Kuyini 2017:26). Guba (1990:17 in Creswell & Creswell 2018:5) clarified that the researcher responds to basic philosophical questions that are ontological, epistemological and methodological based on their belief system, guiding how they view and act upon the world. Four concepts are encompassed within the paradigms: ethics (axiology), epistemology, ontology, and methodology (Denzin & Lincoln 2018:195).

There are three main paradigmatic approaches, namely positivism, critical theory and interpretivism. Interpretivism emphasises the importance of insiders' viewpoints in understanding social environments and phenomena. The interpretive paradigm helps to identify relevant research designs, approaches, data collection methods, populations, instruments and data analysis processes to be used. In contrast, methods are the means the researcher uses to collect and analyse data (Rehman & Alharthi 2016:58). The researcher chose interpretivism as the relevant paradigmatic approach to this study, because of the need to understand the meaning that nurse educators

assign to their experiences of transformation in nursing education as the phenomenon under study and occurring within their social environment (Brink et al. 2018:19).

3.2.1 Interpretivism/Constructivist paradigm

The interpretivism paradigm comprises the following positions: epistemological, ontological, metatheoretical, methodological and axiological. Interpretivism asserts that people are different from objects. Hence, nurse educators as participants cannot be treated as objects because they are human beings and therefore change depending on the environment in which they find themselves (du-Plooy-Cilliers et al. 2021:36).

The methodological position of interpretivism upholds the belief that a social phenomenon is better understood through the eyes and voices of the participants (Rehman & Alharthi 2016:56). The researcher found it appropriate for this study, since it embodies nurse educators' subjectivity of their experiences and views on the management of transformation in nursing education and training as a social reality that will bring about changes in the education environment (Kivunja & Kuyini 2017:33). The assumptions of the paradigm that guided this study are discussed in the subsections that follow.

3.2.1.1 Ontology

Assumptions within this paradigm are based on the researcher's belief whether something makes sense or is real, and the nature of the phenomenon under study (Kivunja & Kuyini 2017:27). Rehman and Alharthi (2016: 51) affirm that researchers have assumptions about reality, how it exists, and what can be known about it. The paradigm suggests that reality should not be accepted at face value but needs to be investigated to ascertain the existence and facts about the phenomenon.

Hence, the researcher believed educational transformation was a social reality for nurse educators that influenced their responses and how they framed the regulatory framework. Therefore, the aim of the study was to gain a deeper understanding of transformation in nursing education from nurse educators' personal perspectives. This understanding was based on their experiences, perceptions and views of the

management of the transformation process. The researcher presented the findings according to the data collected from participants. These findings were presented using themes supported by quotes to represent participants' voices.

3.2.1.2 Epistemology

Epistemological assumptions are concerned with the nature and sources of knowledge, including the process followed to acquire that knowledge. Ultimately, the epistemological position is subjective (Rehman & Alharthi 2016:52). Hence, the authors believe human beings should not be studied like objects but should be engaged to understand their views about phenomena within their contexts. Kivunja and Kuyini (2017:27) highlight that epistemology outlines how the researcher comes to know about something, whether it is the truth or a reality that can be communicated to other human beings. The new knowledge gained in this study on the implications of educational transformation represents nurse educators' subjective perceptions, beliefs and views.

3.2.1.3 Methodology

The methodology involves the broad plan outlined by the researcher to gain knowledge about a research problem and facilitates the logic and flow of the research process. Since this study was qualitative and interpretive in nature, the researcher had an opportunity to conduct in-depth interviews with participants to collect data. Insight into the participants' world allowed for a deeper understanding of what transformation means to nurse educators, the anticipated implications on nursing education and training, and their academic and personal lives (Palmer & Bolderston 2006:17).

3.3 RESEARCH APPROACH

The researcher used a qualitative approach in this study, as the purpose of the study was to explore and describe nurse educators' experiences with nursing education and training transformation in the Free State province. Qualitative research entails a study of the nature of phenomena, the context in which they appear, or perspectives from where they are perceived, with data being in words, not numbers (Busetto, Wick &

Gumbinger 2020:1). Du Plooy-Cilliers et al. (2021:14) also emphasise that the presentation of interpretative data is one of the benefits of qualitative research studies.

The study's findings represent participants' voices regarding a phenomenon, unlike quantitative studies that are numeric or statistical in nature. Qualitative research is naturalistic, and in this study was conducted in the participants' settings, in two public nursing colleges in the Free State province. Nurse educators were allowed to express their experiences and views regarding transformation in nursing education using their own words. The qualitative method was helpful as questions were answered about experiences, meaning and perspectives, as verbalised by the participants (Hammarberg, Kirkman & de Lacey 2016:3).

The researcher considered the strengths of the qualitative approach, such as the ability to capture participants' details, practices and experiences as they occur, investigating transformation as perceived by the nurse educators. Participants shared what transformation meant to them, as they had experienced it. The aim was to get a deeper understanding of the challenges reflected in their views (Grove & Gray 2019:91).

3.4 RESEARCH DESIGN

The research design is "a blueprint to conduct a study that maximises control over factors that could interfere with the desired outcome of the study" (Grove & Gray 2019:68). Polit and Beck (2017:725) suggest that how often and what type of comparisons were made, including where the study took place, is often indicated in the research design, which is the architectural backbone of the study. Others have called them *strategies of inquiry*.

The design is similar to a building plan that guides the builder from laying a foundation for a house to its completion. Hence, Brink et al. (2018:187) advise that it is crucial to specify the chosen design, the steps of all activities in sequence, and the reason for the choice of the strategy.

The researcher used the qualitative, exploratory, descriptive and interpretive design since the researcher needed to tap into the experiences of nurse educators working in the college. The intention was to explore their views regarding transformation in nursing education and training, and its potential implications. Grove and Gray (2019:195) highlight that qualitative, explorative, descriptive and interpretive studies are developed to provide information and insight into clinical or practice problems.

The researcher believed the design to be appropriate as the aim was to explore and describe nurse educators' experiences regarding transformation in nursing education occurring in their area of practice (Brink et al. 2018:105). The description would culminate in a meaningful discussion of the experiences of several participants who all experienced the phenomenon. There is also a probability of different interpretations based on personal views, perceptions and opinions (Creswell & Creswell 2018:13).

Exploratory: The exploratory research approach aims to collect new information about a topic that has not been researched and about which little is known. There have been engagements on transformation in various sectors, including NEIs and various platforms. However, nurse educators' experiences with and the implications of transformation were never explored. Hence, the researcher considered the exploratory research approach to be relevant in gathering new information on the phenomenon (Crescentini & Mainardi 2014:433).

Descriptive: This type of study aims to describe the phenomenon in its natural setting without manipulating the variables (Nassaji 2015:129). Similarly, Du Plooy-Cilliers et al. (2021:14) claim descriptive research aims to describe the phenomenon under study and a specific question guides the research. Hence, the researcher came up with a research question, aimed at describing transformation in nursing education as experienced by nurse educators.

The researcher viewed it as crucial to ask questions and elicit responses to determine nurse educators' views, opinions and understanding regarding transformation in nursing education and training. This exploration would be helpful to clear misconceptions about the phenomenon. The researcher thus asked the following

question: “How do you experience transformation in nursing education and training in the Free State province?”

Interpretive: The researcher sought to gain a deeper understanding of nurse educators’ experiences as shared by them. The intention was to make sense of their opinions during the interpretation, a crucial aspect when making recommendations to support the effective implementation of transformation processes (Polit & Beck 2017: 731).

The researcher offered nurse educators multiple points for discussion by asking different questions regarding their experiences of transformation in nursing education and training. The researcher’s aim was to explore and describe their experiences based on their views and perception of the phenomenon, as expressed during the interview sessions. The researcher also remained considerate of her own personal point of view and feelings during the study (du-Plooy-Cilliers et al. 2021:38).

The design and approach were appropriate in this study because they facilitated a description of the transformation process from the participants’ perspective. The researcher was also able to analyse participants’ words, find meaning in them, and provide a description for deeper understanding (Grove & Gray 2019:89).

3.5 RESEARCH METHODOLOGY

The research methodology relates to the processes engaged in and used by researchers during data collection, analysis and interpretation (Creswell & Creswell 2018:16). There was a need for the researcher to be guided regarding the choice of research method, the type of data required for the study, and which data collection tools to be used. According to Rehman and Alharthi (2016:52), guidance facilitates the data analysis process based on appropriate tools and methods that are selected to achieve the purpose of the study.

The researcher opted for a qualitative study and conducted in-depth interviews for data collection. These interviews were narrative, and a thematic analysis of data was conducted (Creswell & Creswell 2018:194). An interview offers researchers the

opportunity to enter participants' world for a deeper understanding of their everyday experiences (Palmer & Bolderston 2006:17). Notes were also taken to capture vital information, and some follow-up questions were asked where clarification was needed. In an attempt to describe participants' lived experiences, the researcher focused on what was happening in their lives as individuals, what was important, and what alterations were needed. Probing but non-intrusive questions were asked during the in-depth interview sessions (Brink et al. 2018:105).

The researcher hoped to identify possible measures to support nurse educators in the transformation process based on their experiences and the implications of transformation, to prevent any overflow of negative perceptions of teaching and students' learning. The provision of support through evidence-based recommendations was necessary and would assist in preventing an adverse impact on the quality of education to be rendered.

3.5.1 Research setting

In qualitative research, the research setting refers to the place, site or location where data were collected from participants (Brink et al. 2018:47). This study was conducted in a college of nursing in the Free State, which comprises three campuses and five sub-campuses. The college is the only nursing college in the Free State. Data were collected from two campuses: the northern campus situated in Thabong, Welkom, and the southern campus situated in Bloemfontein.

The campuses previously offered some legacy programmes, like the Enrolled Nursing Auxiliary (R2176), Enrolled Nurse (R2175), Bridging course (R683), Diploma in Midwifery (R254), Diploma in Critical Care (R212), and the programme leading to registration as a registered nurse and midwife (R425). Some programmes have been phased out, and new programmes are gradually being introduced to replace legacy programmes. New nursing programmes include the Diploma in Nursing (R171), Registered Auxiliary nurse (R169) and Advanced Diploma in Midwifery (R1497) as per Government Notice No. 1497 of 22 November 2019. The college already received provisional accreditation for these new nursing programmes from the CHE (2004:11(3)).

The researcher selected the two campuses based on the research objectives and questions, and the type of data that needed to be collected from nurse educators. The distance and convenience of both campuses, including the number of nurse educators available for potential participation in the study, were also considered (Brink et al. 2018:47).

3.5.2 Population

A population refers to an entire set of individuals or objects with some common characteristics (Polit & Beck 2017:739). The population considered by the researcher for this study was nurse educators in a Free State nursing college. Grove and Gray (2019:69) describe the population as elements such as individuals, objects or substances that meet certain criteria for inclusion in a study.

The researcher identified the target population for the study as nurse educators with more than two years' experience in nursing education and registered with the SANC. Therefore, all participants in this study met the criteria for inclusion. Most of the nurse educators in the selected campuses also had experience with the legacy programmes being phased out and had been part of the initial transformation process.

3.5.3 Eligibility criteria

Eligibility criteria refer to conditions that specify by which attributes the target population is selected for inclusion in a study (Polit & Beck 2017:727).

Inclusion criteria

- Nurse educators who have taught for more than two years in the public college.
- Registered as nurse educators with SANC.
- Nurse educators exposed to the transformation process during their practice as nurse educators.

Exclusion criteria

- Nurse educators not in academic teams.

- Nurse educators with less than two years of teaching experience in the public college.
- Nurse educators who have not been exposed to the transformation process during their practice as nurse educators.

3.5.4 Sampling

Sampling entails the process researchers implement to select participants who are representative of the population being studied (Grove & Gray 2019:59). Researchers select a sample from a population in order to obtain information regarding a phenomenon in a way that represents the research population (Brink et al. 2018:115).

The researcher employed non-probability purposive sampling with typical case selection. Typical case selection involves selecting cases with typical, normal or representative characteristics, increasing the likelihood of participants behaving like everyone else in the population (Etikan et al. 2015:3). The researcher selected the nurse educators based on their characteristics, the study's objectives, and their knowledge of the research topic. Ultimately, participants were selected to obtain rich data on the research phenomenon.

The study is qualitative in nature, and qualitative research often focuses on relatively small samples that are not randomly selected. Therefore, the researcher included only nurse educators from the two campuses (southern and northern), who had a diploma, degree, master's or PhD in nursing education and two years or more experience in the field. The total number of nurse educators on the campuses was 50.

Only a portion of the total number of nurse educators was selected to represent the entire population since they were registered with the SANC and had been exposed to the transformation process during their practice as nurse educators (Polit & Beck 2017:743). Purposive sampling was also appropriate for this study as it allowed the researcher to access conveniently available individuals who had special characteristics with rich knowledge of nursing education transformation and were willing to participate in the study.

3.5.5 Sample

A sample is a small group comprising members from the population with similar traits or characteristics selected for a particular study; the members of the sample are the participants (Grove & Gray 2019:69). The sample for the study comprised nurse educators who had taught for more than two years, was registered with SANC, and had experienced transformation in nursing education. They were considered to have rich information based on the experience they gained during and after the transformation process (Polit & Beck 2017:493).

3.5.6 Recruitment of participants

The participants were informed of the study in a letter sent via email to the campus heads on 8 October 2020. The letter detailed the study, the purpose, objectives, date and location of in-depth interviews (Annexure III). The campus heads circulated the letter within the identified campuses, and the nurse educators interested in participating in the study responded to the researcher's email address, as provided in the letter.

The dates for the visit to the respective campuses were then confirmed with the participants. An informed consent outlining the participants' rights (Annexure IV) was signed prior to the data collection process (Creswell & Creswell 2018:186). In-depth interviews were important because participants experienced the phenomenon, and it was desirable to collect views and experiences directly from participants (Brink et al. 2018:143). Polit and Beck (2017:243) similar support in-depth interviewing as the best method of collecting data in qualitative studies because of the quality of information they yield, and refusal rates tend to be low.

As the Head of the Academic Department in the nursing college, the researcher considered the stated advantages. Reassurance was provided to participants from the beginning, and assistance was sought from research committees in case the process was hampered in any way to allow a freedom of expression from participants. The researcher also embarked on a process of bracketing her own ideas on the topic under

study by identifying and delineating preconceptions related to the transformation process as it evolves in different sectors. Bracketing was done to avoid potential researcher bias that might negatively impact the quality of the study (Tufford & Newman 2010:85).

3.5.7 Construction of the interview guide

The interview guide (Annexure VI) was developed after consulting several literature sources for guidance on aspects related to transformation in nursing education and training. The guide assisted the researcher in collecting appropriate information during the in-depth interviews. The interview guide comprised the following broad grand tour question:

How do you experience transformation in nursing education and training in the Free State province?"

The question was aimed at soliciting critical information related to participants' experiences. Recommendations on identified gaps would facilitate support for nurse educators and continued quality nursing education (Polit & Beck 2017:537).

The following questions were formulated to facilitate a response to the study's objectives:

- What are nurse educators' perceptions about the transformation of nursing education and training in the Free State province?
- How do nurse educators view the management of the transformation process?
- What are the implications of transformation for nurse educators and nursing programmes?
- Which measures can support the implementation of the new nursing programmes?

3.5.8 Pre-testing the interview guide

The interview guide (Annexure VI) was pre-tested on two nurse educators in one sub-campus of the nursing college who were excluded from the in-depth interviews. The pre-test assisted the researcher in determining the feasibility of the proposed study. It reflected if the interview's duration was sufficient, and determined any ambiguity and complexity in the questions (Polit & Beck 2017:268).

The researcher then developed an interview guide in such a way that it encouraged participants to elaborate as much as possible. Probing questions were also asked to allow participants time to give clear and concise details of their experiences.

The following questions were included in the interview guide:

Grand tour research question:

- How do you experience transformation in nursing education and training in the Free State province?

Areas of questioning:

- Opening statement on general views about nursing education
- Transformation in general – need for change
- View on HOW it was implemented
- Perceptions of this change

3.6 DATA COLLECTION

Data collection entails the process of researchers gathering information from participants to get answers that address a research problem. The researcher ensured data were collected in a precise and systematic manner.

Brink et al. (2018:133) recommend that it is crucial for the researcher to explain why a specific method was chosen, how data were collected, and findings were reached. For this study, the researcher employed in-depth interviews for data collection with some

probes to source more crucial information from participants. A boardroom was selected as the interview venue because of its location and convenience. Data collection extended over a period of four weeks, with two weeks spent at each campus.

“Interviews in qualitative studies have the advantage of being interactive and additional topics can emerge, allowing the researcher to gather more information. Moreover, researcher-centred bias, which is common in written surveys that measures what is already known or expected to be relevant by the researcher” can be avoided (Busetto et al. 2020:3).

An initial meeting was scheduled with potential participants to discuss the process and clarify some areas of concern and address relevant ethical principles. Data were collected from 10 nurse educators aided by an audio recorder to capture information that would later be transcribed and reread (Widodo 2014:103).

The researcher started the interviews with an introduction and outline of the process, including the use of the audio recorder. The researcher also created a conducive and welcoming environment for participants. Hence, the participants could interact and talk freely about the phenomenon under study as they had experienced the transformation.

Information relevant to the research purpose, objectives, and questions was gathered. A second round of telephonic interviews was also held to enhance the initial information, which was not adequate and the researcher needed to have a deeper understanding to draw sound conclusions (Grove & Gray 2019:70). The decision was based on the premise that data collection in qualitative studies is more fluid and decisions about what to collect evolve in the field (Polit & Beck 2017:506).

3.6.1 Conducting in-depth interviews

The in-depth interviews were conducted with strict adherence to COVID-19 precautionary measures, such as frequent sanitisation, social distancing and mask-wearing. An audio recorder was prepared and used to capture information that might be missed. Moreover, the researcher greeted and introduced herself to make participants feel at ease.

Participants were also screened for potential symptoms of COVID-19 prior to the commencement of the in-depth interview sessions, and safety measures were highlighted as part of the introductory house rules. The purpose of the study and objectives were also emphasised. Participants' rights were reiterated, and they signed the consent for their participation and audio recordings prior to data collection. Some notes were also taken during the in-depth interviews.

