TRANSFORMATION OF NURSING SERVICES
IN SELECTED GAUTENG HOSPITALS

by

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SUMMARY

It is explicit that the change in the South African government since 1994 accompanied by the transformation of nursing services with its new policies and practices is inevitable, and poses challenges for the nursing service managers in Gauteng hospitals. The transformation of nursing services can be a difficult process creating a period of fear, uncertainty, stress and role ambiguity for the nursing service managers. The transformation has been so extensive that the nursing service manager's role responsibilities have changed to such an extent that they are now required to manage grossly reduced levels of resources, multicultural societies with different values, beliefs and attitudes and increased numbers of patients, resulting in overcrowded hospitals. The transformation of nursing services demands the demonstration of appropriate nursing service management. The abilities of the nursing service managers are critical to the effectiveness of the future. Most nursing service managers are unprepared for their new roles and the present concern is for the quality of the management of the transformation process. No written standards for transformation management in a nursing service are available in Gauteng public hospitals. Consequently, nursing service managers find themselves making major decisions about nursing service transformation with little information about the effectiveness of alternative approaches. The experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals are also not known. Understanding the nursing service managers' experiences and perceptions will provide a basis for the formulation of standards for transformation management in a nursing service.

The objectives of the study are to explore and describe the experiences and perceptions of the nursing service managers regarding transformation of nursing service managers in selected Gauteng hospitals and to formulate standards for transformation management in a nursing service. The relevant research questions are:
What are the experiences and perceptions of the nursing service managers regarding the transformation of nursing services in selected Gauteng hospitals?

What standards for transformation management in a nursing service can be formulated?

The study was conducted in two phases. In phase one of the study, a qualitative exploratory, descriptive and phenomenological design was utilised to explore and describe the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals (Mouton and Marais, 1992:35 and Mouton, 1996:103-109). Both written narratives and focus group interviews were utilised to gather data that facilitated an understanding of how the nursing service managers experience and perceive the transformation of nursing services in selected Gauteng hospitals.

The population of the study consisted of all hospitals in the Gauteng region where transformation is taking place. Four hospitals were selected for this study and were stratified in accordance with levels of care to ensure representativeness. A non-probability purposive sample was utilised to select the thirty four nursing service managers in accordance with explicit criteria in phase one of the study. Four focus group interviews were facilitated by an independent moderator. Three nursing service managers wrote narratives, and the main theme for both focus group interviews and narratives was “The experiences and perceptions of the nursing service managers regarding transformation of nursing services in the Gauteng hospitals”. Tesch’s method (in Creswell, 1994:154-164) was adopted as a basis for data analysis in phase one of the study. Data was analysed independently by three researchers followed by a consensus discussion. After the analysis of four focus group interviews, transcriptions and three written narratives, theoretical sampling saturation was achieved as evidenced in the recurring themes. Lincoln and Guba’s (1985:18-331) four strategies of trustworthiness, namely credibility,
transferability, dependability and confirmability were followed to ensure the establishment and maintenance of trustworthiness.

The results of phase one of the study were integrated with a literature review and control to develop a conceptual framework for transformation management.

A quantitative strategy was utilised in phase two of the study to formulate standards on transformation management in a nursing service. Lynn's (1986:384) two phase model, the development phase and the quantification phase was utilised to formulate the standards. After the description of the conceptual framework draft standards were formulated and presented to six field experts who were purposively selected in accordance with specific criteria from the population of all nursing service managers working at the sample hospitals. The field experts debated and refined the standards during a workshop group discussion during the development phase. The refined standards were then presented to twenty five participants who took part in phase one of the study and the workshop for validation during the development phase. The participants rated each standard and criterion according to a four point ordinal Likert scale. The researcher collected the standards and determined the content validity of each standard with the assistance of a statistician consultant. The validity of each standard and criterion was determined by the proportion of the participants who rated it as being content valid, a rating of at least three or four on the rating scale, and a standard deviation of less than 0.650. The human rights of all the participants were recognised and protected in accordance with the ethical standards of the Democratic Nursing Organisation of South Africa for nurse researchers. The central theoretical statement of this study was supported and can be read as follows: An exploration of the experiences and perceptions of the nursing service managers regarding transformation of health services provides a basis for the formulation of standards for transformation management in a nursing service. Lastly the evaluation, limitations and conclusions were done and recommendations were discussed in relation with nursing practice and research.
Dit is duidelik dat die veranderinge wat die Suid-Afrikaanse regering ondergaan het gedurende 1994 tesame met die transformasie van verpleegdienste, met sy nuwe beleid en praktyke, plaasvind, groot uitdaging aan verpleegdiensbestuurders in hospitale in Gauteng bied. Die transformasie van verpleegdienste kan 'n moeilike proses wees, wat 'n tydperk van vrees, onsekerheid, stres en roldubbelsinnigheid onder verpleegdiensbestuurders mag meebreng. Die transformasie was so ingrypend dat die verpleegdiensbestuurders se rolverantwoordelikhede so geweldig verander het dat daar van hulle verwag word om erg verminderde bronnevlakke, multikulturele gemeenskappe met uitlopende waardestelsels, gelowe en houdings en 'n toename in pasientgetalle, met gevolglike oorvol hospitale, moet bestuur. Die transformasie van verpleegdienste vereis die vertoning van toepaslike verpleegdiensbestuur. Die bekwaamhede van verpleegdiensbestuurders is krities vir effektiwiteit in die toekoms. Die meerderheid verpleegdiensbestuurders is onvoorbereid op hul nuwe rolle en daar bestaan tans kommer ten opsigte van die kwaliteit van die bestuur van die transformasieproses. Daar is tans geen geskrewe standaarde vir transformasiebestuur in openbare hospitale in Gauteng beskikbaar nie. Gevolglik, moet verpleegdiensbestuurders belangrike besluite neem ten opsigte van verpleegdienstransformasie sonder dat hulle oor genoegsame inligting beskik oor moontlike alternatiewe benaderings. Die ervarings en persepsies van verpleegdiensbestuurders ten opsigte van die transformasie van verpleegdienste in geselekteerde hospitale in Gauteng, is ook nie bekend nie. Begrip van die verpleegdiensbestuurders se ervarings en persepsies sal 'n basis verskaf vir die formulering van standaarde vir transformasiebestuur in 'n verpleegdiens.

Die doelwitte van die studie was om die ervarings en persepsies van verpleegdiensbestuurders ten opsigte van die transformasie van verpleegdienste in geselekteerde hospitale in Gauteng te ondersoek en te
beskryf om sodoende standaarde vir transformasiebestuur in 'n verpleegdiens
te formuleer. Die toepaslike navorsingsvrae is:

- Wat is die ervarings en persepsies van verpleegdiensbestuurders ten
opsigte van transformasie in geselekteerde hospitale in Gauteng?
- Watter standaarde vir transformasiebestuur in 'n verpleegdiens kan
geformuleer word?

Die studie is in twee fases aangepak. In die eerste fase is 'n kwalitatiewe,
ondersoekende, beskrywende en fenomenologiese ontwerp ingespan om die
ervarings en persepsies van verpleegdiensbestuurders ten opsigte van
transformasie van verpleegdienste in geselekteerde hospitale in Gauteng te
ondersoek en te beskryf (Mouton en Marais, 1992:35 en Mouton, 1996:103-
109). Beide naiwe sketse en fokusgroeponderhoude is gebruik om data in te
samel, wat begrip van hoe die verpleegdiensbestuurders transformasie van
verpleegdienste in geselekteerde hospitale in Gauteng, ervaar en waarneem,
te fasilitateer.

Die populasie van die studie het bestaan uit al die hospitale in Gauteng waar
transformasie tans plaasvind. Vier hospitale is vir die studie geselekteer en is
volgens vlak van sorg ingedeel om verteenoordiging te verseker. 'n Nie-
waarskynlikheids-, doelgerigte steekproefneming is uitgevoer om vier-en-
dertig verpleegdiensbestuurders, volgens duidelike krite, te selekteer in fase
een van die studie. Vier fokusgroeponderhoude is deur 'n onafhanklike
moderator gefasilit. Drie verpleegdiensbestuurders het naiwe sketse
gelever. Die hoof tema vir beide fokusgroeponderhoude en sketse was “Die
ervarings en persepsies van verpleegdiensbestuurders ten opsigte van
transformasie van verpleegdienste in hospitale in Gauteng.” In fase een van
die studie is Tesch se metode (in Creswell, 1994:154-164) as basis vir data-
analise aangeneem. Data is onafhanklik deur drie navorsers geanaliseer en
is gevolg met 'n konsensusgesprek. Na analise van die vier
fokusgroeponderhoude, transkripsies, en drie naiwe sketse is teoretiese
steekproefversadiging bereik, soos getuig in die herhalende temas. Die vier
Naamlike geloofwaardigheid, oordraagbaarheid, betroubaarheid en bevestigbaarheid is gevolg om die daarstelling en instandhouding van vertrouenswaardigheid te verseker.

Die uitslae van fase een van die studie is geintegreer met 'n literatuurstudie en -kontrole om 'n konseptuele raamwerk vir tranformasiebestuur te ontwikkel.

'n Kwantitatiewe strategie is in fase twee van die studie gevolg om standaarde vir transformasie in 'n verpleegdiens te formuleer. Lynn se twee-fase model (1986:384), die ontwikkelingsfase en die kwantifiseringsfase is gebruik om standaarde te formuleer. Na die beskrywing van die konseptuele raamwerk, is konsepstandaarde geformuleer en aan ses velddeskundiges, wat doelgerig, volgens spesifieke kriteria geselekteer is van die populasie van verpleegdiensbestuurders werksaam in die steekproefhospitale, voorgelê. Die velddeskundiges het, gedurende 'n werkwinkelgroepsgesprek in die ontwikkelingsfase, die standaarde gedebatteer en verfyn. Die verfynde standaarde is toe voorgelê aan 25 deelnemers wat in fase een van die studie en die werkwinkel vir validering in die ontwikkelingsfase, deegene met die standaard en kriterium kragtens 'n vierpunt ordinale Likert skaal gegradeer. Die navorser het die standaarde ingeneem en met behulp van 'n statistiese konsultant, die inhoudsgeldigheid van elke standaard bepaal. Die geldigheid van elke standaard en kriterium is bepaal deur die verhouding van deelnemers wat dit as inhoudsgeldig gegradeer het, 'n waardebepaling van ten minste drie of vier op die graderingskaal, met 'n standaardafwyking van minder as 0,650.

Die menseregte van alle deelnemers is erken en beskerm kragtens die etiese standaarde van die "Democratic Nursing Organisation" van Suid-Afrika vir verpleegnavorsers. Die sentrale teoretiese stelling van die studie is ondersteun en is as volg: 'n Onderzoek van die ervarings en persepsies van die verpleegdiensbestuurders ten opsigte van transformasie van gesondheidsdienste verskaf 'n basis vir die formulering van standaarde vir transformasiebestuur in 'n verpleegdiens. Ten slotte, is die evaluasie,
beperkinge en gevolgtrekkings gemaak en aanbevelings bespreek in verband met verpleegpraktyk en navorsing.
ABREVIATIONS

DENOSA = Democratic Nursing Organisation of South Africa
MO = Medical Officer
REG = Registrar
PDES = Patient Day Equivalent, i.e. annual data of inpatient days plus 1/5 of outpatient head count (or visit if not available)
L III = Level three
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1.1 BACKGROUND AND RATIONALE

The political policies previously followed in South Africa has resulted in fragmentation and diversification of the country, duplication, maldistribution, inequality, inequity, inefficiency and inadequacy of the health system (ANC, 1994). Since 1994 with the new political dispensation in South Africa many national, provincial and local policies and legislation have changed to facilitate unification not only of systems but also of the people of the country. The White Paper on Transformation of Health Services in South Africa (South Africa, 1997) gives direction for the integration of health service delivery to achieve the aims of equity, accessibility, appropriateness, acceptability and effectiveness. The constitution of South Africa (South Africa, 1996) also gives direction by recognising health as a basic human right. The transformation of health services is part of the Reconstruction and Development Programme which is a framework for socio-economic development in South Africa and has primary health care as the underlying philosophy in restructuring the health services.

The transformation of nursing services in Gauteng is part of a broader change process in South Africa and this gave rise to closure, conversions, merging and reclassification of certain health institutions. Primary health care plays a more important role and a number of underutilised hospitals are placed with community health care facilities. The transformation of nursing services by the Gauteng health department with its new policies can be a difficult and challenging process creating a period of uncertainty, fear, stress and role ambiguity for the nursing service managers. The transformation has been so major that the nursing service managers' role responsibilities have changed to such an extent that they are now required to manage grossly reduced levels
of resources, multicultural societies with different values, beliefs and attitudes and increased number of patients resulting in overcrowded hospitals.

It is explicit that the nursing service managers are faced with challenges of how to facilitate the transformation of nursing services. The transformation of nursing services demands appropriate nursing service management to be demonstrated. The abilities of the nursing service managers are therefore critical to the effectiveness of the future. Most nursing service managers are unprepared for their new roles. The present concern is the quality of transformation management. The objective of this study is to explore and describe the experiences and perceptions of the nursing service managers regarding the transformation of nursing services in selected Gauteng hospitals. These findings will form a basis for the formulation of standards on transformation management by nursing service managers in selected Gauteng hospitals which can be utilised to evaluate the quality of transformation management by them.