A reflection on the role of the researcher was crucial as the researcher is the Head of the Academic Department at one of the campuses. It was thus important to consider connections between the researcher and the participants or the research site that could unduly influence the research interpretations (Creswell & Creswell 2018:184). Hence, the researcher reanalysed the transcripts for a second time to eliminate any bias or role conflict (Polit & Beck 2017:471).

The researcher stopped collecting data after participant 10's interview, since no new data emerged, indicating that data saturation has been reached. Brink et al. (2018:126) state that data saturation is the point at which no new data emerges from data collection, and qualitative studies are guided by the point of saturation and not the size of the sample. Hennink and Kaiser (2022:1) echo that saturation is a guiding principle for assessing the adequacy of purposive samples in qualitative research studies.

No serious challenges were observed by the researcher in terms of participants' comfort and protection of their identity before, during and after the interviews (Brink et al. 2018:144).

3.7 DATA MANAGEMENT AND ANALYSIS

Data analysis refers to the systematic organisation and synthesis of research data (Polit & Beck 2017:725). Grove and Gray (2019:71) affirm that "data analysis reduces, organizes and gives meaning to the data as the purpose of data analysis is to organize, provide structure to, and elicit meaning from data which can be challenging in qualitative studies". Creswell and Creswell (2018:190) also highlight that "the intent is to make sense out of text and image data".

In this study, qualitative data analysis occurred concurrently with data collection and required careful planning because qualitative studies generate a large amount of data. Multiple locations where data would be stored, such as hard drives, were also identified in advance (Grove & Gray 2019:116). Ultimately, data were analysed following Creswell and Creswell's (2018:194) qualitative thematic analysis approach. The approach comprised five steps to identify common and recurring themes from the transcripts:

Step 1- *organising and preparing data for analysis.* The researcher embarked on various activities, such as typing the notes that were taken during the interview sessions, reading and transcribing the audio recordings of the in-depth interviews. The aim of this stage was to organise data into manageable formats to facilitate systematic analysis.

Step 2- *reading and looking at all collected data to gain an understanding.* The researcher became immersed in the data to gain a deeper understanding and a general sense to draw appropriate meaning from the information gathered from participants.

Step 3 - *coding all data* entails reading the data, breaking the text down into subparts, and giving a label to that part of the text. The researcher created tables and labels that allowed her to begin identifying patterns in the data. Hence, the researcher read and categorised the transcripts, identified codes, and grouped similar codes into themes.

Node and node definitions were created, then each data unit was coded under an appropriate node. The frequency of each theme was noted, and coding and categorising were done repeatedly based on emerging meanings from data and according to how the coded data related to the emerging meanings.

Creswell (2014 in Nowell, Norris, White & Moules 2017:6) emphasises the importance of data coding for a systematic analysis and categorisation of statements into themes. The researcher thus organised data into categories and labelled the categories in the actual language of the participant to facilitate the orderliness of the analysis process.

Step 4 - *generating descriptions and themes.* The researcher continued with the coding process to include descriptions of the setting or people, as well as categories or themes, places or events to facilitate a detailed rendering of information. Data were ordered into groups, subsets or categories on the basis of the consultation process, psychological impact, resources, work relations and management factors as they emerged during the interviews.

The researcher studied the units or segments of data to elicit the emerging meanings and identified interrelationships between the emerging ideas. This constant comparison between ideas created an opportunity to identify similarities and exceptions to the emerging patterns of relations. It also allowed the researcher to become immersed in the data; this continued until the researcher felt that the data had been accurately interpreted.

Step 5- *representing and describing themes in a narrative form.* The researcher presented a narrative report on the findings as verbalised by the research participants. The researcher weaved thematic pieces together into an integrated whole, including the interrelated themes to provide an overall structure to discuss the findings. These were presented in a narrative form, supported by verbatim quotes (Polit & Beck 2017:535).

A “hands-on process” was implemented throughout the data analysis phase, and the researcher was immersed in the data (Brink et al. 2018:180). The exercise enabled the researcher to gain a deeper understanding of the experiences of nurse educators and the implications of transformation in nursing education and training.

3.8 ETHICAL CONSIDERATIONS

Human and Mogotlane (2020:186) state that “ethics relates to desired morals and behaviour that are based on norms, values and culture”. Polit and Beck (2017:727) refer to ethics as “a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants”. Hence, the researcher ensured compliance to “ethical principles as they

are standards set to protect research subjects, within the published standards and laws, three ethical principles guided ethical research: respect for persons, beneficence, and justice” (Grove & Gray 2019:134).

3.8.1 Rights of the institution

The researcher identified the need to adhere to expected ethical standards and principles. Permission to conduct the study was requested from various ethical committees. An ethical clearance certificate was granted by the University of South Africa’s (UNISA) Research Ethics Committee (ERC Reference #: HSHDC/998/2020; Annexure I).

Permission to conduct the study was then sought from the National Health Research Database (NHRD), where the application form was completed online and submitted. The response signed off by the Head of the Free State Province Health Department was received back via the Provincial Ethics Committee (Annexure II). The principal and heads of campuses were also requested via formal correspondence for access to the nurse educators.

Letters detailing the purpose of the study, target group, proposed interview dates, times and venues were sent via email (Annexure III). The aim was to give college management time to decide without disrupting services. The researcher intended to promote informed decision-making among potential participants.

3.8.2 Voluntary participation

Voluntary participation entails taking part in a study without any pressure but based on an understanding of the instructions, as explained by the researcher (Creswell & Creswell 2018:93). The researcher thus explained the purpose of the study to potential participants to facilitate voluntary participation without any form of coercion and ensure the right to self-determination. The right to withdraw at any point during the study if they felt there was a breach of agreement was also highlighted to participants.

3.8.3 Confidentiality and privacy

Pledging to ensure confidentiality for research participants was a point of departure, and a form was signed to ensure free participation without any fear of intimidation (Annexure VI). The researcher further made it clear to the participants that the information provided would not be identifiable in any publications and would only be used to make recommendations to improve the quality of nursing education and training, and not to victimise them as individuals (Polit & Beck 2017:139).

Privacy refers to individuals' freedom to determine the time, extent, and general circumstances under which their private information may be shared with or withheld from others. It includes a person's attitudes, beliefs, behaviours, opinions, and records (Grove & Gray 2019:137). The participants' privacy was protected by ensuring their personal identity was hidden, and information was collected in a secluded venue.

The audio recordings will not be availed to anyone as the researcher transcribed them. The audio recordings were not identified with the names of participants, but numbering was used to ensure the information could not be related to a particular nurse educator. In addition, the discussions and findings were also titled according to participant numbers only.

3.8.4 Fair treatment

The principle of justice states that human subjects have a right to fair treatment, which includes access to the potential benefits of a study and not overexposure to its risks (Grove & Gray 2019:134). To promote fair treatment, the inclusion and exclusion criteria were explicitly stated to facilitate an understanding among all potential participants.

The researcher ensured that the criteria used to identify participants were not biased or involved an entertainment of emotions about who could participate in the study. The researcher aimed to select participants able to offer positive input to ensure the upliftment of the quality of nursing education and training (Human & Mogotlane

2020:194). An open invitation for participation was therefore sent to targeted campuses for the study.

3.8.5 Informed consent

Informed consent refers to “a decision to participate in the research taken by a competent individual after he/she has received the necessary information and has understood and arrived at a decision without coercion”. The author further affirmed that “informed consent draws from the principle of autonomy, which takes into consideration respect for persons” (Dhai 2019:86).

The researcher explained the purpose of the study to participants without any form of deception. This was done to show respect and facilitate an understanding, so informed consent could be obtained from all participants (Creswell & Creswell 2018:93). Some participants forwarded their consent forms (Annexure V) signed by witnesses prior to the scheduled interview dates. Others arrived and submitted their consent forms on the day of the interview.

All participants signed the consent forms before the commencement of the in-depth interviews. This process was not applicable to the telephonic interviews, as the same participants from the first sample were reinterviewed. However, the researcher confirmed their willingness to continue with the second round before commencement.

3.9 RIGOUR OF THE STUDY

Grove and Gray (2019:119) explain that scientific rigour is valued because the findings of rigorous studies are deemed more credible and of greater worth. Studies are therefore critically appraised as a means of judging rigour.

Brink et al. (2018:110) also highlight that “Rigour in qualitative research signals openness, relevance, epistemological and methodological congruence, thoroughness in data collection and the data analysis process, and the researcher’s self-understanding”. The researcher ensured the collected and analysed data were free of

innovations or contaminations that could affect the quality and accuracy of the research findings.

Lincoln and Guba (1985: 300) suggest four criteria for developing the trustworthiness of a qualitative study: credibility, dependability, confirmability and transferability; Polit and Beck (2017:560) recently added authenticity to the criteria. This study aimed to enter the participants' academic life world for a better understanding of the challenges that impacted negatively on their academic work-life. Hence, in this study, the researcher upheld the following criteria for trustworthiness:

3.9.1 Credibility

Credibility refers to accuracy that corresponds roughly to positivist internal validity (Gunawan 2015:4). The researcher used credibility to interpret the data based on participants' responses. Two aspects are critical in ensuring credibility: carrying out the study in a way that enhances the believability of the findings, and taking steps to demonstrate credibility in reports (Polit & Beck 2017:559).

The researcher thus read the notes at the end of each in-depth interview so participants could confirm that they were a true reflection of their views and experiences expressed during the interviews. Data that were collected and interpreted were directly from sampled study participants.

The researcher further upheld credibility by employing non-probability purposive sampling to select nurse educators through voluntary participation, as participants had experienced the phenomenon. The researcher included aspects emanating from the accounts based on participants' own voices.

Member checks were conducted to confirm the researcher's interpretations and the adequacy of the data (Brink et al. 2018:159). Member checking in this research improved the study's findings, because the researcher used deliberate probes and went back to the participants using telephonic conversations to strengthen the findings (Lincoln & Guba 1985:314).

3.9.2 Dependability

Dependability refers to the stability (reliability) of data over time and conditions (Polit & Beck 2017:559). Brink et al. (2018:159) affirm that “dependability refers to the provision of evidence such that if it were to be repeated with the same (or similar) participants in the same (or similar) context, the findings would be similar”.

The researcher collected data from nurse educators at two campuses of the same college. Therefore, the findings would not vary if the study was to be repeated with the same participants, as they offered rich information on the transformation process they had experienced over time in the same environment. The researcher followed Creswell’s systematic plan in dealing with the data analysis, transcription and coding of themes (Gunawan 2015:4).

3.9.3 Confirmability

Confirmability refers to objectivity; that is, the congruence between two or more independent people about the data’s accuracy, relevance or meaning (Brink et al. 2018:159). The researcher performed the coding, which entailed identifying and indexing recurring words, themes or concepts within the data, and reread the transcripts to ensure the data’s accuracy, relevance or meaning (Polit & Beck 2017:722).

The researcher is employed at the college under study, and thus kept field notes to refer to during the data analysis process. Preconceived beliefs and opinions about the phenomenon under study could then not put the findings in jeopardy. Interpretations of data were free of inventions from the researcher and reflected only the participants’ voices (Polit & Beck 2017:559).

Comprehensive data were compiled according to themes and subthemes, and a preliminary analysis was performed to represent participants’ views and personal experiences. The research supervisors also provided guidance and reviewed the transcripts to rule out conflicting cases, where possible.

3.9.4 Transferability

Transferability refers to the potential for extrapolation; that is, the extent to which the findings can be transferred or have applicability in other settings or groups. According to Brink et al. (2018:159), transferability refers to the ability to apply the findings in other contexts or to other participants. Since this study was based on transformation in nursing education and training and had ignited concerns from nurse educators in the nursing college in the Free State, there was a strong possibility for extrapolation.

Two campuses offering the same programmes were visited; thus, the potential for extrapolation was facilitated (transferability), and the report was compiled to highlight participants' experiences and heighten their sensitivity. The study's findings could apply to other nursing colleges in other provinces and hospital settings.

The researcher followed the theoretical parameters of the research process during data collection and analysis, and thus promoted transferability to other settings (Polit & Beck 2017:5).

3.9.5 Authenticity

Authenticity refers to the extent to which researchers fairly and truthfully show a range of realities that emerges in a report when it conveys the tone of participants' lives as they are lived (Polit & Beck 2017:560). The researcher ensured increased sensitivity to the issues under discussion. Participants' emotions were also observed for truthful and fair reporting based on the researcher's understanding of the lives being portrayed (Brink et al. 2018:160).

3.10 RESEARCH MISCONDUCT

Polit and Beck (2017:743) explain research misconduct as "fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for conducting or reporting research". According to Grove and Gray (2019:154), **research misconduct** is "the fabrication,

falsification, or plagiarism in processing, performing, or reviewing research, or in reporting research results”.

Fabrication in research entails making up results and recording or reporting them. Falsification of research includes the manipulation of research materials, equipment, or processes, or changing or omitting data or results so that the findings are not accurately represented in the research record. The researcher recorded, transcribed and reported findings as verbalised by participants with no alterations to their shared opinions.

Plagiarism is the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit, including those obtained through confidential reviews of others’ research proposals and manuscripts. Pera and van Tonder (2018:385) view plagiarism as “a form of intellectual theft”.

The researcher worked diligently on the study to ensure that the literature reviewed for the study and their authors are mentioned and acknowledged as per academic excellence prescripts or guidelines. All effort was aimed at upholding scientific honesty. The researcher thus avoided plagiarising data or content by reproducing content; other authors refer to plagiarism as theft of intellectual property (Du Plooy-Cilliers et al. 2021:361).

3.11 SUMMARY

This chapter discussed the research design and methods, ethical considerations, the rigour of the study, and research misconduct, including the implications thereof. The next chapter focuses on the research findings.

CHAPTER 4

ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter presents the analysis of the data, participants' characteristics, and a description of the research findings with a focus on the nurse educators' experiences with transformation in nursing education and training in the Free State province. The study's objectives were to:

- Identify nurse educators' perceptions about nursing education's transformation in the Free State province.
- Explore nurse educators' views regarding the management of the transformation process.
- Describe the transformation's implications for nurse educators and nursing programmes.
- Recommend measures to support the implementation of the new programmes.

4.2 DATA ANALYSIS AND LITERATURE CONTROL

The researcher adopted the qualitative thematic data analysis approach comprising five steps (Creswell & Creswell 2018:194). The approach was followed to identify common and recurring themes from the in-depth interviews conducted with the participants. The researcher contrasted and compared the findings of the study to available literature for control (Brink et al. 2018:154; Polit & Beck 2017:534).

4.2.1 Participants' demographic data

The participants' demographic data are displayed in Table 4.1. This information is presented to promote an understanding from where the information was sourced. It is also used in qualitative data as a means of ensuring transferability.

Therefore, the demographic characteristics outlined below allow for the possible transferability of findings by others to another context (Brink et al. 2018:159). The researcher was not primarily concerned with (statistically) generalising the findings, but rather with describing participants' experiences within the contexts in which they occurred.

Table 4.1: Participants' demographic characteristics

Participants	Age in years	Gender	Campus/ Sub-campus	Years of experience in nursing education
Participant 1	58	Female	Northern	8 years
Participant 2	61	Female	Northern	25 years
Participant 3	54	Female	Northern	9 years
Participant 4	62	Female	Northern	20 years
Participant 5	50	Female	Northern	24 years
Participant 6	41	Female	Southern	6 years
Participant 7	56	Female	Southern	25 years
Participant 8	57	Female	Southern	19 years
Participant 9	62	Male	Southern	23 years
Participant 10	58	Female	Southern	28 years

In this study, all participants were nurse educators from the two campuses of the nursing college (northern and southern) in the Free State province. They were all graduates with a bachelor's in nursing science and an additional qualification in nursing education as a prerequisite for appointment as a nurse educator (SANC Circular 13 of 2020: 2(1)).

The participants comprised ten nurse educators from both campuses; nine were women, and one was a man. This is indicative that nursing is mainly a female-dominated profession. The age analysis highlighted the ageing population of nurse educators, as three were of retirement age (above 60 years), six were between 50 and 59 years, and only one was 41.

From the pool of interviewed nurse educators, their range of experience was 6 to 28 years. An equivalent number of participants were recruited from each campus.

4.3 PRESENTATION OF FINDINGS

This section provides an overview of the themes, sub-themes and categories that emerged from the data analysis of nurse educators' experiences with nursing education and training transformation.

An overview of the emergent themes in the study is presented in Table 4.2. It illustrates the relationships between the four themes, their respective sub-themes and categories. Verbatim statements from participants, as indicated in italics, are used in this chapter to support or substantiate the discussion on the findings.

4.4 THEMES

Polit and Beck (2017:744) refer to themes as "recurring regularity emerging from an analysis of qualitative data", whereas categories are used to sort and organise data. Four comprehensive themes and associated categories emerged from data collected through in-depth interviews (see Table 4.2).

Table 4.2: Comprehensive themes

Theme No	Theme
1	Transformation processes
2	Availability of resources
3	Organisational factors
4	New nursing programme

4.4.1 Theme 1: Transformation processes

This theme focuses on how transformation in nursing education was experienced in the Free State province by nurse educators from its inception and throughout the implementation process. Fair Work (2020:2) believes that transformation processes should encompass nurse educators' involvement to consider their views when making decisions.

As presented in Table 4.3, two sub-themes emerged under this theme: *transparency* and *emotional responses*. Participants believed their inputs were not seen as important because they were not involved nor informed of all processes. Also, as with normal change, they responded to the process differently.

Table 4.3: Theme 1: Transformation processes

THEME	SUBTHEME	CATEGORIES
Transformation processes	Transparency	<ul style="list-style-type: none"> • Lack of involvement. • Ownership of the transformation process. • Communication challenges. • Clarity of orientation.
	Emotional responses	<ul style="list-style-type: none"> • Sense of hope. • Uncertainty on readiness for change. • Feelings of rejection. • Self-confidence.

4.4.1.1 Subtheme 1.1: Transparency

Transparency entails a free, uninhibited flow of information that is open to scrutiny by all involved in the process (Kaplan 2018:1). Four categories emerged from this subtheme: *Lack of involvement*; *ownership of the transformation process*; *communication challenges*; and *clarity of orientation*.

a) Category 1.1.1: Lack of involvement

Some participants lamented their lack of full involvement in the management of new programmes, stating there was no transparency. The majority saw things just happening, without their input. These participants reported that they did not feel good as they were initially left out as implementers, though others indicated they did not face challenges as they could easily adapt with time.

Nevertheless, there were some variations in participants' views. A few felt there was some level of involvement through workshops and meetings with external stakeholders, albeit not at the level of satisfaction of all participants. This aroused unhappiness, as change can be threatening and unbearable to some extent.

"I was not involved in consultations with external stakeholders. Only feedbacks were provided to us. Consultations were done sporadically". (P6)

"There was a workshop done by NEPI, with University and other private nursing schools. Even the Head of schools met in CPASSA to deliberate based on our inputs. Based on that I feel that we have been involved". (P4)

Akinyeye (2019:3) suggests that in order for any administration process to achieve its transformation objectives, it must be ready to involve nurse educators as stakeholders within the scope of the college environment into the mainstream of government. Ncube (2020:7) also echoes that NEIs management should see reason in involving nurse educators in planning and implementing changes that refocus nursing education. Their involvement could promote quality assurance and thrust the transformation forward.

b) Category 1.1.2: Ownership of the transformation process

Participants recognised the importance of having ownership of transformation processes. They believed their sense of ownership could be enhanced by continuous updates from leadership, especially for new staff members who need to be oriented on fundamental requirements in the new programmes and those being phased out. But in this instance, they felt excluded and unable to experience ownership of the transformation process.

The following statements support the findings:

"Meetings were held in different areas with managers leaving the nurse educators who are the implementers of the programmes and could give input in areas of lack". (P4)

“Feeling of exclusion from decisions and just being told what to do. You are literally left out”. (P3)

Marais, Quayle and Peterson (2020:1) trust that consultation of nurse educators represents (among other things) an exercise in knowledge management that will facilitate ownership and therefore enhance their job performance. Literature upholds that ownership can be reflected in the way tasks are executed by nurse educators during the implementation of new programmes (Jussila, Tarkiainen, Sarstedt & Hair 2015:132).

c) Category 1.1.3: Communication challenges

Communication in this study relates to interactions between management and the nurse educators in the nursing college. Nurse educators acknowledged the importance of communication during the transformation process. They agreed that clinical facilities should also be included in the communication channels.

Participants again emphasised the lack of management’s openness on the expectations of new programmes. They consequently did not feel confident in orienting new nurse educators and facilities on implementing the new curriculum, including the work-integrated learning (WIL) component. The following sentiments were raised by participants:

“There is communication problem and you are even expected to orientate a new colleague without having adequate information”. (P6)

“Staff in the clinical facilities didn’t even have a clue about this new program of R171”. (P5)

“There is a need for improved and open communication between colleges and clinical facilities, provision and discussion of the expected learning outcomes, so as to clarify expectations”. (P6)

Sharma (2019:3) highlighted that the flow of communication must be multi-dimensional to facilitate the objective of healthy employee relations. This would emanate from nurse educators being involved from the planning phase of the transformation process, and being seen by management as part of the team. Erasmus-Kritzinger, Swart and Mona (2018:2) also believed that “internal and external communication taking place in the nursing education institutions will ultimately lead to the development of an academic culture or unique image for the nursing education and training environment”.

d) Category 1.1.4: Clarity of orientation

There were varying views from participants, as most were disappointed in the quality and approach of the orientation process. Some believed orientation was not done properly and they felt left out; others indicated they were included in the orientation process. A lack of clarity was also reflected when participants expressed different views on expectations in relation to the structure of learning outcomes. They expected the content of the new programme to be different from the old, and expressed some confusion regarding the names and codes of modules in the new and old programmes. They were also concerned about the specific responsibilities of cadres.

“I feel that was not done properly, in fact orientation did not happen”. (P3)

“So, I feel in terms of preparing staff that was not done. The preparation of staff was very, very critical according to what I understand about transformation because nurse educators are key drivers”. (P5)

“Some lectures were orientated and inducted into the programme”. (P6)

“When you look at the programme, modules are named differently though the content is the same” (P3).

“I am not sure of responsibilities that could be expected of this cadre. I am not sure because currently we don't have a system where nurses only work in the

community. You are also not sure what to present as objectives are broad and not clear. Up to now there is still a lot of confusion". (P7)

The NDoH (2020:23) suggests that nurse educators need to be orientated constantly, especially when there are new developments, so they become familiarised and efficient within the working environment. They must be informed of all expectations in the process to promote improved outcomes.

Muller and Bester (2018:376) explain that programmes contain objectives, and programmes' performance indicators should be clarified from the planning phase. In support, Hussein (2007:7) acknowledges that planning is an integral part of project management where nurse educators, as key stakeholders, should agree on what will be done, who will do it, when and how.

4.4.1.2 Subtheme 1.2: Emotional responses

Emotional responses are feelings triggered by a variety of situations. Some can emanate from the effect of change in the organisation, which may be a major stressor for employees (Wisse & Sneeboos 2016:1). Four categories emerged under this subtheme, namely: *sense of hope; uncertainty on readiness for change; feelings of rejection; and self-confidence.*

Participants presented varying emotions, as reflected by the data in the following categories.

a) Category 1.2.1: Sense of hope

Participants acknowledged that transformation was necessary but came with some challenges. However, they never lost that sense of hope that the new programmes would promote positive outcomes. They believed all challenges and difficulties could be overcome, and lessons would emerge from the experience.

These are the statements extracted from the data:

“It was difficult, but we had a positive attitude as we had to phase in new curriculum smoothly. It started from the beginning as one was asking self whether this is going to work? The same sentiments were also raised in groups as we met”. (P1)

“Generally speaking, theoretically it is a good change, although it has come with uncertainties But, we think as we go on, we will rectify and see what goes on”. (P9)

Hope and commitment are two crucial elements for success. Yotsidi, Pagoulatou, Kyriazos and Stalikas (2018:385) state that hope is a vital psychological resource that can facilitate goal achievement in academic, career development and job performance endeavours. Commitment entails being involved with the task at hand rather than being detached and lacking control over expectations (van Vuuren 2016:164).

b) Category 1.2.2: Uncertainty on readiness for change

Uncertainty, in this case, entails a state of mind that arises and illuminates a lack of knowledge and ignorance on common practices within the process of transformation in nursing education (Anderson, Carleton, Dieffenbach & Han 2019:2). Nurse educators were unsure whether they were ready for the change that comes with a complete renovation of educational programmes. The feeling seemed to have a negative impact on their self-confidence. Participants also expressed uncertainty regarding their future aspirations and employment prospects.

“I wonder how it was going to be and how is it going to affect me as an individual?”. (P2)

“Uncertainty of whether we will fall under the department of education or department of health”. (P3)

“Yes, people were not ready. If there’s a problem, it would be difficult to take any lecturer to come and replace them”. (P7)

“I am really not sure how ready we are in the Free State. The other thing that one can look into is availability of HEQSF aligned and relevant qualifications of the staff members”. (P9)

Salah, DeAngelis and al’Absi (2022:1) indicate that perceived uncertainty is associated with more symptoms of depression and anxiety. According to Booyens (2014:344), the change process also has many steps. However, the last two steps (readiness and re-emergence) are the most crucial and indicate a willingness to use energy to explore the transformation process. Kolpin, Shoemaker, Cosenza, Allen, Cary, Ensey, McCambridge, Morris and Trotter (2015:25) echo that it is clear there is a need to improve the manner in which preparations for new programmes are made. This can be done through proper assessments as an essential component to achieving transformation goals.

c) Category 1.2.3: Feelings of rejection

Participants acknowledged having felt intimidated by the move to higher education activities involving merging hospital-based nursing schools with colleges. Feelings of rejection were experienced by some. This feeling was ignited by the attitudes nurse educators from the college portrayed towards educators from nursing schools; they were made to feel as not part of the group.

Some participants reported feeling rejected by colleagues who seemed to derive pleasure from their humiliation. They claimed some students were not receptive to the varying teaching styles among nurse educators from nursing schools, comparing them to the lecturers from the college. In addition, their colleagues kept their distance instead of offering them moral support. Hence, they felt left out.

“Colleagues that have been here seem to derive pleasure from that frustration and it would be a laughing matter. I do not want to lie, I did not feel happy to be in the college. You feel left out as a lecturer”. (P2)

“Sometimes you would see a person keeping a distance from you if you raised a concern in the meetings”. (P7).

Van Vuuren (2016:122) explains rejection as avoidance of people that one detests or finds unacceptable, and one can even end up expelling or abandoning them. Muller and Bester (2018:300) believe mutual cooperation and support rather than alienation between colleagues is crucial to promote the teamwork that is needed to achieve positive transformation outcomes.

d) Category 1.2.4: Self-confidence

Self-confidence entails being sure of the facts and implications of transformation processes in nursing education and training. This allows nurse educators to implement the new programme effectively. Some participants indicated that they felt frustrated with the way the process was managed, and this had a negative impact on their confidence. They reported no support from colleagues in the college regarding processes and WIL in the new programmes. Participants shared:

“Information on new nursing programme was only given by colleagues as a result I am not well informed. I was frustrated and could not do my best. Some colleagues seemed to derive pleasure from others frustrations”. (P2)

“The WIL aspect also increased the lack of confidence. Not sure of the WIL implementation”. (P1)

Self-confidence involves knowledge and skills that enable informed decision-making among nurse educators on processes to ensure quality outcomes (Mulaudzi, Mokoena & Troskie 2019:107). Booyens (2014:302) asserts that self-confidence, competence, assertiveness and independence are crucial elements for nurse educators to enhance their positive self-regard.

4.4.2 Theme 2: Availability of resources

The theme deals with physical and human resources that were perceived to negatively impact on the quality and standard of the new programme.

Nurses' education and training are aimed at providing competent, safe and knowledgeable nurse professionals; as such, resources are critical (NDoH 2019:7). This theme revolves around physical and human resources and their impact on teaching and learning.

Two subthemes and relevant categories are presented in Table 4.4.

Table 4.4: Theme 2: Availability of resources for new programmes

THEME	SUBTHEME	CATEGORIES
Availability of resources	Physical resources	<ul style="list-style-type: none"> • Inadequate equipment and supplies. • Overcrowded venues. • Inadequate library facilities.
	Human resources	<ul style="list-style-type: none"> • Staffing. • Ageing population and relevant qualification.

4.4.2.1 Subtheme 2.1: Physical resources

In the context of this study, physical resources refer to infrastructure, equipment, consumables and stationary needed to implement the new programme.

Participants believed NEIs, together with the clinical placement areas, have a responsibility to ensure the provision and availability of the needed physical resources for the effective implementation of the new programme. Their failure in this regard could lead to a loss of accreditation status.

In order to strengthen and increase the quality of nurses' education and training, there is a need to address human and financial resource deficiencies (Malakoane, Heunis, Chikobvu, Kigozi & Kruger 2020:1). Three categories emerged from this subtheme, namely: *Inadequate equipment and supplies; overcrowded venues; and inadequate library facilities.*

a) Category 2.1.1: Inadequate equipment and supplies

This category was discussed in terms of equipment and supplies that do not meet the standards set out by accrediting bodies for the new programme (SANC 2022:10). Participants expressed great concern about staffing, a gross lack of teaching aids, inadequate infrastructure, and the lack of internet connectivity that still exists, even after the introduction of the new programme. They believed this undersupply impacts the achievement of new programmes' learning outcomes.

“Challenges of staffing, equipment and infrastructure are still continuing even now with the new programme”. (P6)

“There is gross lack of equipment. Some of the desks and chairs are broken. A very beautiful Compujector is in place but not working, that could benefit students by reinforcing their knowledge of life sciences”. (P9)

The procurement and maintenance of assets, equipment and supplies is a necessity to avoid adverse effects on the implementation of new programmes (NDoH 2005:27 (s10.1)). Moyimane, Matlala and Kekana (2017:1) sustain that a critical shortage of equipment and supplies, low quality and poor maintenance negatively impact nursing education outcomes.

b) Category 2.1.2: Overcrowded venues

Overcrowded venues relate to the high numbers of students accommodated in the teaching venues and allocated to clinical facilities. “All accredited sites for new programmes should have suitable and sufficient venues” (CHE 2004:12).

Participants were concerned about the size of venues in the college and accredited clinical placement facilities compared to the number of students. Ineffective venues seem to compromise the expectations of transformation in nursing education and the standards set by statutory bodies, such as the SANC and CHE.

“We need bigger venues in the college, such as auditorium with state-of-the-art teaching aids that meets the transformation requirements and to avoid breaking students into many groups”. (P9)

“Challenges are also experienced with accommodation of students in the clinical placement facilities as some accredited facilities that were previously used for student placement have been closed or downgraded in terms of space or staffing”. (P8)

Sibisi and Olofinbiyi (2021:222) argue that overcrowding can be a powerful driver of dissatisfaction among students who need to be distributed in equitable ratios to facilitate the achievement of learning outcomes in new programmes. Students can even forge documents more readily in conditions of overcrowding because there is a relative shortage of staff to provide adequate supervision and support. Addressing human and financial needs is also crucial to eradicating student accommodation challenges that can cripple the achievement of transformation objectives in nursing education (Malakoane et al. 2020:1).

c) Category 2.1.3: Inadequate library facilities

NEI are expected to be on par with transformation expectations. Consequently, they require the necessary equipment to leverage digital content, technology and practices. Participants reported a lack of vital resources in the library, which hampers teaching and learning. The health department also does not seem to prioritise the sourcing of current and relevant books, including e-books and adequate internet connectivity for the college-based libraries. This has a negative impact on the achievement of new programmes' learning outcomes.

“Mostly old sources are available on the Library shelves. Lecturers are not having access to enough and current desk copies or e-books. Lecturers use personal data to search for information on the internet”. (P7)

“There is no internet connectivity and we need it in an educational institution to meet the standards set for transformation of nursing education”. (P4)

Nurses' education and training are aimed at providing competent, safe and knowledgeable nurse professionals. Adequate library resources are thus critical to facilitate nurses' competency and the knowledge base needed for transformation (National Policy on Nursing Education and Training 2019:7). The NDoH's strategy also emphasises the need to optimise and institutionalise digital technology in nursing education and practice (NDoH 2020:15).

4.4.2.2 Subtheme 2.2: Human resources

Human resources relate to management, nurse educators and the administrative support staff in the college. Human resource management reflects the institution's engagement in decision-making regarding staff recruitment, selection and retention that is crucial for the achievement of transformation objectives (Rispel et al. 2018:13). This subtheme presented two categories, namely *staffing*, and *ageing population and required qualifications*.

a) Category 2.2.1: Staffing

"The staff-student ratio and staff complement in new programmes should be adequate so as not to compromise the quality of teaching and learning" (SANC 2022:10). Participants reported that the new programme was implemented without considering the number of nurse educators available against the requirements of the new programme, such as theoretical exposure and WIL outcomes that vary. Nurse educators were also concerned about other staffing challenges that negatively impact the colleges, such as a lack of drivers, nurse educators, preceptors and clinical facilitators.

"This wonderful program has one problem in the Free State which is the lack of human resources especially lecturers who need to teach the students". (P9)

"We also have fewer drivers with a lot of students that need to be transported to the clinical facilities". (P3)

“The clinical facilities are short staffed with no clinical facilitators and don’t have time to come to the integrated clinical placement meetings between the college and clinical facilities”. (P4)

Staff shortages in NEIs and facilities affect class teaching and students’ clinical accompaniment. Therefore, it affects the acquisition of high levels of knowledge and competence among students, which is the objective of nursing education transformation (NDoH 2020:8). Literature also recognises staff shortages in South Africa in terms of the numbers of nurses and relative skill imbalances (NDoH 2020:16).

b) Category 2.2.2: Ageing population and relevant qualifications

Nurse educators should have relevant academic qualifications, at least on the same level or higher than the exit level of the programme being taught (CHE 2004:10). Participants raised concerns regarding the ageing population with appropriate qualifications who leave the college through retirement or resignations. Some leave due to adverse attitudes towards or a failure to meet the HEQSF prescripts for higher qualifications.

“People with relevant qualifications, knowledge and expertise needed in the transformation retire or resign or even young ones leave the college for clinical facilities”. (P6)

“Ageing lecturers who are about to retire are concentrated in the college and are reluctant to develop themselves to acquire relevant qualifications in line with the HEQSF, leaving a wrong legacy and negative impact on college performance standards”. (P10)

According to DENOSA’s article “Ageing nurses: A crisis in the horizon”, released by Schutz (2021), almost half of all nurses will retire in the next 15 years. This should be seen as a ticking time bomb if not managed on time.

In addition, Middleton et al. (2019:5) highlight that ageing also comes with emotional changes that encompass feelings of worthlessness among nurse educators due to a loss of status within their working and professional lives. Hence, some nurse educators are reluctant to study further.

4.4.3 Theme 3: Organisational factors

The theme relates to the factors in an organisation that can have a negative impact on the individual's or group's motivation and morale, thereby affecting employees' performance with resultant adverse transformation outcomes (Booyens 2014:312). The following subthemes, as contained in Table 4.5, emerged from this theme: *work distribution, remuneration, capacity building and change management*.

Table 4.5: Theme 3: Organisational factors

THEME	SUBTHEME	CATEGORIES
Organisational factors	Work distribution	<ul style="list-style-type: none"> • Role allocation. • Increased work pressure.
	Remuneration	<ul style="list-style-type: none"> • Occupation-Specific Dispensation benefits. • Impact on staff morale.
	Capacity building	<ul style="list-style-type: none"> • Need for re-skilling and up-skilling. • Enabling environment.
	Change management	<ul style="list-style-type: none"> • Cadre professionalism. • Supervision of subcommittees.

4.4.3.1 Subtheme 3.1: Work distribution

Work distribution relates to a delegation of tasks or activities that is important as it can determine the quality of work being done by nurse educators to facilitate positive transformation outcomes.