1.2 PROBLEM STATEMENT

From the background and rationale it is evident that the change in government accompanied by the transformation of nursing services with its new policies and practices, poses challenges for the nursing service managers in selected Gauteng hospitals. In these hospitals the experiences and perceptions of the nursing service managers regarding the transformation of nursing services have never been explored. No written standards are available on transformation management by nursing service managers in the Gauteng hospitals. Consequently, they find themselves making major decisions with regard to nursing service transformation with little information about effectiveness of alternative approaches. If experiences and perceptions of the nursing service managers regarding transformation of nursing services can be explored and described, it can provide a basis for the formulation of standards for transformation management by nursing service managers in selected Gauteng hospitals. These standards can be used to evaluate quality of
transformation management by nursing service managers in Gauteng hospitals.

The following research questions are applicable to the study:

What are the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals?

What standards for transformational management in a nursing service can be formulated?

1.3 THE OBJECTIVES

The following research objectives are applicable to the study:

To explore and describe the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals.

To formulate standards for transformation management in a nursing service.

1.4 THE CENTRAL THEORETICAL STATEMENT

The following central theoretical statement serves as a central argument for this study:

An exploration and description of the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals, provide a basis for the formulation of standards for transformation management in a nursing service.
1.5 ASSUMPTIONS AND STATEMENTS OF THE STUDY

The following assumptions and statements are made for the study:

- There are many internal and external forces impacting on Gauteng nursing services to transform.
- The external forces impacting on the Gauteng nursing services to transform are characterised by socio-economic, political and technological factors.
- The internal forces impacting on the Gauteng nursing services to transform are characterised by the need to change policies and practices on human resources, financial resources and other material resources to be in line with the external changes.
- Transformation of nursing services in Gauteng hospitals occurs at all levels of transformation i.e. individual, group, department and organisation.
- The nursing service manager is a spiritual being functioning in an integrated bio-psycho social manner in facilitating transformation of nursing services in selected Gauteng hospitals.
- Nursing service managers are nurses registered with the South African Nursing Council and are appointed in the selected Gauteng hospitals as Deputy Directors, Assistant Directors and Chief Professional Nurses and are involved with facilitating the transformation of nursing services.
- A nursing service is a specialised department within the Gauteng hospital that provides a professional nursing service to individual patients, their families and communities and is in the process of transformation.
- Transformation management is the process of facilitating change of the nursing services within Gauteng hospitals by the nursing service managers.
- Experiences are the reality, which the nursing service managers find themselves in during the transformation of nursing services in selected Gauteng hospitals.
- Perceptions are knowledge, beliefs and opinions expressed by the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals.
- The Botes (1995) model for nursing research provides a holistic perspective of the research process rather than detailed description of the methods and techniques of research. The model is based on the methodological assumption that research should be functional and useful for the practice.

The researcher also adopts the functional approach in research therefore the Botes Research Model (1995) is used as a methodological framework in this study. The Nursing Department of the Rand Afrikaans University also accepts this model as a research model for quantitative and qualitative research. Botes (1995:6-7) describes three orders within the model which are in constant interaction and also influence each other (Refer figure 1.1).
Figure 1.1 A Research Model (Botes)
1.6 RESEARCH DESIGN

This study is conducted in two phases. Phase one of the study consists of a qualitative strategy and aims at exploring and describing the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals. Phase two of the study consists of formulation of standards for transformation management in a nursing service. A quantitative research strategy is utilised for the validation of the standards.

Research Strategy

Phase one of the study is a qualitative strategy which is explorative, descriptive and phenomenological in nature and aims to explore and describe the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals. The research findings of phase one of the study will be used in conjunction with a literature review/control to develop a conceptual framework for transformation management in a nursing service. Concepts derived from the conceptual framework will form the basis for phase two of the study, which is the formulation of standards for transformation management which may be used to evaluate quality of transformation management by nursing service managers in selected Gauteng hospitals. A simple quantitative strategy will be used to validate the standards.

Data gathering

Both narratives and focus group interviews will be utilised in phase one of the study to explore and describe the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals. In phase two of the study a workshop and instrument will be utilised to validate standards for transformation management.
Target population and sampling

The population of this study consists of all public hospitals in the Gauteng region where transformation is taking place. The sample of the hospitals will be stratified in accordance with levels of care to ensure representativeness. The population from which the participants will be selected will consist of all nursing service managers employed at the sample hospitals. A non-probability purposive and convenient sample will be utilised where the participants will be selected in accordance with explicit criteria. The target population and sampling will be described in detail under the research design.

Trustworthiness/Reliability/Validity

Guba's model (Lincoln and Guba, 1985:290) for qualitative research will be used to establish and maintain overall trustworthiness of phase one of the study. Credibility, transferability, dependability and confirmability will be observed throughout. Lynn's (1986:383) structured two phase model will be used for the validation of the transformation management standards. The role of the researcher and participants will be clearly defined. Content validity will be justified by using concepts derived from conceptual framework and a debate by field experts during a workshop in the standard development phase. The two phases will be discussed in detail in chapter two.

The process of data analysis/Determining content validity

The method of data analysis for phase one of the study will be adopted from guidelines by Tesch (in Creswell, 1994:142-145). A statistical analysis procedure will be done for the final transformation management standards in phase two of the study by determining the content validity and standard deviation (Lynn, 1986:384).
1.7 ETHICAL CONSIDERATIONS

Approval to conduct the study will be obtained by written request from the appropriate authorities. The human rights of all participants will be recognised and protected in accordance with the positioning paper of the Democratic Nursing Organisation of South Africa on ethical standards for nurse researchers. The following aspects will be dealt with in order to meet all the requirements for ethical consideration: quality of the research, consent, confidentiality and anonymity, privacy and termination.

1.8 DIVISION OF THE CHAPTERS

In this study, the chapters are divided as follows:

Chapter 1: Overview of the study
Chapter 2: The research design
Chapter 3: The experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals
Chapter 4: Conceptual framework for transformation management
Chapter 5: Formulation of standards for transformation management in a nursing service
Chapter 6: Evaluation of the study, limitations, recommendations and conclusion

1.9 CONCLUSION

The nursing service managers in selected Gauteng hospitals are challenged by the transformation of nursing services. Their role responsibilities have changed to such an extent that they are now required to manage grossly reduced levels of resources, multicultural societies and overcrowded hospitals. This results in fear, stress and difficulty. The importance of this study is to equip the nursing service managers with standards for
transformation management that can be utilised to evaluate the quality of transformation management. An exploration of the experiences and perceptions of the nursing service managers regarding the transformation of nursing services in selected Gauteng hospitals forms a basis for the formation management standard formulation. The research design of this study is mainly a qualitative strategy, which is exploratory, descriptive, contextual and phenomenological in nature, and will be suitable for phase one of the study which is the exploration and description of the experiences and perceptions of the nursing service managers regarding transformation of health services in selected Gauteng hospitals. A simple quantitative strategy is suitable in phase two of the study, in order to validate standards for transformation management in a nursing service, which may be used to evaluate transformation management by the nursing service managers.
CHAPTER 2

THE RESEARCH DESIGN

2.1 INTRODUCTION

In this study the researcher aims to utilise a research design that will maximise the validity/trustworthiness of the research findings of the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals. This will provide a basis for the formulation of standards for transformation management. In this chapter the research design, with all its components i.e. research strategy, data gathering, population and sampling, data analysis as well as trustworthiness is described to clarify how the researcher will implement the process. The research design for phase one of the study which is, the exploration and description of the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals is presented in 2.2 – 2.2.5. This is followed by the research design for phase two of the study which is the formulation of standards for transformation management in 2.3 – 2.3.4 and the ethical considerations in 2.4.

2.2 PHASE ONE - RESEARCH DESIGN: The experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals.

2.2.1 The research strategy

The research strategy of this phase of the study will be a qualitative, exploratory, descriptive, contextual as well as phenomenological in nature (Mouton and Marais 1992:45; 175, Mouton 1996:103-109) and aims to explore and describe the experiences and perceptions of the nursing service
managers regarding transformation of nursing services in selected Gauteng hospitals. The research findings will be integrated with a literature review and control to develop a conceptual framework for transformation management. The concepts derived from the conceptual framework will provide a basis for the formulation of standards for transformation management in a nursing service.

♦ Qualitative

In this phase of the study, qualitative research is conducted to get a clear understanding of the subjective experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals (Burns and Grove 1996:130). The researcher will focus on the dynamics and holistic and individualistic aspects of the experiences and perceptions of the nursing service managers regarding the transformation of nursing services in selected Gauteng hospitals (Polit and Hungler 1993:19). These aspects will be explored in an in-depth fashion, in order to provide a basis for the formulation of standards for transformation management in a nursing service.

♦ Explorative

The researcher aims to explore the dimensions of the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals in the manner it is manifested so as to gain new insight and understanding into them (Mouton and Marais 1990:43-45, Mouton 1996:103). During data gathering and data analysis, the researcher will remain open to the experiences and perceptions of the nursing service managers by making use of bracketing and intuiting. This will be done by not allowing pre-conceived ideas to influence the research and all awareness and energy will be focussed on the experiences and perceptions of the nursing service managers (Burns and Grove 1987: 80, Mouton, 1995:70).
Descriptive

In order to achieve the objective of phase one of the study, the researcher will describe the following as accurately as possible:

- The experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals.


Phenomenological

In order to discover the essence of the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals, the researcher will use a phenomenological method (Smith, 1995:28). The researcher aims to interpret and understand the basic structure of transformation of nursing services as humanely experienced and perceived by the nursing service managers in selected Gauteng hospitals by means of the analysis of verbal explanations and written narratives.

2.2.2 Target population and sampling

The population of this phase of the study consists of all hospitals in the Gauteng region where transformation is taking place (refer to table 2.1). A stratified sample in accordance with the levels of public hospitals will be used. Representatives will be ensured by including a hospital from all the levels. Table 2.1 gives a presentation of the classification of the public hospitals in the Gauteng region where transformation is taking place.
Table 2.1 Classification of public hospitals where transformation is taking place in the Gauteng region

<table>
<thead>
<tr>
<th>LEVEL OF CARE</th>
<th>SIZE (BEDS)</th>
<th>HOSPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>L III &gt; 35% CENTRAL</td>
<td>&lt;1,000</td>
<td>HF VERWOERD, JOHANNESBURG</td>
</tr>
<tr>
<td>L III 25 – 35% CENTRAL</td>
<td>&gt;1,000</td>
<td>BARAGWANATH, Ga-RANKUWA</td>
</tr>
<tr>
<td>MIXED (MAINLY LII) REGION LARGE</td>
<td>500 - 1,000</td>
<td>HILLBROW, HELEN JOSEPH, KALAFONG, BBH, LERATONG, NATAISPRUIT, SEBOKENG, TEMBISA</td>
</tr>
<tr>
<td>MIXED (MAINLY II) REGION SMALL</td>
<td>250 - 500</td>
<td>FERH, PHOLOSONG, SOUTHRAND, VERENING, CORONATION</td>
</tr>
<tr>
<td>DISTRICT HOSPITALS (LI)</td>
<td>&lt; 250</td>
<td>AG VISSE, ANDREW McCOLM, EDENVALE, HVD BIJL, KEMPTON PARK, LAUDIUM, LENASIA, NIGEL, ONTDEKKERS, PAARDEKRAAL, PRETORIA WEST, SYBRAND V NIEKERK, WILLEM CRUWAGEN</td>
</tr>
<tr>
<td>SPECIAL HOSPITAL viz. PSYCHIATRY, INFECTIONOUS DISEASE, CHRONIC CARE</td>
<td></td>
<td>STERKOFONTENIN, TARA, WESKOPPIES, CULLINAN, RIETFOINTEIN, WESTFORT</td>
</tr>
</tbody>
</table>

- The study will be conducted at four public hospitals in the Gauteng region. Two of the hospitals are in the process of merging and the other two had had major restructuring (see tables 2.2, 2.3, 2.4, 2.5).
Table 2.2  Changes in current staff structure – Hospital A

<table>
<thead>
<tr>
<th></th>
<th>CURRENT STATE</th>
<th>PROPOSED STATE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDE's ('95)</td>
<td>497,089</td>
<td>536,963</td>
<td>+39,874</td>
</tr>
<tr>
<td>Beds</td>
<td>897</td>
<td>1,006</td>
<td>+109</td>
</tr>
<tr>
<td>Spec</td>
<td>169</td>
<td>103</td>
<td>-66</td>
</tr>
<tr>
<td>MO/Reg</td>
<td>290</td>
<td>188</td>
<td>-102</td>
</tr>
<tr>
<td>Nurses</td>
<td>1,770</td>
<td>2,073</td>
<td>+303</td>
</tr>
<tr>
<td>Admin</td>
<td>565</td>
<td>428</td>
<td>-137</td>
</tr>
<tr>
<td>Allied</td>
<td>357</td>
<td>398</td>
<td>+41</td>
</tr>
<tr>
<td>Support</td>
<td>1,533</td>
<td>1,119</td>
<td>-314</td>
</tr>
<tr>
<td>Non-personnel expenditure</td>
<td>R230,861,000</td>
<td>R185,519,000</td>
<td>(R37,342,000)</td>
</tr>
</tbody>
</table>

Hospital A is classified as a central hospital (level III – care). In order to move to equity there is major restructuring of its staff establishment. This hospital receives patients from hospital B that was converted to a community health center.