Work should be clarified and divided in an orderly, logical and fair manner to balance activities that enhance efficiency (Muller & Bester 2018:201). Two categories emerged from this subtheme, namely *role allocation*, and *increased work pressure*.

a) Category 3.1.1: Role allocation

This category focused on how tasks were allocated during the planning and implementation of new programmes to transform education. Nurse educators were assigned tasks in the new programme, such as facilitating and assessing class teaching, demonstrations and practical feedback, and setting of tests and examinations, while still having to continue with the old programme activities.

Participants reported the situation was impacted by the staffing challenges they experienced. Nurse educators were concerned that allocated tasks were complex, and they felt overwhelmed. Hence, the following statements were shared:

“The complexity is based on having to do double of both such as tests for the two programmes that puts more pressure”. (P1)

“I have been involved with theory of another subject and practical of another, making it more complex”. (P3)

“I was allocated in the new programme while still having to support the repeating students in the old programme. It was not easy. With the R171, WIL was quite tricky”. (P8)

Role allocation involves a transfer of authority, and it should be done considering the nurse educators' abilities and competencies to avoid compromised transformation outcomes (Booyens 2014:473; Muller & Bester 2018:205). Krynke, Mielczarek and Vaško (2019:545) also reiterate that nurse educators' role allocation is an important optimisation tool. It entails delegating nurse educators to individual positions (tasks) in such a way that the cost of task completion is minimal and the total efficiency of everyone involved is maximal, aimed towards the achievement of transformation goals.

b) Category 3.1.2: Increased work pressure

Increased work pressure emanates from the phasing in of the new programme while the legacy programmes are still being phased out. Participants lamented the increased workload that arose from staff shortages, with an additional delay in filling vacant posts in the college. This led to additional work and significant administrative tasks, resulting in less-than-desirable work that compromised the quality of the new programme:

“Some lecturers are responsible for two modules from different programmes in the same semester having to do double of everything” (P5)

“There is a lot of administrative work for lecturers according to the way the programme is packaged. So, it did not allow one to plan some of the things, you are in class today tomorrow you are doing practical, it was hectic in that manner”. (P4)

“Lecturers will just see students through the tests, exams. As well as do the cut and paste that affects programme output negatively”. (P2)

Nebolisa, Anthony and Nwaoburu (2021:24) propose that good staff management is imperative in achieving transformation goals. Exposing staff to work demands with many expectations from different programmes that cannot be fulfilled can lead to burnout and non-achievement of transformation goals (Booyens 2014:484).

4.4.3.2 Subtheme 3.2: Remuneration

Remuneration relates to any payment or benefits in cash or kind made to employees (NDoH 2016: 23, s16). The current OSD package is still under scrutiny as it has not been effectively implemented, even in the transformation era. This subtheme presented the following two categories: *OSD benefits* and *impact on staff morale*.

a) Category 3.2.1: Occupation-Specific Dispensation benefits

OSD is a form of remuneration structure tailor-made for certain occupations classified as specialities. Participants alluded that transformation in nursing education and training introduced new HEQSF-aligned nursing programmes, with prescripts from statutory bodies, without considering a review of their salary structure. Nurse educators were concerned that a review of their remuneration packages was not progressing while nursing education was transforming, with expectations for higher qualifications.

An ageing category of nurse educators is also concentrated in colleges as young ones leave for better opportunities in clinical facilities without drawing applicants, due to poor benefits.

“Progression of nurse educators to higher levels within the already challenged Occupation-Specific Dispensation (OSD) implementation is a serious threat. Young lecturers tend to move back to Clinical areas based on the benefits such as promotion to higher posts, overtime, Occupation-Specific Dispensation benefits”. (P2)

“As the older lecturers retire we are left with vacancies that do not draw applicants due to benefits here in nursing education. Managers posts are mostly available in clinical facilities compared to the nursing college where opportunities are limited”. (P6)

The NDoH (2007:2) states that nurse educators, as public servants, are entitled to job grading after 10 years in service, which apparently is not implemented promptly according to prescripts. Nurse educators should be remunerated accordingly for the work allocated to and completed within expectations to avoid dissatisfaction (Erasmus-Kritzinger et al. 2018:343).

b) Category 3.2.2: Impact on staff morale

Morale entails caring values being directed towards employees by management, with the aim of increasing productivity, confidence, courage and discipline. Participants shared their dissatisfaction and demotivation over the transformation expectations. They reported up-skilling and workloads with no incentives or pay progressions being implemented, which ultimately made them feel inadequate and negative towards transformation.

“It caused a lot of dissatisfaction to be expected to continue rendering service with no consideration of the upgrade on benefits with the new dispensation”. (P2)

“I am demotivated due to the increased workload that did not come with improvement of OSD incentives nor rewards”. (P10)

“At the end we started to feel negative and inadequate as our efforts seemed not appreciated even with introduction of new programmes”. (P7)

Booyens (2014:151) believes that employees with low morale tend to be timid, rebellious, unruly and display indifferent attitudes towards their work. Hence, the need to implement OSD to make nursing education attractive in the public service. The negativity to transformation that participants reported can be avoided, and retention can be facilitated (NDoH 2012:58).

4.4.3.3 Subtheme 3.3: Capacity building

Transformation in nursing programmes creates a need to capacitate nurse educators to achieve the quality standards set out by statutory bodies, such as SANC. Participants acknowledged that continuous nurse educator capacitation is important to enhance the nurse educators' performance and achievement of quality standards in nursing education. “Capacity building interventions are successful in improving individual and organisational capacity” (Onwejeke, Mbaachu, Etiaba, Ezumah, Ezenwaka, Arize, Okeke, Nwamkwor & Uzochukwu 2020:12).

Two categories emerged from this subtheme, namely the *need for re-skilling and up-skilling*, and *an enabling environment*.

a) Category 3.3.1: Need for re-skilling and up-skilling

Participants were aware of the requirement for re-skilling and up-skilling as stipulated by the HEQSF for nursing education transformation. Nurse educators acknowledged the need for professional development to remove performance deficiencies, enhance productivity, and meet the programme's quality standards. Hence, participants expressed their willingness to respond to nominations for skills development initiatives, such as short courses, according to departmental directives to facilitate positive outcomes. However, they were concerned about the pace.

“Capacitation is done on the go, done only when allocated to the programme”.
(P3).

“There is a need for skills development, for training and retraining of all categories of personnel in the nursing college with the work that they do to keep abreast as per Departmental directives and statutory prescripts as this is a challenge”. (P2)

Professional development through credit accumulation was one of the endeavours of the NDoH, and the SANC introduced CPD to ensure nurse educators' competency is increased (SANC 2021:10 (S6)). Development interventions for nurse educators during the transformation process can enhance knowledge, skill, self-efficacy (including confidence), behavioural change and increase capacity in nursing colleges (DeCorby-Watson, Mensah, Bergeron, Abdi, Rempel & Manson 2018:1).

b) Category 3.3.2: Enabling environment

Participants acknowledge that transformation in nursing education calls for a supportive and enabling environment where the employer plays a major role in nurse educators' empowerment. Nurse educators highlighted that support in terms of

funding initiatives, such as bursaries and study leave opportunities, are crucial to close gaps and achieve quality in programmes as a transformation goal. There were varying opinions on the matter as some participants felt support was provided by the department and partners, while others disagreed and felt they were victims of the age above 50 years, as set out in the criteria for granting bursaries.

“NEPI supported the development of programmes with and bursaries were provided by FSDoH including time off for some course. Scholarships were also provided by NEPI to some lecturers such as Masters degrees and I was fortunate to be one of the few nominated”. (P5)

“I am basically referring to financial support by the department. The department did motivate people to go and study, but on the other hand are also afraid to release more in case the service delivery can be strained due to short staffing, some lecturers had to step back due to age as a criterion for bursary approval. I am also a culprit to that one”. (P6)

The Free State Annual Performance Plan (2021/22: 140) vocalises the need for nurse educator development to achieve effective nursing education transformation. Hence, there is a need to prioritise funding for nurse educators’ studies, so they may acquire the required competencies through up-skilling.

Therefore, the importance of managing competency in pursuit of support and creating an enabling environment in a changing nursing education arena cannot be overlooked based on the link to productivity and performance (NDoH 2013:60).

4.4.3.4 Subtheme 3.4: Change management

This theme dealt with management’s expectations, knowledge and skills in facilitating effective leadership and management roles, such as leading by example. It is necessary to ensure that ethics are upheld, and staff feels motivated and has a sense of belonging. Nurse educators’ competencies overlap with those of nurse managers; hence, there is a need to constantly sharpen nurse educators’ knowledge and skill-

base at all levels (SANC 2014:2). Two categories emerged from this subtheme, namely *cadre professionalism*, and *supervision of subcommittees*.

a) Category 3.4.1: Cadre professionalism

The transformation of nursing education highlighted the need to reemphasise ethical and professional behaviour throughout all levels of training programmes. Participants were concerned about the poor discipline that is still observed in the new nursing programme, even with the ethics module being introduced at the start of the programmes.

Management's lack of support in disciplining students and nurse educators who also engage in unprofessional activities results in a loss of trust in the community. It was viewed as a contributory factor by participants.

"No support from management regarding discipline of students. Some nurse educators perform unprofessional acts, so it is not everyone, but there are some". (P2)

"As nurses we have lost value or credibility and trust in the eyes of the community we serve, I expect professionalism". (P10)

Professional behaviour must be upheld, as outlined by the relevant body for professionals. Paton, Bell and van der Merwe (2020:30) explain ethics as morality, what is considered wrong (good or bad) and why.

College managers and nurse educators ought to live, treat others, make decisions, run or manage their lives and nursing colleges beyond the demands of laws and regulations. Moreover, the expectations of nursing education and nurses' training during transformation calls for a review of moral values (National School of Government (NSG) 2016:11).

b) Category 3.4.2: Supervision of subcommittees

In this study, supervision relates to management overseeing the nurse educators and staff appointed to committees, such as selection committees. Participants reported there was a lack of supervisory capabilities among management over key processes, and this was viewed as a barrier to effective transformation. They believed a lack of supervision for nurse educators in the selection process compromised the quality standards regulatory bodies set for new programmes. The students' performance in these programmes is also linked to stipulated entry requirements for selection.

“Lack of supervisory skills in senior personnel over activities of the appointed subcommittees such as the recruitment and selection committee, lead to dissatisfaction from subordinates due to poor performance that impacts on quality education that is crucial for effective transformation”. (P6)

“Proper supervision is crucial in the recruitment and selection of staff and students, and people should be held accountable”. (P2)

Halpern and Mckimm (2009:226) highlight that supervision supports professional learning and development. It also relates to monitoring and improving performance as part of effective clinical governance and standard-setting for nursing education transformation. The nursing and education strategy also called for competent nurse educators and managers to enhance the quality and standard of nursing education during transformation processes (NDoH 2020:19).

4.4.4 Theme 4: New nursing programme

The theme relates to the new nursing programme, implemented according to the CHE in consultation with the SANC as a statutory body. A new programme refers to one that has not existed before or has been significantly changed (CHE 2004:23). Four subthemes emerged from this theme. Table 4.6 presents the subthemes with relevant categories according to the data.

Table 4.6: Theme 4: New nursing programme

THEME	SUBTHEME	CATEGORIES
New nursing programme	Programme design	<ul style="list-style-type: none"> • Programme content. • Programme alignment.
	Recruitment and selection	<ul style="list-style-type: none"> • Selection process. • Proficiency of recruits in new programmes. • Commitment of students.
	Clinical placement	<ul style="list-style-type: none"> • Readiness of facilities. • Collaborative efforts. • Interpersonal relations. • Student support.

4.4.4.1 Subtheme 4.1: Programme design

Programme design relates to the programme’s mission and planning, the needs of stakeholders, intellectual credibility, coherence, articulation, characteristics and needs of the profession, and learning material development for the new programmes (CHE 2004:6). The approach was aimed at ensuring that set standards are met based on the quality of the programme, and students are trained for effective transformation in nursing education. Two categories emerged under this subtheme, namely *programme content*, and *programme alignment*.

a) Category 4.1.1: Programme content

Programme content refers to modules within the curriculum of the new programme. Participants presented varied opinions on the quality of the programme. Some indicated the programme is packed and has some gaps, such as mental health content which is crucial for a burdened society. Others believed it is a good programme and allows students to take on greater responsibility.

“The content is packed and it is a lot of work as there is a lot of content to deliver to students, and the periods allocated seem to be fewer and the clinical

exposure was structured in such a way that they do not get a grip of integrating theory to practical". (P4)

"The new programmes have given the product more responsibility. I think it is a programme that will produce a well-groomed nurse as generalists in patient care approach" (P2).

Programmes' content quality entails attributes of excellence in intended outcomes (Muller & Bester 2016: 426). It refers to a certain level, type, nature and scope of learning content to be delivered to nursing students (Booyens 2014:412). According to the literature, in transforming nursing education the objectives should be aligned with the achievement of excellence for positive health outcomes in the country.

b) Category 4.1.2: Programme alignment

Programme alignment refers to the programme being designed to address national priorities and the disease burden in the country in which it is offered. Participants presented concerns about the alignment of the programme, as it seemed crucial information was omitted in relation to burdens of disease, such as mental health and some basic programmes linked to maternal health that are primary healthcare (PHC) oriented in nature.

"There is nothing that speaks to Psychiatry and currently mental illness is a huge problem in our country that warrants students from new PHC oriented programmes to can handle in communities". (P1)

"The cadre will not have Midwifery at the end of the programme and it might take time for them to do the course that can result in the shortage of Midwives. Even in the antenatal wards if you do not have Midwifery you cannot work as a Midwife" (P8).

Hussein (2007:4) believes a new programme is a project; hence, it should be technically, environmentally, and socially appropriate, with content aligned to best current practice, based on an understanding of the social context and the needs of

clients. Booyens (2014: 412) also concurs that in transforming nursing education, new programmes should be aligned with national priorities and common morbidities to ensure the achievement of positive health outcomes in the country.

4.4.4.2 Subtheme 4.2: Recruitment and selection

Recruitment and selection processes entail the activities the college implements to identify potential candidates from a group of applicants received as part of the process (Free State School of Nursing (FSSON) policy 2022:4). The new programmes are currently pegged at higher NQF levels. For instance, the higher certificate was rated at NQF3, but is currently rated at NQF5. Subsequently, the access criteria stipulate the National Senior Certificate (NSC) with English, Mathematics/ Mathematics and Life Sciences at level 4 as prerequisites. Previously this was not the case.

a) Category 4.2.1: Selection process

The selection process is a procedure the nursing college follows to get prospective candidates into new nursing programmes according to higher education stipulations. However, participants perceived the process as flawed, based on some procedural activities not being performed. Breaches in criteria were also reported, such as getting some candidates into the programme while they did not meet the entry requirements. The credibility of the criteria was therefore questioned as it would seem ineligible candidates who sometimes lack passion are selected into the profession, defeating the purpose of transformation to ensure quality education and meet the needs of the profession.

*“It stems from the selection. Something is wrong where we select people that are not passionate about the profession forgetting that nursing is a calling”
(P10)*

“I ask myself about the selection criteria whether it was properly structured according to the guidelines of Higher education”. (P6)

“There are flaws in the selection process. Tests failed by students make you wonder whether students were properly selected as per the access criteria”.
(P2)

The selection process involves obtaining applications from potential candidates and appointing them for a specific position or development opportunity, such as new nursing programmes (Muller & Bester 2018:473). Kapur (2020:2) suggests “proper selection processes should be followed with candidates for nurse training and education opportunities, with a focus on the desired qualifications, baseline skills and abilities to enhance the quality standards in education”.

b) Category 4.2.2: Proficiency of recruits in new programmes

The proficiency of student recruits in new programmes involves a level of understanding of students being accepted. Participants shared positive views on the current cadre, stating that they seem to perform better than the ones selected for the legacy programmes as the access criteria were reviewed by regulating bodies.

“The current group, I think the standard is a little bit higher because of the way they answer questions and express themselves. They understand much better than the previous groups of R425”. (P2)

“Intellectually the current groups rate higher especially with English. With the previous groups one would even wonder whether the student has passed matric. That’s how bad it would be”. (P1)

Mkhize (2018:11) highlights the need for education institutions’ management, such as the colleges, to employ policies or strategies that will help recruit and select the best students for nursing programmes to work towards the realisation of transformation objectives. The calibre of students is also dependent on committed nurse educators who are willing to embrace a caring, protective, supportive, technically competent, knowledgeable and legally and ethically based approach, using transformative training processes (Human & Mogotlane 2020:179).

c) Category 4.2.3: Commitment of students

Commitment involves intellectual and emotional decisions made by students to join nursing and abide by regulations. The belief is that such a choice will benefit the self, the community, and the profession at large, based on a prevailing interest in the profession. New programmes come with expectations of greater responsibility from students as the programme is community-oriented and warrants critical thinking and effective problem-solving skills. However, most participants reported some undesirable attitudes are depicted by students who are not responsible, not dedicated and absent themselves from duty, with a potentially negative impact on their performance. However, one reported that not all students depict such behaviours.

“Students are not being responsible with their studies and may not succeed”.
(P6)

“I did have the opportunity of helping with the practical of the very program, so I saw that the students are very vibrant and very prepared for their practical procedures”. (P2)

“The last group it was as if students are not dedicated. Several times you find students not on duty”. (P7)

Mulaudzi et al. (2019:128) posit that commitment entails complex and affective responses, characterised by an individual’s convergence between desires and obligations, making a deliberate choice to act according to them. In addition, Muda and Fook (2020:2) believe that developing students’ commitment is a natural process that reflects their desire to be part of the professional group. Colleges that do not take advantage of this response will encourage alienation, which is bad for the transformation process.

4.4.4.3 Subtheme 4.3: Clinical placement

Clinical placement entails allocating students to facilities, such as hospitals and clinics, for practical exposure. Stipulations for curriculum accreditation require upgraded and

adequate staffing and infrastructure for quality nurse education (CHE 2004:10). Students' exposure to the facilities is necessary to ensure that what is taught in class is translated to action in the real-life environment. Their exposure also enhances competency and confidence (NDoH 2020:29). Four categories emerged from this subtheme, namely *readiness of facilities, collaborative efforts, interpersonal relations, and student support*.

a) Category 4.3.1: Readiness of facilities

The facilities' readiness relates to their preparations for new programmes, including knowledge of programme outcomes. Participants reported that facilities were not ready and clinical staff lacked knowledge of students' learning outcomes in the new programmes. Consequently, they did not have the required capacity for clinical supervision. Some staff was unaware of the new R171 programme and what it entailed.