Table 2.3  Changes in current staff structure Hospital B.

<table>
<thead>
<tr>
<th></th>
<th>CURRENT STATE</th>
<th>PROPOSED STATE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDE's ('95)</td>
<td>201,382</td>
<td>0</td>
<td>-201,382</td>
</tr>
<tr>
<td>Beds</td>
<td>744</td>
<td>0</td>
<td>-744</td>
</tr>
<tr>
<td>Spec</td>
<td>56</td>
<td>0</td>
<td>-45</td>
</tr>
<tr>
<td>MO/Reg</td>
<td>131</td>
<td>0</td>
<td>-131</td>
</tr>
<tr>
<td>Nurses</td>
<td>809</td>
<td>0</td>
<td>-809</td>
</tr>
<tr>
<td>Admin</td>
<td>153</td>
<td>0</td>
<td>-153</td>
</tr>
<tr>
<td>Allied</td>
<td>313</td>
<td>0</td>
<td>-313</td>
</tr>
<tr>
<td>Support</td>
<td>915</td>
<td>0</td>
<td>-915</td>
</tr>
<tr>
<td>Non-personnel expenditure</td>
<td>R68,600,000</td>
<td>R0</td>
<td>(R68,600,000)</td>
</tr>
</tbody>
</table>
Hospital B is closed as a formal hospital and converted to a community health center.

Table 2.4  Changes in current staff structure – Hospital C:

<table>
<thead>
<tr>
<th></th>
<th>CURRENT STATE</th>
<th>PROPOSED STATE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDE's ('95)</td>
<td>83,651</td>
<td>50,191</td>
<td>-33,460</td>
</tr>
<tr>
<td>Beds</td>
<td>349</td>
<td>257</td>
<td>-92</td>
</tr>
<tr>
<td>Spec</td>
<td>22</td>
<td>11</td>
<td>-11</td>
</tr>
<tr>
<td>MO/Reg</td>
<td>64</td>
<td>24</td>
<td>-40</td>
</tr>
<tr>
<td>Nurses</td>
<td>628</td>
<td>216</td>
<td>-412</td>
</tr>
<tr>
<td>Admin</td>
<td>74</td>
<td>20</td>
<td>-52</td>
</tr>
<tr>
<td>Allied</td>
<td>117</td>
<td>43</td>
<td>-74</td>
</tr>
<tr>
<td>Support</td>
<td>389</td>
<td>139</td>
<td>-250</td>
</tr>
<tr>
<td>Non-personnel expenditure</td>
<td>R30,500,000</td>
<td>R13,915,000</td>
<td>(R16,585,000)</td>
</tr>
</tbody>
</table>

Hospital C is combined with Hospital D as a large regional hospital (level II). A community health center and a midwifery obstetric unit will be developed at the hospital. The staff numbers will be reduced in order to staff it appropriately as a level II hospital.
<table>
<thead>
<tr>
<th>CURRENT STATE</th>
<th>PROPOSED STATE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDE's ('95)</td>
<td>183,296</td>
<td>190,819</td>
</tr>
<tr>
<td>Beds</td>
<td>454</td>
<td>475</td>
</tr>
<tr>
<td>Spec</td>
<td>36</td>
<td>31</td>
</tr>
<tr>
<td>MO/Reg</td>
<td>109</td>
<td>68</td>
</tr>
<tr>
<td>Nurses</td>
<td>700</td>
<td>616</td>
</tr>
<tr>
<td>Admin</td>
<td>77</td>
<td>58</td>
</tr>
<tr>
<td>Allied</td>
<td>155</td>
<td>123</td>
</tr>
<tr>
<td>Support</td>
<td>573</td>
<td>396</td>
</tr>
<tr>
<td>Non-personnel expenditure</td>
<td>R53,503,000</td>
<td>R39,679,900</td>
</tr>
</tbody>
</table>

Hospital D is combined with hospital C as a large regional hospital.

The population, from which the participants of this phase of the study will be selected, consists of all nursing service managers employed at the sample hospitals. The nursing service managers are appointed at different levels of seniority and consist of deputy directors, assistant directors and chief professional nurses. A non-probability purposive sampling method will be used for the selection of the participants. Theoretical sampling saturation will be accomplished through repetitious occurrences of main and sub-categories. The participants will be selected in accordance with set criteria namely:

- Nursing service managers are registered with the South African Nursing Council
- The Chief professional nurses with more than five years in their rank
- Availability on the day of the interview/willingness to participate in the study.

Table 2.6 gives a presentation of the participants.
Table 2.6  Participants i.e. nursing service managers by hospital and seniority.

<table>
<thead>
<tr>
<th></th>
<th>Hospital A</th>
<th>Hospital B</th>
<th>Hospital C</th>
<th>Hospital D</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Director</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Assistant Director</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Chief Professional Nurse</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td>Totals</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>7</td>
<td>34</td>
</tr>
</tbody>
</table>

2.2.3 Data gathering

In this phase of the study, the phenomenological methods of both focus group interviews and written narratives will be utilised to gather data on the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals. The two methods to be employed in this phase of the study will be discussed separately.

2.2.3.1 The focus group interviews

The researcher aims to utilise focus group interviews to deliberate checking with the nursing service managers regarding their ideas, thoughts, experiences and perceptions of transformation of nursing services in selected Gauteng hospitals (Holloway and Wheeler, 1996:144; Krueger, 1994:16). In this study the researcher aims to included five to twelve nursing service managers in each focus group session as the group will be small enough to allow every member to participate but big enough to generate information and
different views. A series of focus group interviews will be conducted to increase the range of the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals. The researcher will take into consideration homogeneity by having criterion of inclusion as described under population and sampling (refer table 2.6). The richness of data on the experiences and perceptions regarding transformation of nursing services in selected Gauteng hospitals, are of the interest to the researcher and one main question will be standardised, that is: What are your experiences and perceptions of transformation of nursing services in the Gauteng region? A course of non-directiveness will follow and each participant will be given and opportunity to express himself/herself openly and freely. There will be no pressure on the groups to reach consensus (Krueger, 1994:16).

Data gathering will be based on guidelines described by Holloway and Wheeler (1996:148). These guidelines are as follows:

- The focus group interviews will be conducted during off-duty time of the nursing service managers.
- The environment will be conducive for the focus group interviews.
- A top quality tape recorder with cassette in situ will be used with the nursing service manager’s permission.
- Ground rules will be established.
- Time management will be given priority and the interview will last 45–60 minutes.
- The focus group interviews will be audiotaped and later transcribed.
- Field notes will be made directly after the interviews as a verifying measure.

The researcher intends to follow the following plan for the focus group interviews in relation to the role of the researcher, the environmental setting, the role of the moderator and data management:
The role of the researcher

The researcher will make the initial contact prior to the focus group sessions by meeting with the participants and moderator in order to brief them on the purpose of the study. Letters of consent to participate will be given to the participants. The researcher will also explain to the participants what focus group interviews entails and what will be expected of them. During the focus group interviews the researcher will always be in the background, taking comprehensive field notes, noting the nursing service managers' verbal and non-verbal communication, key issues, environmental conditions and logistics, e.g. seating and response to unexpected interruptions. The researcher will operate the tape recorder, which will be placed in front of her on the table. The researcher will also ask additional questions and probe the response of some participants in more depth near the end of the discussion.

The environment setting

The focus group interviews will be conducted in the boardrooms at all four selected Gauteng hospitals. The rooms are private, noise free and free from distractions (Krueger, 1994:48). The rooms will be convenient to the nursing service manager because it is at their place of work. The fact that the nursing service managers are familiar with the surroundings may promote an atmosphere of openness and one that is relaxed. Chairs will be arranged so that participants can face each other to enhance eye contact. The participants will be allowed to take their seats depending on their preference and seating availability. A “Silence” notice will be placed on the boardroom doors.

The role of the moderator

The researcher, for proficiency of the study, will utilise the expertise of an independent interviewer. Her expertise in the form of knowledge of group dynamics, ability to maintain group enthusiasm and interest for the topic by
means of establishing rapport, probing, active listening and paraphrasing issues; bracketing and interacting will facilitate identification of the most important themes and feelings (Krueger, 1994:115). She is an expert in interviewing and a psychiatric nurse specialist involved in daily teaching of psychiatric students.

The moderator will introduce the topic to the participants and share some ground rules. An explanation will be given with regard to the operation of the tape recorder. Because of homogeneity one main theme will be standardised for all focus group interviews, that is "The experiences and perceptions of the nursing service managers regarding transformation of nursing services in Gauteng region". A course of non-directiveness will follow and, as the theme is open-ended, each participant will be given an opportunity to express himself/herself openly and freely (Krueger, 1994:57).

Data Management

A tape recorder with cassettes will be utilised to obtain word per word discussions between the interviewer and the nursing service managers. The researcher will be responsible for the safekeeping of the taped cassettes. The tapes will be numbered instead of using the names of the institutions to ensure confidentiality and to avoid identification. The taped cassettes will be transcribed verbatim by the researcher. A master file will be opened to store all the original data sources, including transcripts of the audiotapes and all field notes that have been made (Schurink (in De Vos, 1998:334)). A working file, which includes all background material, such as excerpts from reference work, will be opened. All primary data will be saved in Microsoft Word to facilitate sorting and classification. The audiotapes will be destroyed immediately after completion of the study.
2.2.3.2 The narratives

The researcher will use narratives as a data gathering method to gain access and as triangulation into the experiences and perceptions of the nursing service managers regarding transformation of nursing services in the selected Gauteng hospitals (Holloway and Wheeler, 1996:59). After obtaining informed consent, the nursing service managers who consent to write narratives will be given a coded envelope with the instruction pertaining to the narrative inside the envelope. The envelope will be hand posted to them by the researcher. They will be requested to write a narrative and the following instruction will be given: “Please describe your experiences and perceptions regarding transformation of nursing services in the Gauteng hospitals.” The instruction will be given on a blank sheet of paper with enough space for the nursing service managers to describe their experiences and perceptions regarding the transformation of nursing services. The nursing service managers will be given a period as requested by them to write their narratives and the responses will be collected by the researcher after this agreed upon period. For security purposes, the narratives will be locked in a steel filing cabinet by the researcher.

2.2.4 The process of data analysis

Data analysis will be done independently by the researcher and two other independent researchers. The independent researchers are M Cur students at Rand Afrikaans University and the supervisor gave permission for their involvement in the project. A protocol for data analysis will be handed to the independent researchers to guide them during data analysis.

Guidelines proposed by Tesch (in Creswell, 1994: 142–145) will be adopted and were the researcher will carefully read through each transcription and the written narratives and concentrate on topics, issues and feelings mentioned and written by the nursing service managers. Similar aspects will be clustered together to try and derive a minimal number of sensible categories. Codes
will be assigned to each category and a minimum number of categories will be identified by reading through the transcriptions and written narratives. Data will be coded according to selected categories. The researcher and two independent researchers will review the thematic analysis together and a final agreement on themes will be reached.

2.2.5 Trustworthiness

Guba's model (Lincoln and Guba, 1985:290) for trustworthiness of qualitative research will be used to establish and maintain overall trustworthiness. Credibility, transferability, dependability and confirmability will be observed throughout, ensuring the following:

- That the researcher will have two years involvement with the study. Four focus group interviews will be conducted, field notes will be taken, and a literature review will be done.

- That the researcher is familiar with the culture of the nursing service managers under study as she is employed by one of the public hospitals under study.

- That the interviewer in the study will utilise the techniques of communication and will allow the nursing service managers under study to expand on the question on a different level. The researcher will always be in the background observing the situations.

- That the researcher will utilise the moderator to collect data during the focus group interviews. Tape recordings will be utilised to validate data obtained during focus group interviews. Both moderator and researcher will take field notes.

- That the researcher will emmerse intensely on tape recordings by repeated listening.
That the research supervisor, an expert study leader in nursing dynamics and qualitative research will execute data control. She will nurture and supervise the researcher's capabilities and ethics. Two independent researchers will be utilised for data analysis.

That the researcher will attempt to ensure transferability by providing a rich thorough description of the research, data gathering, and data analysis. Interpretations of findings will be done for anyone interested in the basic information.

The findings of the study are only specific to the selected Gauteng hospitals.

An audit trail will be kept throughout the research and will consist of the following: raw data from field notes, condensed notes through data reduction and analysis and procedure notes.

2.3 PHASE TWO – RESEARCH DESIGN: Formulation of standards for transformation management in a nursing service

2.3.1. The research strategy

Standards for transformation management in a nursing service can be formulated in two phases: the development phase and the quantification phase. Lynn's two phase validating model (1986) will be utilised for the formulation of the standards. The first phase is the development phase, which consists of domain identification, item generation and item formulation. A simple quantitative research strategy is used in the quantification phase to validate the final standards for transformation management in a nursing service.
2.3.2 The development phase

The development phase is the first phase of standard formulation and is described in relation to target population and sampling and data gathering.

♦ Target population and sampling

The population from which the sample will be drawn, consists of nursing service manager with special expertise (qualification and experience) in nursing service management in selected Gauteng hospitals. The researcher will make use of a purposeful sampling method from the target population. According to Lynn (1986:383) a minimum of five domain experts should be used to control for chance agreement. Criteria for inclusion as participants in this phase of formulating standards are as follows: Each participant should have, a minimum of five years experience of nursing service management, a qualification in nursing service management, be willing to take part in a workshop discussion and be available on the day of the workshop. Participants will be requested personally by the researcher to take part in the workshop discussion and critical debate of draft standards.

♦ Data gathering

Lynn (1986:383) suggests that the development phase consist of three steps, i.e. domain identification, item generation and item formulation. The researcher will make use of the three steps by conducting a field study on the experiences of the nursing service managers regarding the transformation of nursing services in selected Gauteng hospitals, and by performing a literature review (domain identification), formulation of draft standards (item generation) and conducting a field expert discussion to debate and refine the draft standard (item formulation).
Draft standard formulation

Draft standards will be formulated by the researcher and will be based on the results of a field study on the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals in phase one of the study. The research findings of phase one of the study will be integrated with a literature study and a literature control to develop a conceptual framework for transformation management. National and international sources will be utilised as literature study/control during the development of the conceptual framework. The researcher will utilise concepts from the conceptual framework to formulate the draft standards for transformation management in a nursing service. A group of field experts will be personally requested by the researcher to take part in a workshop. The aim of the workshop will be explained and written background information will be hand delivered to them, should they express interest. The nature of the research, preparation instructions and the draft standards will be included in the background information. The aim of the workshop will be to debate, refine, systemise, cognitively analyse and, if necessary, expand the draft standards to ultimately enhance the content validity. The field experts will also be requested to make recommendations for changes, additions or deletions to the draft standards. The researcher will conduct the workshop. Each item of the draft standard will be debated until general consensus is reached. On completion of the workshop, the necessary changes will be made; based on the field experts' recommendations. The standards will then be prepared for the quantification phase.

2.3.3 The quantification phase

The second phase of Lynn's content validity model (1986) is the quantification phase and is described in relation to target population and sampling, data gathering, determination of content validity and reliability.
Target population and sampling

The population from which the sample will be drawn consists of nursing service managers from the selected Gauteng hospitals who participated in phase one of the study. The researcher will make use of a purposeful sampling method. After consultation with statistical experts, it was decided that 25 participants should provide reliable results. Criteria for inclusion as participants in this phase of formulating standards are as follows: Each participant should be a nursing service manager who has a minimum of five years experience as a nursing service manager, who participated in phase one of the study and/or the development phase of the standard formulation. Participants will be personally requested by the researcher to take part in validating the standards for transformation management by means of a four point ordinal Likert rating scale.

Data gathering

Lynn (1986:384) believes that the most widely used method for the quantification of content validity is the content validity index, which is derived from the rating of the content relevance of the items on an instrument using an ordinal scale. The following four point ordinal Likert scale (absolute discrimination) will be developed for the determination of content validity of the standards.

1 = Irrelevant / totally inapplicable for transformation management
2 = Applicable but description unclear
3 = Applicable
4 = Complete, well described and totally applicable

The researcher will hand deliver the refined standards, with background information stating the nature of the research and instruction for validating the standards. The aim of the quantification phase is to validate the transformation management standards developed by the researcher.
Determination of content validity

According to Lynn (1986:384) the most widely quantification of content validity is the content validity index. Lynn (1986:383), identifies three steps to ensure content validity in the development phase: domain identification, item generation and instrument formation. Domain identification will be reflected as the conceptual framework which consists of the results of phase one integrated with a literature review and literature control (see chapter four). Based on the conceptual framework and the researcher's experience, items for the draft standards will be generated. The field experts will debate the draft standards until consensus is reached. The researcher will make the suggested changes. The refined standards of transformation management will be hand delivered to 25 participants who need to validate each standard on a four point Likert scale. The content validity index for each item is determined by the proportion of participants who rate it as valid by rating a three or four on the rating scale. The researcher will also utilise standard deviation to determine consensus between participants. Standard deviation of 0,650 and higher indicates a relative weak consensus between participants and standards will be judged according to the participant's rating. The standards are described in the form of content validity index and standard deviation. The content validity index is the proportion of total items judged as being content valid. A statistical consultant will verify the analysed data.

2.3.4 Reliability

Strategies that the researcher will institute to ensure reliability are as follows:

A structured two-phase model will be used for the validation of the transformation management standard. The field experts will be allowed sufficient preparation time for the debate. A draft standard for transformation management in a nursing service will be given to each domain expert.
The role of the researcher will be clearly identified. The field experts will receive equal opportunity to participate in the debate.

Each participant in the quantification phase will receive written instructions accompanying the transformation management standards. The researcher can be reached telephonically should the participants need further assistance. Participants will be representative of the target population. The research strategies used to collect and analyse data will be described in depth. Table 2.7 gives a summary of the research design for the study.

**TABLE 2.7 THE RESEARCH DESIGN**

<table>
<thead>
<tr>
<th></th>
<th>PHASE 1</th>
<th>PHASE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>To explore and describe the experiences and perceptions of the nursing service managers regarding the transformation of nursing services in selected Gauteng hospitals</td>
<td>To formulate standards for transformation management in a nursing service</td>
</tr>
<tr>
<td><strong>RESEARCH DATA</strong></td>
<td>• Qualitative</td>
<td>• Quantitative</td>
</tr>
<tr>
<td></td>
<td>• Descriptive</td>
<td>• Descriptive: conceptual framework standards</td>
</tr>
<tr>
<td></td>
<td>• Contextual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Phenomenological</td>
<td></td>
</tr>
<tr>
<td><strong>DATA GATHERING</strong></td>
<td>• Phenomenological methods: focus group interviews and written narratives</td>
<td>• Research findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Literature review/control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Field experts</td>
</tr>
<tr>
<td><strong>TARGET POPULATION AND SAMPLING</strong></td>
<td>• Stratified sample of hospitals selected from the transforming hospitals</td>
<td>• Non-probability purposive sample of six field experts for development phase</td>
</tr>
<tr>
<td></td>
<td>• Non-probability purposive sample of participants</td>
<td>• Non-probability purposive sample as in phase one</td>
</tr>
<tr>
<td><strong>TRUST-WORTHINESS VALIDITY RELIABILITY</strong></td>
<td>Guba’s 1985 Model of trustworthiness</td>
<td>• Structured two phase model Lynn (1986)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Development phase</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quantification phase</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Statistical content validity index</td>
</tr>
<tr>
<td><strong>DATA ANALYSIS</strong></td>
<td>• Tape recordings transcribed verbatim</td>
<td>• Statistical content validity index</td>
</tr>
<tr>
<td></td>
<td>• Analysis adapted from Tesch (in Crteswell, 1994)</td>
<td>• Standard deviation</td>
</tr>
<tr>
<td></td>
<td>• Use of two independent researchers</td>
<td></td>
</tr>
</tbody>
</table>
2.4 ETHICAL CONSIDERATIONS

Approval to conduct the study will be obtained from the Gauteng government as well as the selected Gauteng hospitals. The human rights of all participants will be recognised and protected in accordance with the positioning paper of Democratic Nursing Organisation of South Africa's ethical standards for nurse researchers. The following aspects will be dealt with in order to meet requirements for ethical consideration:

QUALITY OF THE RESEARCH

The researcher and supervisor will adhere to the highest possible standards and the researcher will not attempt aspect beyond her capabilities. In this study the supervisor has the necessary knowledge and skills to maintain the highest possible standards and the importance of maintaining these standards for planning, implementation and communication of the research is recognised. The researcher will approach the study with integrity and will try to remain aware of personal biases and values that may influence the study. The study will be conducted with honesty, without fraud, acts of bad faith or misconduct. All aspects will be reported fully, without omittance of any significant data.

CONSENT

Written informed consent will be obtained from all participants (refer Annexure 1, 2 & 3). The purpose, methods, objectives, duration and participation needed in the study will be explained to the nursing service managers. Openness will be maintained by the researcher to enable the nursing service managers' freedom of knowledge and understanding with regard to the study. Additional permission will be requested to use a tape recorder during the interviews. The benefits of the study will be communicated to all participants and the results will be communicated to them on request. Voluntary participation will be affirmed, no grudges will be held for refusal to participate.
CONFIDENTIALITY AND ANONYMITY

No nursing service and/or institution will be referred to by name once sampling has been conducted. No names will be used on the recorded tapes but rather numbers. Tape-recorded interviews will be kept safe by the researcher until data transcription, analysis and coding have been done. All raw data will be destroyed after compilation of the final dissertation.

PRIVACY

Only the quantity of data required to achieve the objectives of the study will be collected and the researcher will avoid using the information to embarrass any of the participants.

TERMINATION

The study will be terminated if it no longer adheres to the standards that were formulated during planning phase. The researcher also recognises the right of the participants to terminate participation if they wish, despite initially consenting to participate.

2.5 CONCLUSION

In this chapter the research design, of the two phases of the study was described. A contextual, qualitative, descriptive and exploratory research design was described as a method selected by the researcher in phase one of the study to explore and describe the experiences and perceptions of the nursing service managers regarding the transformation of nursing services in selected Gauteng hospitals. The phenomenological methods of focus group interviews and written narratives used as data collection method to get insight into the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals. The results of phase one of the study will be used with a literature review and control to develop a conceptual framework for transformation management.
Concepts derived from the conceptual framework form a basis for the formulation of standards for transformation management in a nursing service, which consists of two phases, namely the development phase and the quantification phase and may be used to evaluate transformation management for a nursing service.
CHAPTER 3

THE EXPERIENCES AND PERCEPTIONS OF THE NURSING SERVICE MANAGERS REGARDING THE TRANSFORMATION OF NURSING SERVICES IN SELECTED GAUTENG HOSPITALS

3.1 INTRODUCTION

This chapter constitutes phase one of the study. Based on the background, rationale and problem statement described in chapter one, this part of the study aims at achieving the objective of exploring and describing the experiences and perceptions of nursing service managers regarding transformation of nursing services in selected Gauteng hospitals. A discussion of the two methods of data gathering, namely the focus group interviews and narratives is given and this forms part of a phenomenological approach. A detailed description of the realisation of the methods and sample, data gathering, data management, presentation and discussion of the result is given.

3.2 REALISATION OF METHODS AND SAMPLE

At the commencement of data gathering, all four hospitals selected for the study were in the process of major restructuring. Hospitals C and D were in the process of merging and conversion and major restructuring of staff establishments were taking place. Most personnel were experiencing transition role and location. Staff members had to adjust to a new work environment, new work groups and often new types of patients. There was a high degree of uncertainty at all institutions. It appeared to me that there was a climate of low staff morale at all four hospitals. The media portrayed the public health services as being in bad shape and deteriorating.
3.2.1 Sample realisation

The population of this phase of the study consists of all hospitals in the Gauteng region where transformation is taking place. A stratified sample in accordance with the levels of public hospitals was used. Representativity was ensured from all the levels. The study was conducted at four hospitals facing the same challenges. A non-probability purposive sampling method was used for the selection of participants, thirty-four participants agreed to participate in the study. All participants were nursing service managers at the four hospitals. Some are deputy directors, some are assistant directors and some are chief professional nurses. All thirty-four participants agreed with no hesitation to participate in the study (see table 3.1).

Table 3.1 Participants i.e. nursing service managers by hospital and seniority

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Hospital</th>
<th>Hospital</th>
<th>Hospital</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Deputy Director</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Assistant Director</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Chief Professional Nurse</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

Four focus group interviews were conducted, based on the four hospitals being studied. Each focus group consisted of five to ten participants (see table 3.2). Three narratives were written by the nursing service managers. The deputy director of hospital D and two assistant directors of hospital C agreed to write narratives (see table 3.2). Theoretical sampling saturation was accomplished through repetition occurrences of main and subcategories on completion of the third focus group interview. The fourth focus group interview was conducted because the participants were eager to participate in the study. Table 3.2 gives a presentation of the nursing service managers who participated in the focus group interview and who wrote narratives.
Table 3.2 Nursing service managers who participated in focus group interviews and who wrote narratives

<table>
<thead>
<tr>
<th>FOCUS GROUP INTERVIEWS</th>
<th>HOSPITALS</th>
<th>DEPUTY DIRECTOR</th>
<th>ASSISTANT DIRECTOR</th>
<th>CHIEF PROFESSIONAL NURSE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 1 4 5 10</td>
<td>B 7 7</td>
<td>C 1 8 9</td>
<td>D 1 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 6 24 31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| NARRATIVES | A           | B           | C 1 1 | D 1 1 | 2      | 3      |
| TOTAL      | 1 2         |             |       |       |        |        |

3.2.2 Initial contact with participants

After informed written consent was obtained from the Gauteng Health Department, the deputy directors and superintendents of the hospitals were approached and the study was explained to them. Presentation dates, convenient for the nursing service managers, were arranged by the nursing managers in charge of the hospitals. The researcher personally approached the participants in their work situation.

During the presentation of the research the following aspects of the study was verbally conveyed to the participants. The purpose and objective of the study; the reasons why participants were selected as prospective participants; the method of data collection and commencement date of each method; potential benefit to the persons partaking in the study. Assurance was given of confidentiality and anonymity of person taking part in the study. On confirmation from prospective participants that they understood the conveyed information, consent, in duplicate on a prescribed consent form, was obtained.
from each participant who agreed to participate. A third person was requested to witness the consent forms.