"They are not ready because when you go there they would still ask a lot of things that they don't know. They've got no clue of what is expected of them". (P5)

"They are not ready for the changes that have been implemented. Some didn't even have a clue about this new program of R171 and what is going on". (P6)

Nurses' education and training are aimed at providing competent, safe and knowledgeable nurse professionals, and adequate resources are thus critical (NDoH 2019:7). Therefore, readiness is a non-negotiable element of facilities, meaning that facilities must have the necessary resources, supplies and equipment to facilitate the achievement of transformation goals in nursing education and training (Muller & Bester 2018:417).

b) Category 4.3.2: Collaborative efforts

Collaborative efforts entail a working relationship between NEIs and clinical placement facilities regarding nurses' education and training. Participants reported that facilities

as partners are not responsive to service-level agreements as they do not attend planned meetings due to staff shortages.

NEIs also do not consult with facilities regarding students to be placed. Hence, there is a danger of them being unable to provide the necessary environment for clinical learning.

“Continuous meetings need to happen between the nursing education institutions and the health facilities to clarify outcomes of new programmes. But facility staff do not attend due to short staffing reported”. (P5)

“The NEIs do not collaborate or consult with the clinical area where the cadre is going to work, or provide outcomes for better understanding and supervision of students”. (P3)

Collaboration entails joint effort by the college and the clinical facilities to promote students' intellectual achievements (Direko & Dhavana-Maselesele 2017:2). Muller and Bester (2018:97) suggest that the relationship that exists within this collaboration should be grounded on mutual respect, recognition and acceptance of uniqueness in expertise and power. Collaboration could facilitate a competent and knowledgeable cadre output from nursing programmes as an objective of transformation.

c) Category 4.3.3: Interpersonal relations

Interpersonal relations relate to the positive and mutual relationship between the staff in the facilities, students, and nurse educators aimed at supporting and preparing the students for future roles and quality nursing programme outcomes. Participants voiced some concerns about the relationships between the college and clinical facilities' staff. This was demonstrated by the clinical staff's negative attitudes towards students, resulting in conflict and a lack of respect from students.

“In the clinical areas, there is negativity to our students because they will be in the tearoom the whole day. So, we experience conflicts with staff members not wanting to be nice to our student”. (P7)

“Lack of respect from students cause a problem to clinical staff who ultimately present with negative attitude to students. I think it is about the attitude of our students. I think some of them just need a qualification to work. Though, some are really dedicated and want to become a nurse”. (P10)

Multiple studies have shown that therapeutic relationships between professional nurses and students exist during interpersonal relations. The therapeutic relationship is enhanced using questioning, a careful analysis of the individual’s words, and verbal exchanges (Washington 2013:25). Opić (2016:12) also determined any quality interpersonal relationship between the facilitator/accompanist and the student should be based on precept and example principles. Role modelling in terms of behaviour, learning, gestures, and relations with other people is crucial when grooming students into ideal professionals during their training.

d) Category 4.3.4: Student support

The new programme recognises the need to review processes related to student support; this involves guiding students. Support is offered through supervision by staff in the facilities and accompaniment by nurse educators, aimed at facilitating students’ achievement of their learning outcomes.

Participants lamented the lack of support for students based on the nursing staff shortages experienced in the colleges and clinical facilities. The challenge was compounded by a lack of drivers and preceptors who could assist in closing the gap.

“Students are not attended to by the Professional nurses for support with their learning outcomes and they even dodge as they are not even noticed”. (P1)

“They do not have the necessary support because you know the challenge we are having in the facilities of not having the staff. At the moment we are lecturers and also preceptors to enhance student support”. (P6)

“The clinical accompaniment is not feasible due to shortage of drivers”. (P4)

Shaheen, Mahmood and Shah (2020:222) state that student support embraces all activities that facilitates students' knowledge, such as orientation, discipline, survival and counselling needs. These must be met to ensure a quality education for the students.

The department acknowledges staff shortages in the clinical areas, and the shortage of nurse educators in NEIs leads to insufficient student support. Hence, the development and implementation of guidelines aimed at improving students' clinical learning are crucial for effective transformation (NDoH 2020:8).

4.5 SUMMARY

In this chapter, the researcher analysed and presented a detailed discussion of the study's findings in relation to nurse educators' experiences regarding transformation in education and training in the Free State province. The next chapter deals with an interpretation and discussion of the study's findings, limitations, recommendations and conclusion.

CHAPTER 5

INTERPRETATION AND DISCUSSION OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

This chapter presents the interpretation and discussion of the findings that emerged from data in Chapter 4. It briefly describes the design and approaches this study adopted, followed by a discussion of the findings according to the themes. Subsequent sections describe the recommendations and limitations of the study, followed by a conclusion regarding the transformation in nursing education and training in the Free State province.

5.2 RESEARCH DESIGN AND METHOD

The researcher used an explorative, descriptive and interpretive qualitative design to identify and explore nurse educators' experiences regarding transformation in nursing education and training in the Free State province. The design was used to answer the research questions and outlined the method employed for data analysis to enhance the integrity of the study (Polit & Beck 2017:743). The plan also helped the researcher respond to the study's objectives.

Exploratory: The researcher considered the exploratory design to be relevant as it facilitated the exploration of nurse educators' experiences of transformation in nursing education and training in the Free State province (Du Plooy-Cilliers et al. 2021:14).

Descriptive: The researcher viewed the design as appropriate because the aim was to describe transformation in nursing education and training as experienced by nurse educators. The researcher asked the following question: "How do you experience transformation in nursing education and training in the Free State province?"

Interpretive: The researcher sought to gain a deeper understanding and interpret the nurse educators' experiences, as verbalised by participants (Polit & Beck 2017:731).

The researcher used a qualitative approach for this study. The main objective was to explore and describe transformation in nursing education in the Free State based on a verbal presentation of nurse educators' views, their context and perspectives (Busetto et al. 2020:1).

The design and approach were appropriate for this study because they facilitated a description of the transformation process from the participants' perspectives. The researcher was also able to analyse participants' words, find meaning in them, and provide an interpretation for deeper understanding (Grove & Gray 2019:89).

The study's objectives were to:

- Identify nurse educators' perceptions about nursing education's transformation in the Free State province.
- Explore nurse educators' views regarding the management of the transformation process.
- Describe the transformation's implications for nurse educators and nursing programmes.
- Recommend measures to support the implementation of the new programmes.

Chapter 4's presentation of the findings and discussion, supported by literature, made it obvious that some review actions on the implementation of new programmes were crucial. The nurse educators' views and experiences are very important for improving the effectiveness of transformation in nursing education and training.

5.3 DISCUSSION OF THE RESEARCH FINDINGS

The themes generated from the data were used to create a summary for discussion. Recommendations on measures to support implementation were also determined from the findings under each theme.

Four major themes emanated from transcriptions of the audio recordings, as narrated by participants. The themes were as follows:

- **Theme 1:** Transformation processes; investigated to determine how the process was implemented.
- **Theme 2:** Availability of resources; highlighted as crucial for the efficiency of transformation by the regulatory bodies.
- **Theme 3:** Organisational factors that entail management competencies for effective change management.
- **Theme 4:** New nursing programme that was introduced to improve the quality and standard of nursing education.

5.3.1 Theme 1: Transformation processes

Nurse educators expressed various views based on their individual experiences of how the transformation process was managed and implemented in the Free State. Some participants shared positive experiences, while it was not true for others. Valuable information emerged from the data regarding how the transformation process was implemented, which could impact the quality of expected standards.

5.3.1.1 Subtheme 1.1: Transparency

It was evident from the data that the management of the college under study was not transparent regarding the expectations and implications of the transformation process for nursing education. Nurse educators expressed communication challenges with management on the process and orientation that were limited to some nurse educators and excluded others. Hence, the perception that their inputs were not seen as important by management, with a resultant lack of ownership.

Participants reported that they knew little or nothing about the new nursing programmes as they were not involved in nor informed on the processes. Therefore, they could not own the process as orientation was not clear.

Transparency is an important tool that should be used by management to foster good interpersonal relations and enhance nurse educators' understanding of processes in the college. Kaplan (2018:1) explains transparency as an uninhibited flow of information that is open to scrutiny by nurse educators. It is crucial for communicating on processes and facilitating buy-in in the college to achieve transformation goals. Involvement and communication are important tools to enhance ownership of processes.

Muller and Bester (2018:184) posit that ownership could have been facilitated by involving and communicating with nurse educators as a collective throughout the entire process, instead of leaving some out. It was crucial for nurse educators to be taken along from the beginning as they are the implementers of the new programmes.

Continuous updates and orientation for all nurse educators in the college regarding the new programmes were also necessary to make them receptive and supportive of the process, based on a clear understanding of expectations. Nurse educators who are informed can act adequately in mitigating any loopholes or challenges based on their understanding of where everybody is headed with transformation in nursing education. Hence, nurse educators needed to be updated on a continuous basis.

5.3.1.2 Subtheme 1.2: Emotional responses

The discussion of transformation seemed to evoke strong emotional reactions among educators; they expressed uncertainty, anger, frustration and powerlessness to influence the transformation process. Some nurse educators demonstrated despondency combined with anxiety, leading to a sense of hopelessness. They felt inadequately prepared to participate fully in implementing new programmes.

Several factors appeared to influence this reaction, including a lack of resources and high expectations related to the new dispensation and level in the NQF and CHE regarding the upgrading of nurse educators' qualifications (Wisse & Sleebos 2016:1). Emotional reactions and attitudes also arose due to change that was poorly managed (Jusilla et al. 2015:132). One could sense despair among some educators; meanwhile, others seemed to simply follow the stream by giving up on trying to understand what

was required of them. A small number had hope and felt confident to accept the challenges. These were mostly individuals who embraced change as a form of learning and uplifting the quality and standard of nursing education (Yotsidi et al. 2018:385). Ultimately, most nurse educators remained committed to the transformation despite their emotional reactions (van Vuuren 2016:164).

5.3.2 Theme 2: Availability of resource

Resource constraints have been a challenge in health facilities in South Africa that has been observed to progress even into the transformation era. Nurse educators expressed concerns about resources that are still inadequate even with the implementation of new programmes. Physical and human resources were highlighted as a challenge in both campuses of the college under study, and grossly affected the quality of nurses' training and education, though it is aimed at providing competent, safe and knowledgeable nurse professionals (NDoH 2019:7).

5.3.2.1 Subtheme 2.1: Physical resources

Transformation in nursing education was identified as crucial to improve the quality of nursing education. However, inadequate or unavailable physical resources have been longstanding challenges in public nursing colleges, even with the legacy qualifications. Hence, the provincial Department of Health was expected to enter into memoranda of agreement with colleges before implementing new programmes, to leverage funding in support of upgrades. The intention was to provide sufficient resources for the colleges to ensure quality education for students and sustain the new programme (SANC 2022:10).

Nurse educators expressed varied views on the lack of resources, such as inadequate equipment and supplies, overcrowding in venues, and inadequate library facilities. These compromised the quality of students' education and training throughout the new programme. Therefore, transformation's objective to produce a cadre fit for purpose in line with the current technological developments in patient care seems to be a dream that cannot be realised with the lack of physical resources in the college. Participants emphasised that the provision and availability of necessary physical

resources are crucial for the effective implementation of new programmes; failure of which can lead to a loss of accreditation status.

Nurse educators are expected to create ideal classroom environments that enable learners to be creators of knowledge; however, they felt this was 'wishful thinking'. They did not see how they could be expected to translate new curriculum outcomes when faced with overcrowded classrooms, dysfunctional equipment, and a lack of consumables to facilitate teaching. Nurse educators also viewed the challenge as a risk to quality because they are expected to improvise at the expense of teaching and learning. Outcomes are thus compromised as students are unable to comprehend or integrate knowledge effectively.

Mutekwe (2020:9) supports that the provision of physical and financial resources is crucial to the effective implementation of new programmes in nursing colleges. Malakoane et al. (2020:1) also resonate that strengthening the quality of nurses' education and training requires that human and financial deficiencies be addressed by the NDoH.

5.3.3.2 Subtheme 2.2: Human resources

Human resource challenges in the nursing college are a disturbing issue that threatens the future of nursing education and training. Nurse educators expressed sentiments about the lack of drivers, educators and clinical facilitators to render the quality service required with the implementation of new programmes.

They perceive the tendency to delay filling vacant nurse educator posts in public sector colleges as red tape, dampening the spirit of nurse educators as the delay hampers the achievement of set objectives. It serves as a push factor that leads to resignations among nurse educators.

An ageing cadre of nurse educators also aggravates the situation, with needed qualifications leaving the college through retirement. Moreover, younger colleagues are resigning due to the HEQSF prescripts for higher qualifications (CHE 2004:10). Rispel et al. (2018:13) highlight that staff recruitment, selection and retention is crucial

for the achievement of transformation objectives. The SANC (2022:10) also echoes that the staff-student ratio and staff complement in new programmes should be adequate to avoid compromising the quality of teaching and learning.

However, the study discerned that in the college, the new programme was implemented without considering the staff component, such as the age category and the number of nurse educators available against the new programme's requirements. They stated theoretical exposure and WIL outcomes vary, including drivers to transport students to facilities and clinical facilitators to accompany students.

5.3.3 Theme 3: Organisational factors

Various factors in the college, such as work distribution, remuneration, capacity building and change management, had a negative impact on nurse educators' motivation and morale. It affected their performance levels, with resultant negative outcomes on the quality of new programmes (Booyens 2014:312).

Nurse educators expressed how the aforementioned factors affected them as individuals as they were overloaded with work, and OSD benefits were not reviewed to match the workload. They also mentioned capacitation is implemented with restrictions such as age considerations, and management was deemed unsupportive. They experienced a loss of a sense of belonging, confidence, and felt overwhelmed by the workload; to the extent that the quality of teaching and learning in new programmes was compromised.

5.3.3.1 Subtheme 3.1: Work distribution

Nurse educators in the college under study were overwhelmed with the work from the legacy programme that was running concurrently with the new programme, with resultant burnout. The productivity of nurse educators was minimised based on the work distribution that was not implemented with a consideration of nurse educators' attributes against the number of programmes offered to optimise the quality of new programmes (Krynke et al. 2019:545). Muller and Bester (2018:205) support that work

distribution should be based on nurse educators' tasks, abilities and competencies to avoid compromising the quality of teaching and learning in the new programmes.

Nurse educators expressed that staffing challenges in the college (due to the implementation of new programmes) led to improper work distribution. This affected class teaching and learning negatively, compromising knowledge and students' competence, which is crucial for quality nursing education (NDoH 2020:8).

5.3.3.2 Subtheme 3.2: Remuneration

Remuneration relates to any payment or benefit made to nurse educators for services rendered (NDoH 2016: 23, s16). However, non-compliance to policies in the college led to disgruntlement among nurse educators. Nurse educators in the college were not remunerated according to the OSD policy that stipulates public servants are entitled to job grading after spending 10 years in service (NDoH 2007:2). New programmes were also implemented while OSD benefits were stagnant. This created dissatisfaction among the nurse educators who viewed the process as unfair to nursing education, adversely impacting their morale.

Participants expressed a dire need to review OSD packages to attract additional nurse educators. This should be done by upgrading the nurse education package as one of the speciality courses, and considering additional speciality courses that nurse educators have, such as critical care.

The researcher acknowledges that the current OSD package is still under severe scrutiny as it has not been effectively implemented even into the transformation era (NDoH 2020:24).

5.3.3.3 Subtheme 3.3: Capacity building

Capacity building is an important tool to enhance nurse educators' performance and the teaching and learning of students in new programmes based on transformation standards. Onwejeke et al. (2020:12) claim capacity-building interventions are crucial

to help improve nurse educators' capacity and, subsequently, the quality of the new programmes.

Nurse educators expressed an awareness of the requirement for re-skilling and up-skilling as stipulated by the HEQSF for nursing education's transformation. They also acknowledged the need to respond accordingly. However, nurse educators are concerned about the pace at which this happens.

There is a need to fast-track processes aimed at re-skilling and up-skilling nurse educators by creating an enabling environment in colleges to promote and maintain professional standards of excellence. This can be achieved by nurse educators who are skilled and competent to impart relevant knowledge and skills to students in the new programmes based on learning outcomes (SANC CPD 2019:10).

5.3.3.4 Subtheme 3.4: Change management

Change management relates to management's expectations, knowledge and skills in the facilitation of leadership and management roles to promote the effective implementation of new programmes. Management is responsible for ensuring that change is managed effectively to combat any form of resistance. Moreover, professional ethics must be upheld through precepts and nurse educators should feel motivated and have a sense of belonging during the transformation processes' implementation. Strengthening leadership capabilities is crucial to create and sustain enabling work environments, thus enforcing accountability (NDoH 2020:19).

Nurse educators expressed several views regarding the change management capabilities among college managers, predisposing them to emotional reactions such as fear of the unknown, insecurities, a sense of rejection and lack of trust. They viewed the college management as lacking support and not providing the needed guidance for activities during the transformation process (SANC 2014:2).

Management needs to be mindful in dealing with changes in nursing education, and avoid unwarranted emotional upheavals among nurse educators who may present with resistance that can ultimately affect productivity in the new programmes (Sharma

2019:327). Supporting management with relevant management development programmes will continuously facilitate the sharpening of their knowledge and skills.

5.3.4 Theme 4: New nursing programme

The new nursing programme was implemented according to directives from the CHE and SANC in response to the identified need to improve the quality of nursing education and health priorities to promote positive health outcomes. A new programme refers to one that has not existed before or has been significantly changed (CHE 2004:23). Nurse educators expressed concerns about the programme's design, recruitment and selection process, support for students during clinical placement, and the quality of the cadre as output from the new programmes.