3.2.3 Environmental setting

Three of the focus group interviews were conducted in boardrooms of the hospitals. The focus group interview at hospital A was conducted at the clinical teaching department. The rooms were private, noise free and free from distractions. The rooms were convenient to all participants because it was at their place of work, an atmosphere of openness and one which was relaxed was probably enhanced by the fact that the nursing service managers were familiar with the surroundings. The chairs were arranged so that participants could face each other at all four venues. The tables between the participants allowed them to lean forward and be less conscious of their bodies. At the clinical teaching department, tables were placed in front of each participant and the participants were equally spaced around the table to enhance eye contact. At all four focus group interview venues, the participants took their seats, depending on their preference and what seat was available to them. A notice with the words “Silence please, focus group interview in progress” was put on doors to prevent distractions. All participants, moderator and researcher had nametags attached to their chests, to assist communication.

3.2.4 The role of the moderator and researcher

The moderator initiated the whole process of interviewing. The researcher was always on the background as an observer. Field notes were taken by the researcher.

The researcher hand-posted the envelopes with the narratives inside to the participants who agreed to write narratives. The instruction, “Please describe your experiences and perceptions regarding transformation of nursing services in the Gauteng region”, was given to the participants. The
participants requested a period of two months to write the narratives. The researcher collected the narratives.

3.2.5 The focus group interviews

Permission was granted by the nursing service managers in charge of hospitals A, B and D for the focus group interviews to be conducted during on-duty time. The focus group interviews at hospital C was conducted during the nursing service managers' lunchtime.

A table was set aside for refreshments at all four focus group interviews. When entering the room, some members of the focus group interview at hospital C were surprised to see tape recorders, even though agreeing to this during requisition of consent. After a brief explanation they understood and gathered around the refreshment table.

Group members were greeted and welcomed at the door by the researcher and were invited to light refreshments. All participants seemed to enjoy the refreshments and it appeared to have set their minds at ease and promoted conversation and communication. The refreshment session lasted about 15 minutes at all four focus group interviews. The focus group interviews were conducted at different dates and times. At all four focus group interviews, the participants took their seats depending on their preference and what seat was available to them. All participants had nametags to identify each other. The moderator was introduced to the participants by the researcher at each and every venue. Before commencement of the interviews, the moderator gave a brief introduction and background of what was expected and the nature of the study. The moderator shared some ground rules and an explanation was given with regard to operation of the tape recorder. Realising the all groups were homogenous, and would have similar perspectives and concerns regarding the transformation of nursing services, one main theme was standardised for all focus group interviews, that is: "The experiences and perceptions of nursing service managers regarding transformation of nursing services in the Gauteng hospitals." A course of non-directives followed.
thereafter and each participant was given an opportunity to express himself/herself openly and freely.

Most participants at all four focus group interviews were actively involved in the discussion and were open with their ideas and views. They gave lengthy responses which included practical examples. The majority of nursing service managers were eager to talk, except in the focus group interview at Hospital C, where two members were quiet most of the time and had to be reminded to participate. There was considerable interaction between the members of the groups as some disagreed with others. Group members in the focus group interview at Hospital C became very defensive and tended to blame the government when responding to questions and interacting with one another. More emphasis was placed on shortage of staff at all four focus group interviews.

One focus group member at Hospital A did not participate at all, even though she was encouraged to participate. She appeared to be very angry and all she could say was the whole transformation is "very negative ... very bad."

Group members appeared to have a multitude of emotions like anger, anxiety, bitterness, unhappiness, etc., and this was demonstrated in both verbal and non-verbal communication.

3.2.6 Data management

The researcher took comprehensive notes, noting participants' verbal and non-verbal communication, key issues, environmental conditions and logistics, i.e. refreshments, lighting and seating.

The researcher and moderator discussed the field notes and interview immediately after each interview. Important themes and impressions, which were observed by the moderator and researcher, were discussed and the data were included in the field notes. Each recorded cassette was immediately coded, placed back in its holder in a coded envelope and sealed.
These were locked up in a safe place to protect the participants. Because of the need for prolonged engagement and the use of self, the researcher had a challenge to do verbatim transcriptions of the four focus group interview cassettes utilising the tape recorder. The method proved to be tedious and took a long time to complete, as it was the researcher's first experience of this process. Each of the transcriptions was completed and possible errors were corrected. The final editing was done, the transcriptions were put in an envelope, sealed and given to the typist for typing. The typist secured the transcriptions on floppy discs. Photostat copies were produced, one for the supervisor, one for each independent researcher and one for the researcher.

3.2.7 The process of data analysis

Data analysis was conducted independently by the researcher and two independent researchers. The independent researchers are M.Cur. students at RAU. The researcher conducted a line-to-line content analysis and identified recurring topics of discussion.

Guidelines proposed by Tesch (in Creswell, 1994:142-145) were adopted where the researcher read through the transcriptions and narratives to get a sense of the whole. The researcher read through each transcription and narrative carefully and concentrated on topics, issues and feelings mentioned and written by the nursing service managers. Similar aspects were clustered together to try and derive a minimal number of sensible categories. Codes were assigned to each category. Reading through each transcription and narrative derived a minimum number of sensible categories. Data was coded according to selected categories.

The researcher and the independent researchers reviewed the thematic analysis and a final agreement on themes was reached.
3.3 RESULTS AND DISCUSSION

Two major themes were identified from the data, namely the management function and the quality of patient care. The themes and categories that were identified through analysis of transcribed focus group interviews and written narratives, confirmed that transformation of nursing services occurs at all levels of the organisation. The identified levels are individual level, group level, departmental level and organisational level. Individual level refers to the effect of transformation of nursing services on nursing service managers as individuals. Group level refers to the effect of transformation of nursing services on nursing service managers as a group, collectively and their interaction and inter-relationship with one another. Departmental level refers to the effect of transformation of nursing services on different sections of the organisation and organisational level refers to the effect of transformation of nursing services on the organisation as a whole. All these levels are interacting and integrating (see fig. 3.1).

Figure 3.1. Levels of transformation

It became evident that the nursing service managers experienced and perceived the transformation of nursing services as occurring at all levels and has a positive and/or negative impact on their management function and
quality of patient care. The results are discussed, based on the two major themes, in relation to all the levels of the organisation and the positive and negative experiences of the nursing service managers regarding transformation of nursing services in the Gauteng hospitals. For the purpose of clarification and reference, the results are presented in table 3.3, that displays an overview of the experiences and perceptions of nursing service managers regarding transformation of nursing services in the selected Gauteng hospitals.

Table 3.3. Distribution of main themes, levels and subcategories

<table>
<thead>
<tr>
<th>MAIN THEME</th>
<th>LEVEL</th>
<th>CATEGORY</th>
<th>SUBCATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANAGEMENT</td>
<td>Individual &amp; Group</td>
<td>Negative</td>
<td>Negative feelings, Poor communication, Poor salary, Lack of recognition, Lack of participation, Increased workload, Lack of professional development</td>
</tr>
<tr>
<td></td>
<td>Department &amp; Organisation</td>
<td>Positive</td>
<td>Empowerment</td>
</tr>
<tr>
<td></td>
<td>Department &amp; Organisation</td>
<td>Negative</td>
<td>Lack of resources</td>
</tr>
<tr>
<td></td>
<td>Department &amp; Organisation</td>
<td>Positive</td>
<td>Non-discriminatory policies</td>
</tr>
<tr>
<td>QUALITY OF PATIENT CARE</td>
<td>Department</td>
<td>Negative</td>
<td>Lack of resources, Free health service &amp; PHC</td>
</tr>
<tr>
<td></td>
<td>&amp; Organisation</td>
<td>Positive</td>
<td>Non-discriminatory policies, Free health service &amp; PHC</td>
</tr>
</tbody>
</table>

The main themes, categories and subcategories are discussed in greater detail and are supported by four or more quotes from the written narratives and/or transcribed interviews.
3.3.1 Management

Nursing service managers identified various categories of their experiences and perceptions regarding transformation of nursing services and its impact on quality of transformation management at all levels of transformation. Positive and negative experiences were identified and are discussed with supporting quotations from the participants' written narratives and focus group transcribed interviews. (refer table 3.4).

Table 3.4  Distribution of positive and negative experiences of the nursing service managers regarding transformation of nursing services' impact on management function quality.

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>N</th>
<th>N</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. POSITIVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Empowerment</td>
<td>3</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>• Non-discriminatory policies</td>
<td>2</td>
<td>3</td>
<td>18</td>
</tr>
</tbody>
</table>
### CATEGORIES

<table>
<thead>
<tr>
<th>Categories</th>
<th>Focus Group</th>
<th>Narrative</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. NEGATIVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Negative feelings</td>
<td>4</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>• Poor communication</td>
<td>4</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>• Poor salary and lack of recognition</td>
<td>4</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>• Increased workload</td>
<td>4</td>
<td>3</td>
<td>31</td>
</tr>
<tr>
<td>• Lack of participation</td>
<td>4</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>• Lack of professional development</td>
<td>4</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>• Lack of resources</td>
<td>4</td>
<td>3</td>
<td>20</td>
</tr>
</tbody>
</table>

#### 3.3.1.1 Individual and group levels

The nursing service managers identified positive and negative experiences and perceptions regarding the transformation of nursing services and its impact on their management function at individual and group levels.

**Positive experiences and perceptions**

The nursing service managers identified empowerment as a factor that impacted positively on their management function.

- **Empowerment**

Despite the negative effects of the transformation of nursing services on individuals and groups, some participants in the focus group interviews (N=3) describe the transformation as having positive effects, as it contributed to knowledge of cultural diversity and improved race relations. Most participants (N=17) felt that they now better understood each other's behaviour and
different races were learning about each other. Two nursing service managers mentioned empowerment in their written narratives (N=2). Examples of direct quotations are:

- “To me transformation resulted in different people knowing one another culturally, socially and understand one another’s values better.”

- “I also think you learn how to deal with diverse problems better.”

- “You’re on your toes at all times, you’re learning everyday; and this is happening very fast.”

- “We now understand each others behaviours better, I feel we are empowered in this way.”

- “We also learn a lot about labour relations issues.”

- “I feel change should be a development process, we are stressed and anxious, but in a way we are being empowered.”

**Negative experiences and perceptions**

The nursing service managers identified negative feelings, poor communication, poor salaries and lack of recognition, increased workload, lack of participation and lack of professional development as factors that influenced their management function negatively.

- **Negative Feelings**

It became clear from the results that negative feelings like anger, fear, frustration, uncertainty, powerlessness, hurt and low morale were common among the participants and dominated their emotions at all four hospitals under study. The nursing service managers (N=22) during all focus groups
(N=4) expressed that they have these negative feelings in response to poor communication, increased workload, poor salaries, lack of recognition, inadequate resources and lack of participation in decision-making. The participants indicated that they were continuously dissatisfied and unhappy and this impacted negatively on the quality of the management of their institutions. They attributed the negative feelings to the manner in which the transformation of nursing services was planned and implemented in their institutions. Negative feelings were mentioned in all written narratives (N=3). The nursing service managers' negative feelings are summarised as follows:

- "There is a shortage of staff .... the whole situation makes me feel angry, bloody angry, we feel angry because there is no incentives."
- "I can say, there is lots of frustration in the nursing profession, we don't enjoy nursing anymore."
- "There is no two way communication, it makes me very angry."
- "With all these rumours. We feel very uncertain about our jobs, there is lots of fear of losing our jobs."
- "The whole situation is hurting, hurting because we are in the middle of the nurses and patients, hurting, hurting very painfully." (Tears rolling down her cheeks.)

- Poor communication

Lack of effective communication was described during all focus group interviews (N=4) as a major stumbling block of transformation management. The information regarding nursing service changes was perceived to be insufficient. The transformation was perceived by the participants as being characterised by rumours eliciting uncertainty, fear and anxiety, which impacted negatively on the nursing service managers' transformation
management. The participants (N=18) verbalised that communication was from top down and there is no two-way communication. No mention of poor communication was made in all written narratives. Poor communication is supported and confirmed by the following direct quotations from the transcribed focus group interviews:

- "We don't get clear information about short and long term goals; information about changes is given to us when decisions are already made."

- "There is no two-way communication, I feel lots of information is being withheld by the authorities."

- "When it comes to information nursing service managers get very little feedback about the transformation process in general."

- "Information about the changes is very scanty; the authorities (Gauteng Health Department) is very secretive about the changes."

- "We always get circulars instructing us on what to do; not requesting our contribution on changes. communication is really a one-way process."

- Poor salaries/Lack of recognition

Data analysed from the transcribed focus group interviewed (N=4), field notes and written narratives (N=2) revealed that the participants (N=17) experienced and perceived inadequate recognition by the Gauteng Provincial Department. The participants made mention of their dissatisfaction with the poor salaries that they receive. Poor salaries and lack of recognition were seen as contributing to the low morale, which have a negative impact on the nursing service managers' transformation management function. The responses were as follows:
• "The salaries are too pathetic, nurses receive no recognition at all."

• "After thirty years of service, I still earn; well I am even embarrassed to mention my salary after deductions."

• "The Health Department is loosing nurses to international countries like Saudi and the UK, but do you think they are concerned, no, because who suffer, us, who are at grass root level."

Several participants also made reference to the performance evaluation system. The participants felt that it was very ineffective. The following statements evidence this:

• "Umm, like the PPMS, it is a system that is very complicated and is not working at all."

• "The PPMS is a big problem, it is not effective at all; this is resulting in people working just for the sake of working."

Note: PPMS refers to the Personnel Performance Evaluation Management System that is used by the selected Gauteng hospitals.

- Increased workload

Increased numbers of patients and shortage of staff were workload issues described during all four focus group interviews (N=4). A significant number of participants (N=31) felt that the moratorium placed on filling posts, the severance packages, resignation by highly skilled nurses and the free health services contributed to the increased workload and this had a negative impact on their management of transforming nursing services. This was also reflected in all written narratives (N=3). Increased workload was seen as a serious concern, and is thought to be the main issue, which retards
transformation management, by the nursing service managers. The following statements support this concern:

- "The nurses are overworked and generally the wards are full, also the number of patients increased tremendously, we cannot handle them in good time."

- "I'm not coping with what I'm doing, there's too much demand on me, I feel I'm doing the work of at least three managers."

- "The moratorium, staff shortages, severance packages, Umm, and the workload have increased, I personally feel stressed and at times very angry about this transformation; the planning and implementation was bad."

- "Many flock to one clinic and the staff at the clinic cannot cope."

- "Very few staff was left behind to manage the transformation - they are inefficient and are unable to cope with the demands of the changes."

- **Lack of participation**

The absence of consultation as well as involvement in decision-making on transformation issues was raised by some participants (N=16) during all focus group interviews (N=4). The participants felt that they were not consulted and involved in decision-making in respect of changes by the Gauteng Department of Health. The participants felt that they were not involved in the planning of the changes. The direct quotations are illustrated as:

- "Too many things are actually forced unto us, we are not involved in most of the planning, there is no negotiation and no democracy."
- "The whole transformation is from top down - there's not participation and involvement in the changes."

- "The Gauteng Health Department is still very autocratic."

- "Nurses are supposed to be the backbone of the health services, but when it comes to changes, there is no democracy, we just get instructions from head office on what to do."

- "The practicality of the whole transformation is not considered by the authorities - they just impose their decisions."

- Lack of professional development

Lack of professional development was highlighted during the focus group interviews (N=4) and narratives (N=1) as an important factor that retards transformation management. Some participants (N=19) mentioned that the Gauteng Health Department was not fully committed to professional development of the nursing service manager. The participants indicated that it was difficult to obtain study leave and bursaries to develop themselves. They mentioned that the financial remuneration that they receive after developing themselves professionally was also not worth the effort, but saw the necessity for them to develop further skills in order to cope with the changes. Professional development was not mentioned in any narrative. The following statements support and confirm this concern:

- "When it comes to professional development, I feel the Gauteng Health Department is not fully committed."

- "I cannot understand how the government expect us to display the necessary competence for change management if we're not given bursaries and opportunities to do management courses."
• "Well, and another thing, professional development is not related to financial remuneration at all."

• "Even if you study, the salary is not increased, your qualifications are not recognised in the form of any incentive - it is very demotivating."

• "If you can do research at the credit bureau, most nurses are listed there, it is not because they are bad payers, but they cannot cope with the demands of expenses of management courses at universities."

3.3.1.2 Departmental and organisational level

The nursing service managers identified positive and negative experiences and perceptions regarding transformation of nursing services at department and organisation levels.

Positive experiences and perceptions

The nursing service managers identified non-discriminatory policies as a factor that influenced their management function positively.

- Non-discriminatory policies

Recruitment and promotion procedures based on non-discriminatory criteria of competency and experience were mentioned during the focus group interviews (N=3) as a positive aspect that the transformation of nurses brought about. Three participants (N=16) mentioned that the new policies brought about equality and equity. The participants' quotations are summed up as follows:

• "With the transformation, there is no segregation."

• "All races benefit equally from the nursing services."
• "Everybody benefits equally from the nursing services, be it patients or nurses."

• "It is clear that institutions that were predominantly whites, have people of colour in great numbers."

• "Health services are now multiracial, I feel it is a good thing - people are not discriminated against."

**Negative experiences and perceptions**

The nursing service managers identified inadequate resources as a factor that impacted negatively on their management function.

- **Inadequate resources**

  Shortage of nursing personnel and inadequate material resources are mentioned during all four focus group interviews (N=4) and was also stated in all written narratives (N=3) as retarding the transformation process. The participants (N=20) mentioned that without adequate nursing staff and without the necessary structure, management of the nursing services was made extremely difficult. This is verified by the following direct quotations derived from the transcribed focus group interviews and written narratives:

  - "The inadequate human resources is making the implementation of the changes very difficult."

  - "With the staff shortages, our subordinates perceive the situation negatively, this brings about negative attitudes - it is a big problem."
• "The transformation brought about lesser and lesser staff, some of the nurses go many months without leave because of these shortages, and the nurses tend to blame us."

• "There are lots of factors which contribute to staff shortage, the moratorium on appointments of new staff, other international countries attracting South African nurses, poor working conditions and poor salaries."

• Most hospitals do not have enough beds, equipment ...

3.3.2 Quality of patient care

Nursing service managers identified various categories of their experiences and perceptions in respect of the transformation of nursing services and its impact on the quality of patient care. Positive and negative experiences and perceptions were identified and will be discussed according to the different levels of the transformation with four or more supporting quotations from the participants written narratives and/or focus group interview transcriptions. (see table 3.5). The categories associated with the management functions of the participants also have an indirect impact on the quality of patient care."
Table 3.5 Distribution of positive and negative experiences and perceptions of the nursing service managers in respect of transformation of nursing services and its impact on quality of patient care

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>FOCUS GROUP</th>
<th>NARRATIVE</th>
<th>PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. POSITIVE</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Non-discriminatory policies</td>
<td>3</td>
<td>3</td>
<td></td>
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<tr>
<td>- Free health services PHC and positive impact</td>
<td>4</td>
<td>3</td>
<td></td>
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<tr>
<td>2. NEGATIVE</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Lack of resources</td>
<td>4</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>- Free health services PHC and negative impact</td>
<td>4</td>
<td>3</td>
<td>20</td>
</tr>
</tbody>
</table>

3.3.2.1 Individual, group, departmental and organisational levels

The nursing service managers identified positive and negative experiences and perceptions regarding transformation of nursing services and its impact on the quality of patient care at all levels of transformation.

Positive experiences and perceptions

The nursing service managers identified free health service and primary health care as factors that influenced the quality of patient care positively and negatively.
Free health services and primary health care

Free health services were mentioned as having a positive and negative effect on the quality of patient care. This was indicated during all four focus group interviews (N=4) and participants who wrote narratives (N=3). The participants (N=20) felt that no adequate provision of resources was made to meet the needs of free health services and primary health care. Free health services were seen as having increased the workload and impacting negatively on the quality of patient care.

This concern is verified by the following extractions from the transcribed focus group interviews and written narratives:

- "The infrastructure for primary health care is still very lacking."

- "The free services is a problem, patients come from all over, the department is overcrowded."

- "There is a need for more clinics."

- "I feel no proper arrangements, planning was made especially for the free health service for mother and child."

The participants also indicated that free health services and primary health care are good, especially for disadvantaged communities. This is verified by the following direct quotations derived from the transcribed focus group interviews and written narratives.

- "The free health services is good in the sense .... In the sense that ....."

- "Everybody benefits you know ..... especially the poor."

- "Even the people who weren't accommodated are accommodated by us."
• I feel primary health care was long due, it is very relevant to our society."

- Non-discriminatory policies

The participants from three focus group interviews (N=3) and three written narratives (N=3) stated that the new non-discriminatory policies were beneficial to everybody and that the quality of patient care was affected positively. This was supported and confirmed by the following quotations from the transcribed focus group interviews and written narratives:

• "With the transformation, there is no segregation."

• "All races benefit equally, from the nursing services, be it patients or nurses."

• "Health services are now multi-racial, I feel it is a good thing, people are not discriminated against."

• "The resources are now equally distributed, no hospital get preference."

• "Patients can now receive health service at hospitals of their choice."

Negative experiences and perceptions

The nursing service managers identified lack of human and material resources as factors that impacted negatively on the quality of patient care.

- Lack of human and material resources

Lack of adequate provision of human and material resources were emphasised during all four focus group interviews (N=4) and in all three narratives (N=3) as making it difficult for the participants to adequately and
appropriately respond to health needs according to the demographic pattern of the general population. The participants (N=18) mentioned that the quality of patient care had been affected negatively by being compromised and mention was made of dropping standards of patient care. This is supported and confirmed by the following direct quotations from the transcribed focus group interviews and written narratives.

- "The transformation also came with the cut of the budget, resulting in maintenance and acquiring of equipment and machinery to be difficult."

- "The quality of patient care is now being compromised."

- "Patients sit for hours and hours wanting to be seen and there are not enough beds."

- "There is a shortage of resources, staff, equipment, beds and sometimes even medication."

- The general morality rate has increased, there is a drop in standards due to the limited resources."

3.4 SUMMARY STATEMENTS

3.4.1 Management

Nursing service managers experienced and perceived the transformation of nursing services having impacted on their management function both positively and negatively at all levels of transformation.

- Individual and group

The nursing service managers as individuals and or as groups experienced and perceived negative feelings, poor communication, lack of recognition,
poor salaries, lack of participation, increased workload and lack of professional development as factors that impacted negatively on their management function. Empowerment was perceived as a positive factor that transformation brought about and had had a good effect on their management function.

- Negative feelings

Nursing service managers experienced negative feelings of anger, frustration, fear, uncertainty, powerlessness, low morale and hurt emanating from the transformation of nursing services. Poor communication, increased workload, poor salaries, lack of recognition, inadequate resources and lack of participation in decision-making were perceived as contributing to these negative feelings. These factors have a negative impact on their function as transformation agents of the nursing services within selected Gauteng hospitals. A general feeling of unhappiness prevailed among the nursing service managers in respect of transformation.

- Poor communication

The nursing service managers perceived/experienced lack of effective communication in the selected Gauteng hospitals as a major stumbling block of transformation management. Insufficient information by the Gauteng Health Department and a top down, autocratic approach was perceived as retarding transformation management. The nursing service managers wanted specific information about goals, roles, time frames and anticipated problems regarding the transformation of nursing services.

- Lack of recognition and poor salaries

Lack of recognition emanating from poor salaries was experienced/perceived by the nursing service managers in the selected Gauteng hospitals. Lack of adequate salaries and recognition was perceived as one of the demonstrating factors that the transformation brought about.
Lack of participation

The nursing service managers experienced/perceived lack of participation in decision-making regarding the planning of implementation issues. They felt that the Gauteng Health Department do not invite or consult with them in respect of transformational issues and this impacts negatively on their roles as transformation managers.

Increased workload

The nursing service managers in the selected Gauteng hospitals experienced increased workload characterised by a shortage of staff and increased numbers of patients resulting from the free health services. The increased workload was perceived as having a negative impact on the management function. It was seen as a serious concern and perceived to be the main issue, hindering quality transformation management.

Lack of professional development

The nursing service managers experience/perceive a lack of professional development as bursaries and study leave are difficult to obtain. This hinders effective transformation management as they need the necessary competence to manage transformation.

Empowerment

The nursing service managers in the selected Gauteng hospitals experience some form of empowerment because of the knowledge of cultural diversity and improved race relations that transformation has brought about. They felt that this knowledge contributed positively to their role as transformation agents.
• **Departmental and organisational**

The nursing service managers in selected Gauteng hospitals experienced free health services and non-discriminatory policies as factors that impacted positively on their management function at department and individual levels. Lack of resources was a factor that impacted negatively on their management function at both department and organisation levels.

- **Lack of resources**

Shortage of staff and inadequate material resources were experienced/perceived by the nursing service managers. Nursing service management was influenced negatively by the moratorium placed on staff employment the shortage of equipment, the shortage of beds and decreased budgets.

- **Non discriminatory policies**

Recruitment and promotion procedures based on non-discriminatory criteria of competency and experience were experienced/perceived by the nursing service managers as a positive aspect that service transformation brought about.

3.4.2 **Quality of patient care**

Poor communication, increased workload, poor salaries, lack of recognition, professional development and lack of participation were perceived by the nursing service managers in selected Gauteng hospitals as having an indirect, negative effect on quality of patient care.
- Departmental and Organisational

  - Lack of resources

  The nursing service managers in the selected Gauteng hospitals perceived inadequate material and human resources as contributing factors to the deteriorating quality of patient care.

  - Free health services

  Free health services and primary health care were experienced and perceived by the nursing service managers as beneficial to the disadvantaged and poor communities.

  - Non-discriminatory policies

  The nursing service managers perceived/experienced the elimination of discriminatory policies as an equal benefit to all races.

3.5 CONCLUDING STATEMENTS

The following concluding statements are made:

- Transformation of nursing services occurs at all levels of the organisation i.e. individual, departmental, group and organisational.

- Nursing service managers experience and perceive negative and positive impacts of transformation of nursing services.