5.3.4.1 Subtheme 4.1: Programme design

Departmental health priorities are central to transforming nursing education; hence, the objectives of nursing programmes need to be aligned with identified health priorities to ensure excellence and facilitate positive health outcomes in the country. The design of nursing education programmes should ensure the achievement of competencies and learning outcomes, as approved by the accrediting body (SANC 2022:13).

Nurse educators expressed varied opinions on the quality of the programme. Some indicated that the programme is packed and can compromise students' grasp of core information, resulting in their inability to internalise a lot of information in a period of three years. Some gaps, such as mental health content, which is crucial for a society burdened with mental illness, were also highlighted. Other nurse educators believed it is a good programme and allows greater responsibility among students because the students are not exposed to comprehensive course contents that are confusing.

Muller and Bester (2018: 427) suggest that attributes of excellence are focal points in ensuring quality designs and outcomes in the new nursing programme. Therefore, the importance of programme design to promote quality outcomes cannot be overlooked.

There is thus a need to continually review the programme for quality improvement and enhancement of standards, as deemed necessary.

5.3.4.2 Subtheme 4.2: Recruitment and selection

The recruitment and selection process involves identifying potential candidates to be recruited and selected into new nursing programmes based on the stipulated entry requirements of accrediting bodies, such as the CHE and SANC (NDoH 2020:3). The selection of prospective students should take place, ensuring that candidates possess the desired qualifications, baseline skills and abilities required to achieve positive outcomes in the new programmes. The quality and personal traits of students selected for nursing programmes influence their prospects as professionals, and also the quality outcomes of the nursing profession.

There were varied perceptions among nurse educators regarding the credibility of the process. Some mentioned flaws in the selection process based on unethical activities among committee members. These included breaching the criteria just to see some candidates in the programme, compromising the credibility of the criteria. However, other nurse educators expressed honest opinions of a lack of knowledge on what transpired during the selection process, as they only receive students to teach after the whole process has been completed by the committees.

Nurse educators viewed the flawed recruitment and selection process as defeating the purpose of transformation, aimed at ensuring quality standards in nursing education and meeting the needs of the profession. SANC (2022:3) states that suitable candidates who meet the set criteria for learning within the NEI should be identified during recruitment for new programmes. Kapur (2020:2) suggests that the right candidates for nurse training and education opportunities should be selected to help the profession achieve its desired goals and objectives.

5.3.4.3 Subtheme 4.3: Clinical placement

Clinical placement focuses on students' allocation to accredited areas by the CHE and SANC, such as hospitals and clinics for practical exposure. The quality of supervision

and support for nursing students during placement enhances their self-confidence to practice independently at the end of the training programmes.

Students' exposure to the facilities is necessary to ensure that what is taught in class is translated to action in a real-life environment, enhancing students' competencies and confidence (NDoH 2020: 29). Therefore, facilities should have the necessary human and material resources, supplies and equipment to facilitate the achievement of transformation goals in nursing education and training (Muller & Bester 2018:417).

Participants expressed negative views about facilities' readiness and knowledge of students' learning outcomes in the new programmes to ensure adequate support is available for students' WIL in new programmes. Nurse educators also expressed that the facilities were not responsive to service-level agreements as the facilities did not attend applicable meetings due to staff shortages, as reported. Hence, there was a perceived lack of proper supervision for students due to insufficient knowledge of learning outcomes by the facilities.

The NDoH (2020:15) recommends that placement facilities should be ready with the necessary resources to enhance collaborative efforts and offer student support to facilitate learning outcomes in new programmes. Readiness is a non-negotiable element of accredited clinical facilities. Shaheen et al. (2020:222) echo that student support embraces all activities that facilitate students' knowledge and competence. Support is vital to ensure students receive quality education under new programmes.

5.3.4.4 Subtheme 4.4: Programme output

Colleges are inundated to respond positively to departmental targets, such as the number of students graduating from a certain nursing programme annually (FSDoH APP 2022:131). However, the output is not only centred around numbers, but also a commitment from nurses who are well-groomed for quality service delivery. Hence, the college is expected to give an account of the number of students taken in and graduating from the programme as a performance deliverable in the province. It includes quarterly reports on students' performance and conduct in the programmes.

Participants expressed varying views regarding some students' conduct and undesirable attitudes as they are not responsible, not dedicated, and absent themselves from duty. This has a potential negative impact on the new programme. However, one nurse educator reported that not all students depict such behaviours.

New programmes were reviewed to enhance ethical and professional conduct among students. Hence, there are expectations that students in the new programme should respond to the quality standards of programmes as individuals, by being committed and making deliberate choices and acting on them to positively impact the image of the profession (Mulaudzi, Daniels & Direko 2012:128). Muda and Fook (2020:2) also concur that developing commitment in students is a natural process that reflects their desire to be part of the nursing fraternity, enhancing the image of the Department of Health.

5.4 RECOMMENDATIONS

Recommendations entail suggestions or proposals on possible courses of action to mitigate gaps identified in the research findings. The researcher drew conclusions based on the challenges identified from the findings' interpretations. Therefore, the researcher recommends that the following be given attention:

5.4.1 Recommendations for nursing education

5.4.1.1 Recommendations relating to change management

- *Involve all stakeholders and enhance communication*

Create a broader consultation platform for nurse educators and nurses in practice to be involved in all stages of the transformation process.

Design various strategies to channel communication throughout all levels.

- *Liaison platforms*

Establish and strengthen liaison platforms with stakeholders, such as integrated clinical placement meetings, to facilitate communication on planned placements for

students, and provide updates on developments and learning outcomes for different nursing programmes.

5.4.1.2 Recommendations relating to the provision of resources

- *Implement human resource policies and prescripts/review of the OSD policy*

Facilitate the provincial department's timeous and effective implementation of human resource policies (such as the OSD policy) and promote institutional leadership through the submission of relevant documents and follow-ups.

Implement grade progression at timeframes stipulated by the OSD policy for qualifying nurse educators to enhance retention strategies.

Facilitate timeous filling of funded vacant posts in compliance with the recruitment and selection policy of the NDoH to avoid a negative impact on the quality of new nursing programmes and prevent burnout among nurse educators.

- *Management development and support*

Implement management development programmes for college managers to enhance the vision for effective change management in nursing education.

Conduct a proper assessment of new programmes' implementation needs by the college management and the provincial office as part of the Memoranda of Agreement signed to ensure quality programmes are developed.

- *Review sessions*

Biannual or annual review sessions/Indaba should be held with all stakeholders to monitor progress and identify loopholes in the implementation of new programmes. This will mitigate risks of poor performance timeously and improve the quality of programme outcomes.

- *Student support programmes*

Enforce student support that involves preceptorship, role modelling, coaching and mentoring, as they are vital elements to promote ethical practice among all health professionals.

5.4.2 Recommendations for strengthening clinical practice

- *Clinical education and training units*

Implement CETUs and preceptorship programmes to promote efficiency in the support available to students during WIL. It is crucial to ensure quality outputs among students as the end product of education and training needed for effective service delivery to the communities.

- *Student supervision*

Facilitate student supervision through clinical facilitation, preceptorship, role modelling, coaching and mentoring in collaboration with the CETU manager.

- *Integrated liaison meetings*

Provide meeting schedules for the integrated clinical placement platform created to discuss student education and training at all accredited facilities with agreed venues on a rotational basis to facilitate attendance.

- *Fast-tracking CETU implementation*

Engage the provincial Department of Health to leverage financial support for needed resources crucial to implementing CETUs.

- *Joint training*

Provide joint training and development for colleges and facilities on matters pertinent to new programmes and relevant to both parties.

5.4.3 Recommendations for further research

The study recommends the following areas for further research based on identified gaps:

- A study to identify effective student support strategies.
- An exploration of the relationship between the new programme outputs and health outcomes.
- Change management studies.

5.5 LIMITATIONS OF THE STUDY

This study revealed some crucial information for consideration in the Free State college of nursing, but this was also a limitation as the study was conducted at only two campuses in the Free State. Responses from nurse educators may differ in settings outside the province.

Hence, the researcher cannot conclude that the findings may be generalised to other NEIs outside the province, as it is not the intention of qualitative studies. However, the results may be transferable to other NEIs with similar contexts.

5.6 CONTRIBUTIONS OF THE STUDY

The study highlighted nurse educators' experiences of transformation in nursing education and training in the Free State province. Nurse educators' perceptions regarding transformation in nursing education in the Free State province and their views on how the process was managed were highlighted, including the implications of the transformation on nurse educators and the nursing programme.

Gaps were identified that could serve as recommendations to inform management and the provincial department of challenges currently experienced in the implementation of the new programmes for mitigation.

This study focused on exploring and describing nurse educators' experiences regarding transformation in nursing education in a Free State province nursing college. One campus is situated in an urban area in Bloemfontein, and the other campus is in the semi-rural area of Welkom. However, the same picture was depicted based on the presentation of nurse educators' experiences from both campuses, except for placement facilities in the semi-rural area. These seemed to have additional constraints such as distance, staffing capacity and the size of clinics to accommodate students.

The study also revealed the effect of transformation on participants' emotions and mental health, as demonstrated by their responses. This was indicative of the need to manage change effectively to facilitate mental wellness among nurse educators throughout the transformation process.

5.7 CONCLUSION

Transformation in nursing education and training needs to be understood within the broader educational transformation processes currently taking place in South Africa. Most nurse educators described challenges regarding communication and a lack of involvement, improper OSD implementation, inadequate resources, inadequate orientation and change management, including compromised quality of the new programme with potentially adverse effects on the future roles of nurse cadres.

It would seem the transformation process increased the complexity and unpredictability of learning situations in nursing colleges. Data showed that the clinical placement facilities for students were also inadequately prepared for the new programmes based on a lack of information on expectations and the support needed from their side. Most participants reported short staffing and a lack of resources as challenges.

The magnitude of change, uncertainty, and anxiety about their future roles seemed to influence participants' emotional reactions. However, some sense of hope was also manifested as they showed an understanding of the need for nursing education and training to be reformed. Still, the processes adopted by management were perceived

to be exclusive. The inadequacy of resources to deliver the new programmes seemed to create anxiety among educators, as specific requirements to make the educational reforms successful were clearly indicated.

The study concludes that in order for any educational transformation to be successful, nurse educators' experiences, beliefs, perceptions and views must be recognised. Their experiences, reasoning processes and judgements of the educational reforms provided valuable insights into the management of change.

REFERENCES

- African National Congress ANC.1994. *A national Health Plan for South Africa*. Johannesburg.
- Anderson, EC, Carleton, RN, Diefenbach M & Han, PKJ. 2019. *The relationship between uncertainty and affect. Hypothesis and Theory article*. Psychology, 12 November 2019. <https://doi.org/10/3389/fpsyg.2019.02504>
- Ankiyeye, TV. 2019. *Administrative Effectiveness in University System: The Trajectory of Students' Involvement in Governance*. Journal of Education Research and Rural Community Development 2019: Volume 1, Issue 1, 73-16. www.jerrcd.org
- Armstrong, S & Rispel, L. 2015. *Social accountability and nursing education in South Africa. Global Health Action Special Issue. Transforming Nursing in South Africa* 8: 5–13.
- Barron, P & Paradath, A. 2017. *Twenty years of the South African Health Review*. WHO 2007; SAHR- 20-year Anniversary Edition. School of Public Health, University of Witwatersrand, Johannesburg.
- Bell, SA, Rominski, S, Bam, V, Donkor, E & Lori, J. 2014. *An Analysis of Nursing Education in Ghana: Priorities for Scaling-up the Nursing Workforce*. National Institute of Health. <https://ncbi.nlm.nih.gov/pmc/articles/PMC3859807/>.
- Benner, P. 2012. *A call for radical transformation*. How far we have come. University of California, San Francisco. School of nursing. Journal of nursing education. Volume 51 No 4 2012. Doi:10.3928/01484834-20120402-01
- Berkowitz, B. 2017. *Transformation in times of change*. American Academy of nursing. Columbia University School of nursing. New York. <http://dx.doi.org/10.1016/j.outlook.2016.12.007>
- Bierman, S. 2019. *Critical Shortage of nursing staff in South Africa with qualified staff down 40%*. Medical Brief. Africa's Medical Media Digest. South Africa. <https://www.medicalbrief.co.za/archives/critical-shoratge-nursing-staff>
- Blaauw, D, Ditlopo, P & Rispel, LC. 2014. *Nursing Reform in South Africa-lessons from policy analysis study*. Global Health Action. Faculty of Health Sciences. University of Witwatersrand. Johannesburg. South Africa. Available on: <http://dx.doi.org/10.3402/gha.v7.26401>.

- Booyens, S. 2014. *Dimensions of health care management*. 3rd Edition. Juta & company. Ltd.
- Brink, H, van der Walt, C & van Rensburg, G. (2018). *Fundamentals of research methodology for Healthcare professionals*. 4th Edition. Cape Town. Juta & Company (Pty) Ltd. Cape Town.
- Bruce, J & Klopper, H. 2017. *Teaching and learning the practice of Nursing*. 6th Edition Pearson. South Africa (Pty) Ltd.
- Burns, N & Grove, SK. 2005. *The practice of Nursing Research. Conduct, Critique and Utilization*. London: Elsevier Saunders Company.
- Busetto L, Wick, W & Gumbinger, C. 2020. *How to use and assess qualitative research methods. Neurological Research and Practice* (2020) 2-14
<https://doi.org/10.1186/s42466-020-00059-z>
- Bvumbwe, T & Mtshali, TN. 2018. *Nursing education challenges and solutions in Sub-Saharan Africa: An integrative review*. BMC Nursing. Article 3.
<https://www.researchgate.net/publication/322841838>
- Bvumbwe, T & Mtshali, TN. 2018. *Transforming nursing education to strengthen health system in Malawi. An exploratory study*. Mzuzu University faculty of health sciences. Malawi. The open nursing journal.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5997875>
- Carbon, CC. 2014. *Understanding human perception by human-made illusions*. Hypothesis and theory article. Front. Hum. Neurosci. 31 July 2014. Sec Sensory Neuroscience. <https://doi.org/10.3389/fnhum.2014.00566>
- Carson-Newman University. 2018. *Changes in Nursing Education Over Time*. Carson-Newman University • 1646 Russell Ave. Jefferson City, TN.
<https://www.cn.edunews/history-nursing-education>
- College Principals and Academic Staff of South Africa (CPASSA). 2020. *Meeting report*. Gauteng; South Africa.
- Council on Higher Education (CHE). 2004. *Criteria for Programme Accreditation*. Higher Education Quality Committee. Pretoria; South Africa.
<http://www.che.ac.za>
- Council on Higher Education (CHE). 2013. *Framework for qualification standards in higher education*. Higher Education Quality Committee. Pretoria; South Africa.
<http://www.che.ac.za>

- Crescentini, A & Mainardi, G. 2014. *Methodological corner qualitative research articles: guidelines, suggestions and needs*. www.emeraldinsight.com/1366-5626.htm
- Creswell W, & Creswell, DJ. 2018. Research design. *Qualitative and Quantitative Mixed methods approach*. 5th Edition. SAGE Publications Inc.
- De Corby- Watson, K, Mensah, G, Bergeron, K, Abdi, S, Rempel, B & Manson, H. 2018. *Effectiveness of capacity building interventions relevant to public health practice: A systematic review*. BMC Public Health. <https://doi.org/10.1186/s12889-018-5591-6>
- Deng, FF. 2013. *Comparison of nursing education among different countries*. *Chinese Nursing Research*. 2: 96-98.
- Denzin, NK & Lincoln, YS. 2018. *The SAGE Handbook of qualitative Research*. 5th Edition. Thousand Oaks CA: SAGE.
- Dhai, A. 2019. *Health Research Ethics: Safeguarding the interests of research participants*. 1st Edition. Juta & Company (Pty) Ltd. Cape Town, South Africa. ISBN:978 1 48513 007 9.
- Direko, KK & Davhana-Maselesele, M. 2017. *A model of collaboration between nursing education institutions in the North West Province of South Africa*. *Curations* 40(1), a1670. <https://doi.org/10.4102/curationis.v40i1.1670>
DOI:10.1080/10696679.2015.1002330.
- du Plooy-Cilliers, F, Davis, C & Bezuidenhout, R. 2021. *Research matters*. 2nd Edition. Juta & company Ltd.
- Erasmus - Kritzinger, L, Swart, M, & Mona, V. 2018. *Advanced Communication skills – For Organisational success*. Van Schaik Publishers. Cape Town. ISBN 978 1 874 94041 8
- Etikan, I, Musa, SA & Alkassim, RS. 2015. *Comparison of Convenience Sampling and Purposive Sampling*. *American Journal of Theoretical and Applied Statistics*. Vol. 5, No. 1, 2016, pp. 1-4. doi: 10.11648/j.ajtas.20160501.11
- Fair Work Ombudsman. 2020. *Consultation and cooperation in the workplace Best Practice Guide*. Australian Government.
- Fawaz, MA, Hamdan- Mansour, AM & Tassi, A. 2018. *Challenges facing nursing education in the advanced healthcare environment*. *International journal of Africa Nursing Sciences*, volume 9. <https://www.sciencedirect.com/science/article/pii/S2214139118300076>.

- Feller, F. 2018. *Transforming nursing education: A call for a conceptual approach. Nursing Education perspectives*. Nursing centre. Lippincott. Volume 39 no 2 Page 105. Article ID=4539779 & Journal ID=3332683 & Issue ID=4539361. <https://wwwnursingcenter.com/journal?>
- Few, R, Morchain, D, Dian Spear, D, Mensah, A & Bendapudi, R. 2017 *Transformation, adaptation and development: relating concepts to practice*. DOI:10.1057/palcomms. 2017.92.
- Flaubert, JL, Le Menestrel, S, Williams, DR & Wakefield, MK. 2020. *Transforming Nursing Education. The Future of nursing 2020-2030; Charting a path to achieve health equity*. National Academy of medicine. Report brief
- Flook, DM. 2003. *The professional nurse and regulation*. J PeriAnesth Nurs.18(3).
- Forbes, H, Oprescu, FI, Downer, T, Phillips, NM, McTier, L, Lord, B, Barr, N, Alla, K, Bright, P, Dayton, J, Simbag, V & Visser, I. 2016. *Use of videos to support teaching and learning of clinical skills in nursing education: A review*. Nurse Education today 42 (2016)53 – 56. Elsevier. www.elsevier.com/nedt.
- Free State Department of Health (FSDoH). 2015. *Strategic Plan 2015/2016 – 2019/20*. <http://www.fs.gov.za/>
- Free State. Department of Health (FSDoH). 2019. *Annual Performance Plan (APP) targets 2019/2020 – 2021/22*. Available on: <http://www.fs.gov.za/>
- Free State. Department of Health (FSDoH). 2022. *Annual Performance Plan (APP) targets 2022/23*. Available on: <http://www.fs.gov.za/>
- Free State school of nursing (FSSON). (2022). *Policy on recruitment and selection of students*. Free state.
- Gorski, SM, Gerardi, T, Giddens, J, Meyer, D &, Peters-Lewis, A. 2015. *Nursing Education Transformation; Building an infrastructure for the future*. American Journal for Nursing. Volume 115, No 4. <https://journals./www.comajnonline/fulltext/2015/0400/NursingEducationTransformation.26.aspx>.
- Goundar, S. 2012. Chapter 3 research methodology and research method. March 2012. <https://www.researchgate.net/publication/333015026>
- Grove SK & Gray JR. 2019. *Understanding Nursing Research. Building an evidence-based Practice*. 7th Edition. St Louis Missouri. Elsevier.
- Guba, EG. 1990. *The alternative paradigm dialogues*. In E. G. Guba (Ed.), *The paradigm dialog* (pp. 17–30). Newbury Park, CA: Sage.

- Gunuwana, J. 2015. *Ensuring trustworthiness in qualitative research*. *Belitung Nursing Journal*. 2015 December; 1(1):10-11 Accepted :18 November 2015. <http://belitungraya.org/BRP/index.php/bnj/>
- Halperm, H & Mckimm, J. 2009. *Supervision British journal of hospital medicine* (London, England: 2005) · May 2009 DOI: 10.12968/hmed.2009.70.4.41628 · Source: PubMed. <https://www.researchgate.net/publication/24267746>
- Hammarberg, K, Kirkman, M & de Lacey, S. 2016. *Qualitative methods: when to use them and how to judge them*. 11 January 2016. <https://doi.org/10.1093/humrep/dev334>
- Hennink, M & Kaiser BN. 2022. *Sample sizes for saturation in qualitative research: A systematic review of empirical tests*. *Social science & Medicine* 292 (2022) 114523. Elsevier. USA. www.elsevier.com/locate/socscimed
- Hugo, J & Fakude, LP. 2016. *Technology - Mediated Education in Health Sciences*. Pearson Holdings Southern Africa (Pty) Ltd. Paradigm 3.
- Human, S & Mogotlane, S. (2020). *Professional Practice; A Southern African Nursing Perspective*. 6th Edition. Pearson South Africa (Pty) Ltd.
- Hussein, N. 2007. *The basics of project implementation. A guide for Project managers*. Care USA. <http://pdql.care.org>
- Jacob, S, Holman, J, Msolomba, R, Wasili, R, Langdon, F, Levin, R, Mondwiwa, M, Bateganya, M & MacLachlan, E. 2015. *Using a task analysis to strengthen nursing and midwifery Pre-service education in Malawi*. *International Journal of Nursing and Midwifery* 7(5):84 – 103. DOI:10.5897/IJNM2015.0132.
- Jusilla, N, Tarkiainen, A, Sarstedt, M & Hair, J. 2015. *Individual Psychological Ownership: Concepts, Evidence, and Implications for Research in Marketing*. March 2015. *The Journal of Marketing Theory and Practice* 23(2):121-139
- Kaplan, GS. 2018. *Building a culture of transparency in Health Care*. Harvard Business Review.
- Kapur, R. 2018. *Importance of Recruitment and Selection in Leading to Progression of the Organization*. University of Delhi. <https://www.researchgate.net/publication/339123280>
- Kivunja, C & Kuyini, BA. 2017. *Understanding and Applying Research Paradigms in Educational Contexts*. *International Journal of Higher Education*. Vol. 6, No. 5; 2017. URL: <https://doi.org/10.5430/ijhe.v6n5p26>

- Kolpin, T, Shoemaker, E, Cosenza, M, Allen, J, Cary, C, Ensey, P, McCambridge, M, Morris, J & Trotter, J. 2015. *Concept of readiness: assessing factors in the development, implementation, and sustainability of a Professional Development School Partnership*. California
- Kotze, W. 2017. *Nurse educator's guide to management*. 3rd Edition. Van Schaik Publishers. Hatfield, Pretoria.
- Krynke, M, Mielczarek, K and Vaško, A. 2019. *Analysis of the problem of staff allocation to work stations*. volume 1, issue 1, pp. 545-550. doi: 10.2478/cqpi-2019-0073.
- Li, F, Luo, S, Mu, W, Li, Y, Ye, L, Zheng, X, Xu, B, Ding, Y, Ling, P, Zhou, M & Chen, X. 2021. *Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic*. BMC Psychiatry (2021) 21:16. <https://doi.org/10.1186/s12888-020-03012-1>
- Lincoln, YS & Guba, E.G. 1985. *Naturalistic inquiry*. Beverly Hills, CA: SAGE.
- Mahlathi, P & Dlamini, J. 201. *From brain drain to brain gain. Nursing and Midwifery migration trends in the South African Health System*. African Institute for Health and Leadership development.
- Malakoane, B, Heunis, JC, Chikobvu, P, Kigozi, NG & Kruger, WH. 2020. *Public health system challenges in the Free state, South Africa: A situation appraisal to inform health system strengthening*. BMC Health Services Research. University of the Free State. Bloemfontein. South Africa. <https://doi.org/10.1186/s12913-019-4862-y>
- Marais, DL, Quayle, N & Peterson, I. 2020. *Making consultation meaningful: Insight from a case study of the South African Mental Health policy*. Open access. <https://doi.org/10.1371/journal.pone.0228281>
- Matlakala, MC. 2016. *Transforming nursing education: Benefit or peril for the profession*, Inaugural lecture, UNISA Institutional Repository, Pretoria, viewed 10 August 2017, Available on: <http://uir.unisa.ac.za/handle/10500/22558>
- McCombes, S. 2020. *Developing strong research questions*. <http://www.googletagmanager.com>
- Middleton, L, Nicolson, G, & O'Neill, V. 2019. *Juta's nursing Psychology; Applying psychological concepts to nursing practice*. Juta. Cape Town. South Africa. ISBN 978-0-70218-903-6.
- Mishra, SB & Alok, S. 2017. *Handbook of Research Methodology*. Educreation.

- Mkhize, NF. 2018. *An assessment of practices used in the recruitment and selection processes of academic staff at the university KwaZulu-Natal. College of law and management studies school of management, information technology and governance.* KZN. South Africa.
- Moyimane, MB, Matlala, SF & Kekana MP. 2017. *Experiences of nurses on the critical shortage of medical equipment at a rural district hospital in South Africa: a qualitative study.* Pan Afr Med 2017 Sep 29; 28:100.
doi10.11604/pamj.2017.28.100.11641. e-Collection 2017.
DOI: 10.11604/pamj.2017.28.100.11641
- Muda, AL & Fook, Y. 2018. *Psychological Empowerment and Organisational Commitment among Academic Staff of Public Universities in Malaysia.* Asian Journal of University Education, [S.l.], v. 16, n. 2, p. 26-35, Aug. 2020. ISSN 2600-9749. Available at:
<<https://myjms.mohe.gov.my/index.php/AJUE/article/view/10292>>. Date accessed: 12 Dec. 2022. doi: <https://doi.org/10.24191/ajue.v16i2.10292> Vol 16 No 2 (2020): AJUE Vol. 16, Issue 2 July 2020.
- Mulaudzi, FM, Mokoena JD & Troskie R. 2019. *Basic Nursing Ethics in Practice.* 3rd Edition. Pearson. ISBN 9781775956921
- Mulaudzi, M, Daniels, F & Direko, KK. 2012. *Guidelines for the preparation of nurse educators or health professional educators; Trends in Nursing* 1(1), <https://doi.org/10.14804/1-1-27>
- Muller, M & Bester P. 2018. *Nursing Dynamics.* 4th impression. Pearson. South Africa (Pty) Ltd.
- Muraraneza, C & Mtshali NGF. 2020. *Drivers of transformation to competency-based education in Rwanda.* International Journal of Africa Nursing Sciences. Volume 13. <https://www.sciencedirect.com/science/article/pii/S2214139/20301013>
- Muraraneza, C & Mtshali, NGF. 2018. *Implementation of competency-based curriculum in pre-service nursing education: Middle range theory.* International journal of Africa nursing sciences. February 2018 DOI 10.1016/j.ijams.2018.02.006. <https://www.researchgate.net/publication/323409231>
- Muraraneza, C, Mtshali NGF & Mukamana, D. 2016. *Issues and challenges of curriculum reform to competency- based curricula in Africa: A meta-synthesis.*

Nursing and Health Sciences.DOI:10.1111/nhs.12316

<https://www.researchgate.net/publication/309645415>

- Mutekwe, E. 2020. *Embracing equitable learning in managing the physical and financial resources in South-African-schools: A social justice perspective*. South African Journal of Education, Volume 40, Number 4, November 2020. School of Professional Studies in Education, North-West University, Mafikeng, South Africa. Art. #2038, 11 pages, <https://doi.org/10.15700/saje.v40n4a2038>
- Muyssar, A, Batool A & Fariba A. 2018. *Transformation of nursing education: the experience of Bahrain*. *East Mediterranean Health*. Eastern Mediterranean Health Journal. Volume 24. No 9 – 2018:962.24(9):959-964.
<https://doi.org/10.26719/2018.24.9.959> OR
<http://emro.WHO.inc.emhj=volume-24-2018/volumr-24/issue> South Africa
- Nassaji, H. 2015. *Qualitative and descriptive research: Data type versus data analysis*. *Language Teaching Research* 2015, Vol. 19(2) 129–132 © The Author(s) 2015 Reprints and permissions:
sagepub.co.uk/journalsPermissions.nav. DOI: 10.1177/1362168815572747
ltr.sagepub.com
- National Academics Press (US). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington (DC): National Academies Press.
<https://www.ncbi.nlm.nih.gov/books/NBK209885/#>.
- National School of government. 2016. *Ethics source document*. Pretoria. South Africa.
www.thensg.gov.za
- Ncube, M. 2020. *Quality assurance-student involvement confluence: exploring gaps and implications for higher education institutions in Zimbabwe*. *Journalism and Media Studies (Alumni) National University of Science and Technology*; Bulawayo, Zimbabwe. <https://orcid.org/0000-0001-6683-7688>
- Nebolisa, KN, Anthony, E & Nwaoburu, L. 2021. *An Appraisal of Employee Relations and Organizational Performance in Ogba/Egbema/Ndoni Local Government of Rivers State, 2010 -2021*. *Quest Journals Journal of Research in Humanities and Social Science* Volume 9 ~ Issue 8 (2021) pp: 34-39 ISSN(Online):2321-9467
www.questjournals.org
- Nowell, LS, Norris, JN, White, DE & Moules, JN. 2017. *Thematic Analysis: Striving to Meet the Trustworthiness Criteria*. *International Journal of Qualitative Methods*. Volume 16. SAGE. DOI: 10.1177/1609406917733847.

- Nyoni, CN & Botma, Y. 2020. *Integrative review on sustaining curriculum change in higher education: Implications for nursing education in Africa*. International Journal of Africa Nursing Sciences 12 (2020) 100208. Elsevier
www.elsevier.com/locate/ijans
- Onwujekwe, O, Mbachu, C, Etiaba, E, Ezuma, N, Ezenwaka, U, Arize, I, Okeke, C, Nwankwor, C & Uzochukwu, B. 2020. *Impact of capacity building interventions on individual and organizational competency for HPSR in endemic disease control in Nigeria: a qualitative study*. Implementation science.
<https://doi.org/10.1186/s13012-020-00987-z>
- Opić, S. 2016. *Interpersonal relations in school*. International Journal of Cognitive Research in Science, Engineering and Education Vol. 4, No.2, 2016
 doi:10.5937/IJCRSEE16020090
- Oviedo L & Szocik K. 2020. *Religious—And Other Beliefs: How Much Specificity?* January-March 2020: 1–11 © The Author(s) 2020 DOI:
 10.1177/2158244019898849 journals.sagepub.com/home/sgo
- Padwal, ND, Gulavani, S, & Kanthe, R. 2022. *Application of Opinion Mining and Sentiment Analysis*. International Journal of Scientific Research in Engineering and Management (IJSREM) Volume: 06 Issue: 04 | April - 2022 Impact Factor: 7.185 ISSN: 2582-3930
- Palmer, C, & Bolderston A. 2006. *A brief introduction to qualitative research*. The Canadian journal of medical radiation technology. March 2006.
<https://www.researchgate.net/publication/237892956>
- Paton, F, Bell, J & van der Merwe, A. 2020. *An introduction to the ethos of nursing*. 4th Edition. Pearson, South Africa (Pty) Ltd. ISBN 9781776100293
- Pera, S & van Tonder, S. 2018. *Ethics in Healthcare*. 4th Edition. Juta and Company (Pty) Ltd.
- Polit, DF & Beck, CT. 2017. *Nursing Research: Generating and assessing evidence for nursing practice*. 10th Edition. Wolters Kluwer Health/ Lippincott Williams & Wilkins.
- Rehman, AA & Alharthi, K. 2016. *An introduction to research paradigms*. International Journal of Educational Investigations. October 2016, Vol. 3, No.8:51-59. ISSN:2410-3446. www.ijeonline.com

- Rispel LC, Blaauw D, Ditlopo, P & White, J. 2018. *Human resources for health and universal coverage: progress, complexities and contestations. Review SAHR 2018*. School of Public Health, University of Witwatersrand, Johannesburg.
- Rispel, L & Bruce, J. 2015. *A profession in peril? Revitalising nursing in South Africa*. Centre for Health Policy & Medical Research Council Health Policy Research groups, School of Public Health, Faculty of Health Sciences. University of Witwatersrand, Johannesburg. <http://dx.doi.org/10.3402/gha.v8.28005>
- Rispel, L. 2016. *Analyzing the progress and fault lines of transformation in South Africa*. Centre for Health Policy & Medical Research Council Health Policy Research groups, School of Public Health; Faculty of Health Sciences; University of Witwatersrand, Johannesburg. [https://www.hst.org.za/South African Health Review/2](https://www.hst.org.za/South_African_Health_Review/2)
- Salah, AB, DeAngelis, BN & al'Absi, M. 2022. *Uncertainty and psychological distress during COVID-19: What about protective factors?* Current Psychology. <https://doi.org/10.1007/s12144-022-03244-2>
- Salmond, SW & Echevarria, M. 2017. *Healthcare Transformation and changing roles of nursing*. Washington (DC) Orthopaedic nursing. January/February 2017. Volume 36. Number 1. <https://pubmed.ncbi.nlm.nih.gov/28107295/>.
- Schutz, E. 2021. *Ageing nurses: A crisis on the horizon*. 7th October 2021. *Ageing nurses: A crisis on the horizon • Spotlight (spotlightnsp.co.za)*. DENOSA Article.
- Shaheen, S., Mahmood, Z., & Shah, NH. 2020. *Impact of Student Support Services on Students Development at University Level*. Global Regional Review, V(I), 222-229. doi:10.31703/grr.2020(V-I).25. [http://dx.doi.org/10.31703/grr.2020\(V-I\).25](http://dx.doi.org/10.31703/grr.2020(V-I).25)
- Sharma, KV. 2019. *Employee relations at workplace: Panacea for organisational success*. March 2019. <https://www.researchgate.net/publication/332028869>
- Sibisi, NN & Olofibinyi, SA. 2021. *A critical analysis of overcrowding in South African correctional centres*. African Renaissance. June 2021. DOI:10.31920/2516-5305/2021/18n2a10 <https://www.researchgate.net/publication/361073429>
- South Africa. The National Department of Health (NDoH). 1987. Government gazette Notice No R118 of 23 January 1987. Pretoria; South Africa. www.health.gov.za
- South Africa. The National Department of Health (NDoH). 2005. *Treasury Regulations for departments, trading entities, constitutional institutions and public entities*.

Issued in terms of the Public Finance Management Act, 1999. Gazette No 27388. National Treasury. Pretoria; South Africa. www.health.gov.za

South Africa. The National Department of Health (NDoH). 2007. *Public services and Administration on Occupation Specific Dispensation (OSD) in the public service*. South African Government. 12 June 2007. Pretoria. www.health.gov.za

South Africa. The National Department of Health (NDoH). 2009. *National Qualifications Framework Act.2008*. The presidency. No. 167 17 February 2009 Vol. 524 Cape Town 17 February 2009 No. 31909. www.health.gov.za

South Africa. The National Department of Health (NDoH). 2012. *The National Strategic Plan for Nursing education, training and practice. 2012/13–2016/17*. Pretoria; National Department of Health. www.health.gov.za

South Africa. The National Department of Health (NDoH). 2016. *Public Service Regulations*. Pretoria. Republic of South Africa. www.health.gov.za

South Africa. The National Department of Health (NDoH). 2019. *National Policy on Nursing education and training*. Pretoria. Republic of South Africa. www.health.gov.za

South Africa. The National Department of Health (NDoH). 2020. *2030 Human resources for health strategy. Investing in the health workforce for Universal Coverage*. October 2020. Republic of South Africa. <https://www.health.gov.za>

South Africa. The National Department of Health (NDoH). 2020. *Guidelines for Clinical Education and Training Platforms in Nursing Training in South Africa*. Pretoria; National Department of Health. www.health.gov.za

South Africa. The National Department of Health (NDoH). 2020. *Or future make it work; National Development Plan 2030*. Republic of South Africa. <https://www.health.gov.za>

South Africa. The National Department of Health (NDoH). 2020. *The national strategic direction for nursing and midwifery education and practice; A roadmap for strengthening nursing and midwifery in South Africa 2020/21 – 2025/26*. Pretoria; National Department of Health. www.health.gov.za

The Nursing Education Partnership Initiative (NEPI). 2017. *Supporting transformation of nursing education in South Africa*. https://icap.columbus.edu/wp-content/uploads/SA-NEPI_20170821_South-Africa-Brief.