- The nursing service managers experience and perceive lack of recognition and inadequate salaries.
- Lack of effective communication is perceived and experienced by the nursing service managers.

- Lack of two-way communication retards effective transformation of nursing services. There is more power to be gained by sharing information than withholding it.

- The negative impact of transformation management results in negative feelings, which tend to retard the transformation.

- Participation and communication are interrelated and are vital to the transformation of nursing services.

- Increased workload and shortage of staff are interrelated and retard the transformation of nursing services.

- Lack of professional development retards transformation of nursing service management, thus continuous learning is necessary for nursing service transformation management.

- Lack of material and human resources retards transformation of nursing service management.

### 3.6 CONCLUSION

Nursing service managers in the selected Gauteng hospitals are challenged with transformation management. The focus of this chapter was to explore and describe the experiences and perceptions of nursing services in the selected Gauteng hospitals. Results are grouped according to the management function and quality of patient care in relation to individual, group, departmental and organisational levels with negative and/or positive effects. The results will be used with a literature review and control to develop a conceptual framework for transformation management. In the follow-up
chapter concepts derived from the conceptual framework will be used as a basis for the formulation of standards for transformation management.
CHAPTER 4

CONCEPTUAL FRAMEWORK

4.1 INTRODUCTION

In this chapter the researcher aims to explore and describe a conceptual framework for transformation management by nursing service managers in selected Gauteng hospitals to facilitate individual, group, department and organisation (nursing service) transformation. The conceptual framework is developed based on the research findings of the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals discussed in chapter three, as well as a combined/integrated literature review and control. Relevant literature is used to provide an in-depth knowledge needed for transformation management and the conceptual framework is presented in a clear integrated manner so that the literature review/control give meaning and understanding to the research findings. The conceptual framework is presented in six dimensions as follows:

- Context: Nursing service in selected Gauteng hospitals;
- Dynamics: Internal and external forces impacting on nursing services to transform;
- Definition of central concepts;
- Purpose: Quality of transformation management by nursing services in selected Gauteng hospitals;
- Role players: Gauteng Health Department, nursing service managers and patients/communities;
- Process: Transformation management.

Each of the dimensions will be described by a debate from literature review/control integrated with the empirical findings and conclusive statements inferred logically from both literature review/control and the
empirical findings. The conceptual framework which is used as a map to guide theory/standards for this study is reflected in figure 4.5.

4.2 DESCRIPTION OF THE CONCEPTUAL FRAMEWORK

4.2.1 Context

In this study the context for transformation management is the nursing service within selected Gauteng hospitals. Mellish and Lock (1992:25) define a nursing service as "a service which includes specialised units such as medical, surgical, orthopedic and pediatric units." This service is provided to individual patients, their families and communities within selected Gauteng hospitals. The hospital refers to a government health institution that is classified as an academic, regional or community hospitals which is in the process of restructuring, re-engineering, merging or conversion. The nursing service managers of all four focus group interviews and all written narratives expressed their awareness of the contextual challenges faced by their institutions and identified the internal forces operating on the nursing services to transform as structural and functional elements such as individuals, groups, policy-making, communication and decision-making norms.

4.2.2 Dynamics

In this study the dynamics to transform are the external and internal forces impacting on the nursing service in selected Gauteng hospitals. Krejci (1999:21) states that every organisation exists within a macro environment and this arena is always dynamic and not static. George et al, (1997:53) supports this notion by stating that every work environment that serves people in any way experiences pressure from both inside and outside. There are an endless number of forces at work pulling the nursing service in one direction and pushing it in another. A widespread and varied change in the health system in South Africa has occurred and is still occurring as a result of many technical, economic, social, political and educational forces categorised as internal (within the service) and external (outside the service). As nursing is
practiced within the context of the new South Africa, the transformation in the country has a direct and specific effect on nursing as well as this study. The external forces are the most significant, pressuring the nursing services to transform. The political policies previously followed in South Africa resulted in duplication, gross inefficiency, inadequacy, inequity, inequality and maldistribution of health services (ANC, 1994:42). According to the White Paper for Transformation of the Health System in South Africa (South Africa, 1997:13) which provides direction for the transformation of nursing services, the health system's mission and objective is to:

- provide a health service that is more appropriate, equal, acceptable and effective with primary health care as the underlying philosophy;
- provide leadership and guidance to the national health system;
- promote and monitor the health of all people in South Africa.

The transformation of nursing services is part of the Reconstruction and Development Program which is a socio-economic development program. The Constitution of South Africa (South Africa, Act no 108, 1996:13) also gives direction by recognising health as a basic human right. The Employment Equity Act (South Africa, Act no 55, 1998:2) makes provision for positive measures to promote the diverse representative health workforce. The approach taken by the Act is that employment equity encompasses both elimination of discrimination as well as the establishment of specific measures to accelerate the advancement of designated groups.

The South African Qualifications Authority Act (South Africa, Act No 58, 1995) provides for the development and implementation of the National Qualifications Framework, which is a new approach to education and training that provides, on an ongoing basis, opportunities for all people to learn, regardless of age, circumstances, gender and the level of training. The idea of integrating education and training is not alien to the nursing services as it epitomise in theory and practise, components of the nursing profession. To achieve integration within the context of health education and training, nurses
need to change their thinking about education and training as being more than just correlation. In making this paradigm shift, nursing services need to revisit institutional mission statements, policy making, continuing education approaches and evaluation methods. The Skill Development Act, Health Act, Nursing Act and relevant Nursing/Midwifery and Management Regulations need to be given consideration when transforming the nursing service. Basic condition of services information should be made available to all employees (Basic Conditions of Employment Act, South Africa, 1997:49).

The nursing services within the selected Gauteng hospitals are affected by the external and internal forces and their aim is to achieve better utilisation of services, elimination of overlapping by closure of certain institutions, a more equitable distribution of staff and other resources between institutions by applying ratio’s for similar levels of care and primary health care to plan an important role by placement of underutilised hospitals with community facilities. All legislation, institutional policies, procedures, practices and rules must be reviewed to transform the nursing services.

Human and material resource management should also comply with the new demands. The nursing service managers of all four focus group interviews and all narratives expressed their knowledge and understanding regarding the external and internal forces influencing the nursing services to transform.

Figure 4.1 gives an inferred summary of the dynamics of the transformation of nursing services in relation to external forces, i.e. provincial and national, and the internal forces that impact on the nursing services to transform.
4.2.3 Definition of central concepts

Transformation

*Transformation* is to change, or alter or make different the nursing services in selected Gauteng hospitals by means of redesigning, and occurs at individual, group, department and organisation level in order to meet the needs and demands of the internal and external environment (Zidani, 1996:85, Flarey, 1995:4).

Transformation management

*Transformation management* is the facilitation of change of the individual, group, department and organisation in selected Gauteng hospitals by the
nursing service managers, in order to meet the needs and demands of the
ternal and external environment. It consist of the steps of *initiation, change
strategy, managing change and stabilisation* (Drake, 1973:72).

**Nursing service managers**

The nursing service managers refer to nurses/midwives who are registered
within the South African Nursing Council and are appointed as deputy
directors, assistant directors or chief professional nurses in selected Gauteng
hospitals.

**4.2.4 The purpose**

The *purpose* of transformation management by nursing service managers is
to facilitate quality of individual, group, department and organisation (nursing
service) change in order to meet the needs and demands of the internal and
external environment. Kay *(in* Naude, 1994:61) describes transformation as
change, alteration, conversion, switch and to change completely in
composition or structure. The challenge to the nursing service manager is to
keep the nursing service in a favourable equilibrium within the dynamic
environment. The nursing service manager has the necessary knowledge
and understanding of the new legislation that governs her/his practice to
achieve quality transformation management. According to Muller *(in* Booyens
1998:596) quality refers to the characteristics associated with excellence and
these characteristics form the criteria for evaluating quality of transformation
management by the nursing service managers. Booyens (1996:306) further
states that appropriateness, equity, accessibility, acceptability and
effectiveness are the dimensions that define quality. The nursing service
managers of all four hospitals support the literature regarding the need for
quality of transformation management as the purpose of transformation
management. The nursing service managers felt that the negative factors
identified during the focus group interviews and from the written narratives
retarded the achievement of the purpose of transformation management.
4.2.5 The role players

The nursing service manager, as the focus of this study, fulfills his/her role of facilitating nursing service transformation with involvement of the Gauteng Health Department, patient/communities and professional nurses.

The Gauteng Health Department is a provincial government department, which facilitates the transformation of nursing services in accordance with the Gauteng health plan, national health plan, reconstruction and development program, the South African constitution and all other relevant legislation.

The nursing service manager is a person who is registered by the South African Nursing Council under section 16 of the Nursing Act (South Africa, Act no 50:1978). The South African Nursing Council makes provision for a post basic course in nursing service management to assist the nursing service manager to function within his/her scope. The nursing service manager who facilitates the transformation of nursing services is a Deputy Director, Assistant Director or Chief Professional Nurse in charge of a hospital. According to Flarey (1995:35) for the nursing service manager to be effective in transformation management; the necessary abilities (knowledge, skill, attitudes) should be displayed. They should welcome change and become masters of change. Secondly, they should become quality experts, they should learn quality, live and integrate quality into their organisation's belief system and all professional work systems. Lastly, they should become quantitatively expert and financially astute. The nursing service managers who pioneer and orchestrate the transformation of nursing services must be transformational leaders. Bennis and Nanus (in Marriner Tomey, 1993:4) support this notion by stating that transformation leadership is necessary for change management and should have the following behaviours: creating a vision; encouraging self development; empowerment; creating meaning through communication; believing in people; having the ability to deal with complexity; ambiguity and uncertainty and being life long learners. Flarey (1995:206) further states that the nursing service managers should be active
members of the transformation committees. The nursing service managers from all four hospitals expressed their awareness of the need to have the necessary knowledge and understanding regarding change management. They expressed the need for professional development opportunities in order to cope with transformation challenges. The transformation of nursing services was perceived by the nursing service managers as an all inclusive process and the Gauteng Health Department was perceived as being autocratic. The professional nurses are nurses registered with the South African Council and are role players who are more involved with the implementation of new policies and practices. Other role players involved in transformation of nursing services are the patients/communities who are consumers of the nursing services. In this study, the focus is on the nursing service managers as the role players and who facilitate the transformation of nursing services.

Figure 4.2 gives an inferred summary of the role players of transformation management, namely, Gauteng Health Department, nursing services managers, professional nurses and patients/communities.

![Diagram of transformation management role players]

Figure 4.2 Transformation management role players

4.2.6 Process

Transformation management by nursing service managers is the process of facilitating change of the nursing service in order to meet the needs and demands of the external and internal forces and is described in relation to
initiation, change strategy, managing change and stabilisation. The process of transformation management is described by utilising information from various authors. Drake's (1993) perspective on change management forms the basis for the description of the transformation management process.

4.2.6.1 Initiation

Initiation is the first step of the transformation management process where the nursing service manager creates an awareness of the need for change. This step corresponds with Drake's (1993:72) mobilisation phase which is the realisation of needs, expectations and demands of the external and internal environment by means of the plan for change in the nursing service and the identification and removal of stumbling blocks that prohibit change. Before transformation of the nursing services' can occur, it is paramount that a comprehensive analysis of the nursing services' external and internal environment should be undertaken. Flarey (1995:4) describes transformation as changes in people, work processes, cultures, services, products, communication patterns, attitudes and behaviours, reward systems and systems integration. All these factors form part of the internal component of the nursing service. Flarey (1995:23) further states that internal assessment means taking a look at the nursing service and facing the realities of its evolution and current status. Once all of the components of the internal assessment have been completed, a clear and compelling picture of the nursing service will emerge. A comprehensive assessment of the external environment should also be completed. An external assessment includes the role of legislation, major changes occurring in the government and the role of the government in nursing reform. Completing the external assessment clarifies the need to transform. The nursing service manager communicates the needs and demands of the internal and external environment to other role players. When there is a realisation that old ways no longer work, nursing service managers undertake the task of developing an appealing vision. Barker (in Booyens, 1993:422) describes a vision as a picture of the future state of affairs that is attainable, realistic, credible and infinitely better than that which exists at present. A vision energises people to act in order to bring
about change. Kanter (in Flarey, 1995:58) supports this notion by stating that a vision will provide the entire nursing service with focus, direction and powerful motivation for embracing change that will result in a positive future. The nursing service manager is faced with staff members that are uncertain about what lies ahead. Effective communication is essential to allay their fears and to shift the paradigms. However, abandoning tradition for new realities is a difficult process and the nursing service managers need constantly to reinforce the idea that the nursing service needs to function within new realities of the internal and external environment. The literature about visioning is supported by the results that showed that the nursing service managers of all four hospitals expressed the need for a clear vision regarding the future of nursing services. They felt that they did not have a clear vision regarding the transformation and this contributed to anxiety and uncertainty. They regarded visioning as a process that requires participation from all role players.