- The South African Nursing Council (SANC). 1985. *Programme leading to registration as a Nurse (General, Psychiatry, Community) and Midwife*. GG Regulation No 425 of 22 February as amended. Pretoria, Republic of South Africa. The Nursing Act No 33 of 2005. www.sanc.co.za.
- The South African Nursing Council (SANC). 2005. *Nursing Act*, No 33 of 2005, Pretoria; Republic of South Africa. www.sanc.co.za
- The South African Nursing Council (SANC). 2014. *Circulars 12;13; and 14 relating to accreditation of new programmes*. Pretoria, Republic of South Africa. The Nursing Act No 33 of 2005. www.sanc.co.za.
- The South African Nursing Council (SANC). 2014. *Competencies- Nurse educator*. Pretoria, Republic of South Africa. July 2014. www.sanc.co.za
- The South African Nursing Council (SANC). 2019. *Continuing Professional Development (CPD) for nurses and Midwives/ Accoucheurs in South Africa framework*. Pretoria, Republic of South Africa. November 2019. www.sanc.co.za.
- The South African Nursing Council (SANC). 2020. *Requisites to perform functions relating to the profession of nursing by nurse educators/lecturers*. Circular 13 of 2020. Pretoria, Republic of South Africa. www.sanc.co.za
- The South African Nursing Council (SANC). 2021. *CPD for nurses and midwives/accouchers in South Africa framework*. Pretoria, Republic of South Africa. www.sanc.co.za
- The South African Nursing Council (SANC). 2022. *Nursing education and training standards*. Pretoria, Republic of South Africa. www.sanc.co.za
- The South African Qualifications Act (SAQA). 1995. *Act No 58 of 1995*. Pretoria. South Africa. <http://www.saga.gov.za>
- Tufford, S & Newman, L. 2010. *Bracketing in Qualitative Research*. Qualitative Social Work. The Author(s) 2010 Reprints and permission: sagepub.co.uk/journalsPermissions.nav, Vol. 11(1): 80–96 www.sagepublications.com. DOI: 10.1177/1473325010368316
- van Rensburg, CHJ. 2014. *South Africa's protracted struggle for equal distribution and equitable access – still not there*. Human Resources for Health. 2014;12:26. University of Free State, South Africa. <http://www.human-resources-health.com/content/12/1/261/>.
- van Vuuren, A. 2016. *21st Century psychology for nurses an introduction*. Van Schaik Publishers. Pretoria.

- van Wyk, B. 2012. *Research design and methods Part I. Explorative study. Post-graduate enrolment and throughput*. University of the Western Cape. South Africa.
- Volmink, J. 2018. Reconceptualising health professions education in South Africa. *S Afri J Sci*. 2018;114(7/8), Art # a0281, 2 pages.
<http://dx.doi.org/10.17159/sajs.2018/a0281>
- Washington, GT. 2013. *The theory of interpersonal relations applied to the preceptor – New graduate relationship*. *Journal for Nurses in Professional Development*. Volume 29, Number 1, 24Y29 & Copyright B 2013Wolters Kluwer Health | Lippincott Williams & Wilkins
- Wibeck, V, Björn-Ola, L, Alves, M, Asplund, T, Bohman, A, Boyko, MT, Feetham, PM, Huang, Y, Nascimento, J, Rich, J, Rocha, CY, Franco Vaccarino, F & Shi Xian, S. 2019. *Stories of Transformation: A Cross-Country Focus Group Study on Sustainable Development and Societal Change*. *Sustainability*, 11, 2427; doi:10.3390/su11082427. www.mdpi.com/journal/sustainability
- Widodo, HP. 2014. *Methodological considerations in interview data transcription*. *International Journal of Innovation in English Language ...* Volume 3, Number 1; Nova Science Publishers, Inc. ISSN: 2156-5716
- Wisse, B & Sleetbos, E. 2016. *When change causes stress. Effects of self-construal and change consequences*. *Journal of Business*. Pubmed central PMD 485672
- World Health Organisation (WHO) guidelines. 2013. *Transforming and scaling up health professionals' education and training* World Health Organisation. Geneva. Switzerland.
- World Health Organisation (WHO). 2020. *State of the world's nursing. Investing in education, jobs and leadership*. Geneva. Switzerland.
- Yotsidi, V, Pagoulatou, A, Kyriazos, T & Stalikas A. 2018. *The Role of Hope in Academic and Work Environments: An Integrative Literature Review*. *Department of Psychology*. Panteion University of Political and Social Sciences, Athens, Greece *Psychology*, 2018, 9, 385-402
<http://www.scirp.org/journal/psych>
- Zuyderduin, JR, Pienaar, AJ & Bereda – Thakhathi, JE. 2016. *Unlocking the potential of Nursing Education puts the learner in the centre: The ideal nurse for Africa*. *African Journal for physical and health sciences (AJPHEs)*. Volume 22 (1:2).

- Zwane, ZP & Mtshali, GN. 2019. *Positioning public nursing colleges in South African higher education: Stakeholders' perspectives*. School of Nursing and Public Health. University of KwaZulu-Natal, Durban, South Africa. Available on: Curations 42(1), a1885. <https://doi.org/10.4102/curationis.v42i1.1885>.
- Zweigenthal, V, London, L & Pick, W. 2016. *Human resources for Health. The contribution of specialist training programmes to the development of public health in South Africa*. South African Health Review. <https://pmhp.za.org/wp-content/uploads/South-African-Health-Review-2016.pdf#page=59>

ANNEXURE I: UNISA CERTIFICATE OF CLEARANCE



UNISA HEALTH STUDIES HIGHER DEGREES ETHICS REVIEW COMMITTEE

Date 8 July 2020

Dear Makgotso Catherine Mofahla

NHREC Registration # : REC-012714-039
ERC Reference # : **HS HDC/998/2020**
Name : Makgotso Catherine Mofahla
Student # : 32874782
Staff # :

Decision: Ethics Approval from
8 July 2020 to 8 July 2023

Researcher(s): Name Makgotso Catherine Mofahla

Address P.O Box 23221 Kagisanong 9309
E-mail address mofahlamc@fshealth.gov.za, telephone # 0725737055

Supervisor (s): Name Ms NL Nkoane, Prof MM Ramukumba

E-mail address nkoannl@unisa.ac.za, telephone # 0834635215

Working title of research:

Experiences of nurse-educators regarding transformation in nursing education and training in Free-State Province

Qualification: MA

Thank you for the application for research ethics clearance by the Unisa Health Studies Higher Degrees Ethics Review Committee for the above mentioned research. Ethics approval is granted for three (3) years.

*The **medium risk application** was reviewed by a Sub-committee of URERC on 7 July 2020 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment. The decision was approved on 7 July 2020.*

The proposed research may now commence with the provisions that:

1. The researcher will ensure that the research project adheres to the relevant guidelines set out in the Unisa Covid-19 position statement on research ethics attached.
2. The researcher(s) will ensure that the research project adheres to the values and

- principles expressed in the UNISA Policy on Research Ethics.
3. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Health Studies Research Ethics Committee HSREC@unisa.ac.za.
 4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
 5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
 6. 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. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
 7. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
 8. No field work activities may continue after the expiry date (8 July 2023). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number **HSHDC/998/2020** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours sincerely,

Signatures :



Chair of HSREC : Prof JM Mathibe-Neke

E-mail: mathijm@unisa.ac.za

Tel: (012) 429-6443

PP 

Executive Dean : Prof K Masemola

E-mail: masemk@unisa.ac.za

Tel: (012) 429-6825

ANNEXURE II: NHRD APPROVAL LETTER



health
Department of
Health
FREE STATE PROVINCE

Mrs MC Mofahla
Rocklands Location
BFN

02 October 2020

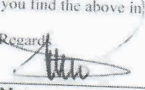
Dear Mrs. MC Mofahla

Subject: Experiences of nurse-educators regarding transformation in nursing education and training in Free State Province.

- Please ensure that you read the whole document. Permission is hereby granted for the above – mentioned research on the following conditions:
- Participation in the study must be voluntary
- A written consent by each participant must be obtained.
- Serious Adverse events to be reported to the Free State department of health and/ or termination of the study
- Ascertain that your data collection exercise neither interferes with the day to day running of **Free State School of Nursing (Main and Northern Campus)** nor the performance of duties by the respondents or health care workers.
- Confidentiality of information will be ensured and please do not obtain information regarding the identity of the participants.
- **Research results and a complete report should be made available to the Free State Department of Health on completion of the study (a hard copy plus a soft copy).**
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of the University of the South Africa and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol or investigators must be submitted to the Ethics Committee of the University of the South Africa and to Free State Department of Health.
- **Conditions stated in your Ethical Approval letter should be adhered to and a final copy of the Ethics Clearance Certificate should be submitted to sebeelats@fshealth.gov.za / makenamr@fshealth.gov.za before you commence with the study**
- No financial liability will be placed on the Free State Department of Health
- **Please discuss your study with Institution Manager on commencement for logistical arrangements see 2nd page for contact details.**
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study
- Researchers will be required to enter in to a formal agreement with the Free State department of health regulating and formalizing the research relationship (document will follow)
- **As part of feedback you will be required to present your study findings/results at the Free State Provincial health research day**

Trust you find the above in order.

Kind Regards


Dr D Motau
HEAD: HEALTH

Date: 15/10/2020

ANNEXURE III: REQUEST LETTERS TO COLLECT DATA

21686 Leepile Street

Rocklands Location

Bloemfontein

9323

8th July 2021.

The Head of camps

FSSON Northern campus

Mothusi Road; Thabong

Welkom. 9460.

Sir/ Madam

REQUEST FOR THE PERMISSION TO COLLECT DATA FROM THE NURSE EDUCATORS FOR THE RESEARCH STUDY

I, Makgotso Catherine Mofahla, registered for Masters qualification in nursing science at the University of South Africa (**SN 32874782**), hereby request permission to conduct a study on the “Experiences of nurse educators regarding transformation in nursing education and training in Free state province”. The researcher intends to collect data through in-depth interviews from nurse educators working at your institution in order to explore and describe the phenomenon.

The researcher will ensure that the name of your college is not disclosed hence coding system and pseudo-name will be used and also the same principle will be employed to the nurse educators.

Detailed aspects regarding ethical considerations will be highlighted in the attached proposal. The findings of this study will assist in developing a recommendation for the necessary support which will prevent loss of needed expertise thus improve the quality of nursing education and therefore health care services provided within the hospitals in the Province.

The collection of data will be conducted in a single phase. The process will entail data collection using an interview guide of in-depth interviews, and the audio tape to capture data that may be missed, followed. Researcher also requests office space for data collection in order to provide participants with privacy during in-depth interviews. Each session will last for 40 to 60 minutes. The data will be collected in August 2021 and the findings of the study will be communicated to the management of the college and also relevant stakeholders as determined by you.

Thank you very much for your support

Any concerns or enquiries regarding this particular study should be directed to:

Ms MC Mofahla (Researcher)

0725737055/051 4051527/4039832

Email: makgotsomofahla@gmail.com

OR

Ms NL Nkoane (Supervisor)

083 4635215 012 8046189

Email: nkoanelorraine@gmail.com

Thanking you in advance

... 

Date:.....

Ms Makgotso Catherine Mofahla

Principal Researcher

21686 Leepile Street

Rocklands Location

Bloemfontein

9323

8th July 2021.

The Head of camps

FSSON Southern campus

Kolbe Avenue; Willows

Bloemfontein. 9301.

Sir/ Madam

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Ms MC Mofahla (Researcher)

0725737055/051 4051527/4039832

Email: makgotsomofahla@gmail.com

OR

Ms NL Nkoane (Supervisor)

083 4635215 012 8046189

Email: nkoanelorraine@gmail.com

Thanking you in advance

... 

Date:

Ms Makgotso Catherine Mofahla

Principal Researcher

ANNEXURE IV: INFORMATION LEAFLET FOR THE PARTICIPANTS

TITLE OF THE STUDY

Experiences of nurse-educators regarding transformation in Nursing Education and Training in Free-State province.

INTRODUCTION

I, Makgotso Catherine Mofahla a student at the University of South Africa is conducting a study as a requirement for the fulfilment of Master's Degree Nursing Science. This is an information document that will assist you to decide whether to participate in this study on a voluntary basis. It is important to understand what is involved in this study and the role that you as a participant will play, before you commit yourself. Anytime you feel uncomfortable about the activities involved in this study, do not hesitate to contact the researcher.

PURPOSE OF THE STUDY

The purpose of this study is to explore and describe the experiences of nurse-educators regarding Transformation in Nursing Education and Training in Free-State province.

DETAILS OF THE TASKS

The researcher will request you to partake in the in-depth interviews, where you will elaborate on your experiences regarding transformation in Nursing Education and Training in Free-State province. The researcher will facilitate the in-depth interviews by asking a broad question and allow you to respond to the question, then follow up questions will be asked. The interviews will be audio recorded on the electronic device with each group conversation. The interviews will be conducted at the college under study and will take about 45 to 60 minutes with each participant.

RISK FORSEEN/ANTICIPATED

The researcher anticipates some emotional discomforts in some participants, which may be triggered by some of the questions. In such cases, the participants will be referred for psychological care and support as needed.

BENEFITS OF THE STUDY

The highlight on nurse educators' experiences with regards to nursing education and training transformation will shed light on areas that need attention. Therefore, the annually planned targets for skilled and competent nurses shall be achieved hence the improvement in the service delivery by the department through adequate staffing of health services

RIGHTS OF THE PARTICIPANT

As a participant, as much as you have the right to volunteer to participate in the study equally so, you have a right to withdraw your participation at any time you become uncomfortable during the proceedings of the focus group interview. The researcher will not use your right of withdrawal against you.

CONFIDENTIALITY

The information you provided in the study will be kept confidential and private throughout the stages of the study. The only time the information will be divulged, it will be post data analysis but without your identification. The information will be shared through research reports and articles with the University, Free State Department of Health, college under study and the researcher's work place.

PARTICIPATION

The role of the participants will be highly appreciated, always respected and valued. The data will be collected from August 2021.

COMPENSATION

The researcher will not provide any incentives to the participants, but the findings of the study will be communicated to you. Your participation in this study is mainly voluntary.

ETHICAL APPROVAL

The researcher obtained a written ethical approval from the Ethics Committee of the University of South Africa. The approval has been sought with Free State Department of Health and the college management under study. The letters are available on request, if you wish to confirm then copies will be provided to you.

CONTACT PERSONS

Any concerns or enquiries regarding this particular study should be directed to:

Ms Makgotso Catherine Mofahla

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SUPERVISOR

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CO - SUPERVISOR

Prof MM Ramukumba

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ANNEXURE V: CONSENT FORM

Title of the study: Experiences of nurse-educators regarding transformation in nursing education and training in Free-State province.

I, **MC Mofahla, Student No 32874782**, am a student registered with UNISA for the Master's in nursing. I request you participate in this research, and would appreciate your support and cooperation in facilitating data collection for my research.

Please take note that the right to **privacy** and **confidentiality** will be protected as no personal information will be requested before, during and after the interviews or on any record used during and after the study.

Please to feel free and comfortable to respond to all the questions to give your honest opinion. You are free to withdraw their participation at any point during the study if you feel uncomfortable to continue. No direct benefits will be provided during this process of data collection.

The study will be done in the 2 campuses of Free State Nursing College as arranged with the Heads of campuses to minimise interruptions.

The purpose of the study is to explore and describe the experiences of nurse educators regarding transformation in Nursing Education and Training in Free State province.

The objectives of the study are as follow:

- To identify perceptions and beliefs of nurse educators about the transformation of nurse education in the Free state.
- To explore the views of nurse educators regarding management of the transformation process.
- To describe the implications of transformation on nurse educators and the nursing programme.
- To recommend measures to support the implementation of the new programme.

The research study will be conducted using in-depth interviews lasting for an average of sixty minutes.

If you have any other query please, contact the researcher on this number
0725737055/051-403 9832

Thanking you in advance.

Signature: 

Date:.....

I.....(Names and Surname in full) am willing to participate freely in the in-depth interviews as a tool for data collection for the study titled “Experiences of nurse - educators regarding transformation in Nursing Education and Training in Free-State province”. without any coercion and/or threat.

.....

Signature – Participants

.....

Signature –Researcher/Witness

.....

Date permission granted

.....

Date permission witnessed

ANNEXURE VI: INTERVIEW GUIDE

TOPIC: EXPERIENCES OF NURSE EDUCATORS REGARDING TRANSFORMATION IN NURSING EDUCATION AND TRAINING IN THE FREE STATE PROVINCE.

1. GRAND TOUR RESEARCH QUESTION

How do you experience the transformation in Nursing Education in the Free State Province?

Areas of questioning:

- Opening statement on general views about nursing education
- Transformation in general – need for change?
- View on HOW it was implemented then,
- Perceptions of this change

ANNEXURE VII: EDITING CERTIFICATE

Between lines editing

Leatitia Romero
Professional Copy Editor and Proofreader
(BA HONS)

Cell: 083 236 4536
leatitiaromero@gmail.com
www.betweenlinesediting.co.za

26 January 2023

To whom it may concern:

I hereby confirm that I edited the dissertation entitled: "EXPERIENCES OF NURSE EDUCATORS REGARDING TRANSFORMATION IN NURSING EDUCATION AND TRAINING IN FREE STATE PROVINCE". Any amendments introduced by the author hereafter are not covered by this confirmation. Participants' verbatim quotes were not edited. The author ultimately decided whether to accept or decline any recommendations I made, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work. The author is responsible for ensuring the accuracy of the references and its consistency based on the department's style guidelines.



Leatitia Romero

Affiliations

PEG: Professional Editors Group (ROM001) – Accredited Text Editor
SATI: South African Translators' Institute (1003002)
REASA: Research Ethics Committee Association of Southern Africa (104)

ANNEXURE VIII: TURNITIN RECEIPT