After developing and communicating a vision, the nursing service managers should develop concrete strategic plans for making the vision a reality. According to Schulz and Johnson (1990:62), all role players should be brought on board when planning the transformation. The nursing service managers, should, as a team seek commitment, solicit ideas, accommodate change, build consensus and trust. Participation and consultation can therefore not be overlooked. Planning should be intense and tap the skills of all role players. Planning should focus on change management strategies, projects with goals, objectives and their time frames and the evaluation of the progress and contingency plans. The nursing service managers from all four hospitals support the literature by expressing the need for strategic plans for the transformation. The Gauteng Health Department was perceived as planning alone. The nursing service managers expressed the understanding that planning should be in accordance with legislation.
4.2.6.2 Change strategy

This step indicates that work designs projects and plans are integrated and applied by means of change strategies. This step corresponds with the dynamic transformation of Drake's framework and Lewin's (1951:14) moving phase. Drake (1993:73) describes dynamic transformation as a dynamic, personal and or nursing service structural change and renewal in accordance with the external and internal environmental needs and demands. A discussion of the change strategy follows in relation to dynamic communication, empowerment through participation, managing resistance to change, human resource management and material resource management.

- Dynamic communication

O'Day (in Flarey, 1998:340) states that communication is vital to the success of the change process. All role players should be linked in the communication process. New information that is needed to implement change should be introduced. The threats and opportunities should be communicated to the entire nursing service to create a willingness to change and minimise resistance. Blancett (in Flarey, 1995:75) supports these statements by stating that the most important leadership skill for driving changes is communication. Open communication will increase confidence and trust in the staff, which can lead to increased risk-taking behaviour and creativity. This communication allays employees' fears and ensures that everyone in the organisation understands how change will occur. O' Day (in Flarey, 1995:107) further states that processing, managing the perceptions, providing opportunities for venting, face to face accessibility to higher authority, feedback sessions and newsletters/memos are all ways for the nursing service managers to keep people informed during the implementation. Tappen (1995:333) describes a list of activities in which the nursing service managers are engaged during dynamic communication. They:
provide opportunities to ventilate the guilt and anxiety as well as other feelings such as anger or hostility that are aroused by the transformation process;
- provide feedback on progress and clarification of goals to re-inforce the change process and keep people from being side-tracked;
- present themselves as trustworthy persons in order to keep communication open; and
- act as energiser to keep interest high and to keep the transformation process moving forward.

Schulz and Johnson (1990:67) describe communication as a two way street and people should be encouraged to be open and honest and express their true feelings without fear or retribution. The nursing service managers from all four focus group interviews and all narratives stated that lack of effective communication in the nursing services is a major stumbling block of transformation management. Insufficient information by the Gauteng Health Department and a top-down approach were perceived as retarding transformation management. The nursing service managers expressed the need for specific information about goals, objectives and time frames and anticipated problems regarding the transformation of nursing services.

♦ Empowerment through participation

While implementing change, the nursing service managers engage in participative management. All role players must be actively involved in the transformation process. The White Paper for the Transformation of the Health System in South Africa (South Africa, 1997:34) gives support to the statement by deliberating that people are to be afforded the opportunity to participate actively in the different aspect of the planning and implementation of the transformation of the health service. According to Booyens (1993:124) participative management tends to increase feelings of responsibility among employees towards organisational goals and objectives and better working relationships develop because of increased trust and mutual support among employees. Deveau (1996:39) states that nursing service management
should be involved as transformation committee members. The committees should routinely evaluate the status of existing policies, procedures and standards and new policies and procedures or revisions to existent policies should be written in accordance with the new health legislation. The nursing service managers should create an environment in which people are encouraged towards their potential. Empowerment is an unavoidable consequence of participative transformation management.

Chalton (1992:33) describes empowerment as the act of investing and authorising, where people and organisations are enabled to achieve goals. This involved sharing of power and authorising people to think by focussing on the needs of individuals and encouraging self-responsibility by altering self-limiting beliefs. Conger and Kanungo (in Hein and Nicholson, 1994:234) advise that for nursing service managers to empower others, conditions that foster powerlessness should be identified and removed. From the review of their research, Conger and Kanungo (1994:234) described practices of empowering. They include:

- expressing confidence in the subordinate, accompanied by high performance expectations;
- the fostering of opportunities for subordinates to participate in decision-making;
- providing autonomy from bureaucratic constraint; and
- setting inspirational and/or meaningful goals.

The nursing service managers in all four hospitals perceived transformation of nursing services as having resulted in knowledge of cultural diversity and better race relations. They experienced lack of participation in decision-making regarding transformation issues. They perceived the Gauteng Health Department to be bureaucratic and this they felt resulted in them being disempowered. They expressed the need for power sharing by the utilisation of participative management, education, creation of an environment that can be utilised to the fullest.
Steward (in Naudé, 1994:101) supports the nursing service managers' perceptions by describing the following rules for effective empowerment:

- **Envision:** The first rule is a shared vision so that the leader as well as the followers know what the entire nursing service is striving towards. It included a clear picture of what is wanted. All the role players should work together to create an acceptable and common vision.

- **Educate:** All role players should know the *why* and the *what* of a needed action and that required education and not only training.

- **Eliminate:** The nursing service managers should remove the barriers to empowerment by ensuring that nursing service systems and procedures are aligned with the goals of the department.

- **Express:** The nursing service manager should explain what empowerment is and what benefits it can bring to the individual, the group (team) and the organisation.

- **Enthuse:** The nursing service manager should not only be open and honest about empowerment but should also generate excitement about it.

- **Evaluate:** Once the empowerment is implemented it is important and essential to monitor progress and to evaluate results.

- **Walk and talk:** This means that nursing service managers should model their behaviour and remain motivated to encourage empowerment and not slide back into old habits.

- **Managing resistance to change**

  Transformation can threaten those with a vested interest in the status quo. The nursing service manager should anticipate resistance to change and, according to Sullivan and Decker (1992:44), proceed with the following guidelines:

  - communicate information and provide accurate feedback;
• be open to revisions but clear about what must remain;
• present the negative consequences of change and how the individual or group will benefit;
• keep resister's involved in face to face contact with supporters;
• encourage proponents to recognise valid objections and relieve unnecessary fears; and
• maintain a climate of trust, support and confidence.

Booyens (1993:470) recommends the following: education and communication, participation and involvement, facilitation and support, negotiation and agreement, manipulation and co-opting, explicit and implicit coercion, establish trust and plan change in stages.

♦ Human resource management

The introduction and management of the transformation and the survival and transformation of the nursing service depend on nursing service managers and personnel who are appropriately qualified, whose careers are properly developed, who continually develop their knowledge and are adequate in amounts for the nursing service. Du Preez (in Booyens, 1993:4) gives support to the statement by stating that success and functioning of the health system is in its human resources. The composition, training, education and dedication of human resources are of vital importance in rendering a comprehensive, state, private or any other kind of health service in order to meet all the health care requirements of the population. Cronje (1994:357) describes human resource management as a purposeful action to assist managers in utilising and applying the available manpower within the organisation to the optimum, so as to achieve the objectives of the organisation. According to Hall (1978:357) human resource management requires the following:

• Leadership readiness for and commitment to change. The preparation of the nursing service human resource plan must be solidly based on
clear and sustained directives by the relevant health authorities. The degree of awareness among nursing service managers in relation to quantity, distribution, utilisation and functional imbalance between different categories, should be assessed. For without such awareness, the necessary support for the transformation management process will fail.

- Enabling legislation for planning and subsequent plan implementation. Unless the willingness of decision-makers to promote change is reinforced by legislation, human resource management is likely to have a limited effect.

- Management capacity and willingness to implement change. Administrative limitations must be taken into account.

Schulz and Johnson (220:221) describe the following objectives for human resource management:

- to formulate nursing strategic plans and establish their implementation;
- to influence nursing human resources through the education system by ensuring continuing staff development in the form of transformational management workshops, seminars and courses;
- to evaluate the performance of employees by developing evaluation instruments, discussing results with employees and rewarding employees accordingly;
- to base the human resource strategy on the patients profile and provide personnel based on the profile; and
- to base human resource recruitment, selection and placement campaigns on non-discriminatory policies.

The results of phase one of the study showed that the nursing service managers at all four hospitals experienced and perceived a shortage of nursing personnel. The results also display a dissatisfaction of the nursing
service managers because of a lack of professional development opportunities, an evaluation system that is ineffective, increased workload and lack of recognition with inappropriate salaries (see table 3.1).

The nursing service managers at all four hospitals were satisfied with the non-discriminatory employment practices (see table 3.1).

♦ Material resource management

It is explicit that successful transformation requires adequate and sufficient provision of material resources. There is very little literature to substantiate the need for adequate material to be provided. The nursing service managers should be involved in the planning of facilities, equipment, stocks/supplies and have a pro-active maintenance and replacement program in place. The nursing service managers from all four hospitals indicated that there were inadequate resources such as beds, equipment and other necessary machinery. They viewed this as a hindering quality of transformation management. Lack of adequate material resources was perceived as hindering transformation management and retarding the quality of patient care (see table 3.1).

4.2.6.3 Managing change

During the change management step, the new patterns are integrated with one's personality, values and working methods. This process is re-inforced by evaluation, monitoring, positive feedback, constructive criticism and encouragement. This step corresponds with Drake's (1993:73) stabilisation phase and Lewin's (1951:58) re-freezing state. According to Drake, stabilisation implies the integration of transformation as part of the value system of nursing service managers, nurses, and nursing services. During this step, the nursing service manager integrates the new patterns into the individual's, group's, department's or organisation's (nursing service) value system. The new knowledge, attitude or behaviour learned during the implementation of the change strategies step, must continue to be practiced
by the individual, group, department or organisation. The nursing service managers must evaluate the process of transformation and provide positive feedback for successful implementation of the change and allow the individual/group to process the transformation by being supportive and listening to their expressed difficulties related to the implementation of change. There is also a need to modify reward systems to support the transformation. The extent of success of the transformation is evaluated and the service manager will know that change has occurred when the individual/group members consistently demonstrate the new attitudes and behaviour, verbalise this positively and also when their actions and statements are congruent. Once it has been determined that stabilisation has occurred, the performance of the individual/group is periodically evaluated to confirm that the planned action has indeed stabilised. A degree of permanency is cultivated by writing formal policies and by making sure that the new behaviour is repeated frequently. The nursing service managers of all four hospitals expressed their knowledge and understanding regarding the need for practices, procedures, behaviours and attitudes to be institutionalised. They mentioned that they were still busy with implementation strategies but were aware that their nursing service policies, procedures and protocols would have to be modified or changed in the future. Some mentioned that they were already busy with the changing of policies, practices and procedures in order that these be in line with the transformation of nursing services. Managing change is a process of integrating new patterns into the value system of the individual, group, department or organisation through evaluation, monitoring, positive feedback, support, constructive criticism and encouragement.

4.2.6.4 Stabilisation

The last step of the transformation management process is the stabilisation of the change by means of standards. In the transformed nursing service standards that define what is acceptable and what is not acceptable, are formulated in order to increase objectivity and to maintain and improve quality. According to Flarey (1950:40) it is imperative that standards be established
and measured both before and after implementation of the transformed nursing service. The defined indicators/standards should be measured at specific periods after implementation, and then periodically within an established, ongoing time frame. All role players should be represented in the process that constantly seeks to enhance quality and control. Figure 4.3 gives a schematic presentation of managing change and stabilisation phases.

Figure 4.3 Schematic representation of stabilisation and managing change phase

Figure 4.4 gives an inferred summary of the transformation management process in relation to initiation, formulation of a change strategy, the management of change, followed by stabilisation in the nursing service.

Figure 4.4 The process of transformation management
4.3 CONCLUDING STATEMENTS

The following statements regarding transformation management are derived from the conceptual framework by means of deductive reasoning:

**Context:** The selected Gauteng hospitals are classified as level one, level two, level three and community hospitals and are in the process of transforming the nursing service within them in order to meet the needs and demands of the internal and external environment.

**Purpose:** The facilitation of appropriate, equal, accessible, acceptable and effective change of nursing services in selected Gauteng hospitals by the nursing service managers at individual, group, department and organisation levels, in order to meet the needs and demands of the internal and external environment.

**Dynamics:** Internal and external forces impact on the nursing services to transform in selected Gauteng hospitals. The following professional, provincial, national health service and government legislation provides direction for the nursing service transformation in selected Gauteng hospitals: the Constitution of South Africa, the Nursing Act; the Health Act; the White Paper on Transformation of Health Systems in South Africa; the Labour Relations Act; the Basic Conditions of Employment Act; the Employment Equity Act; the Skill Development Act, the South African Authority Act and relevant Nursing/Midwifery and Management Regulations. The nursing service managers should show insight and understanding into the legislation and various regulations.

**Role players:** The Gauteng Health Department, nursing service managers, professional nurses, patients and communities are the role players involved in the transformation of nursing services in selected Gauteng hospitals to meet the needs and demands of the internal and external environment. The nursing service managers as the focus of this study and pioneers of the
transformation, requires the necessary abilities (knowledge/skill/attitudes). They should be registered with the South African Nursing Council.

**Process:** Transformation of nursing services managers is the process of facilitating change of nursing service in order to meet the needs and demands of the external and internal environments. This process consists of the steps of initiation, formulation of change strategy, managing the change and stabilisation.

**Initiation:** It is the first step of the transformation management process and involves creation of an awareness of the need for change, external and internal environment analysis, developing and communicating a vision and a strategic plan with its mission, philosophy, goals and objectives in accordance with relevant legislation.

**Change strategy:** This step indicates that plans are put into action by means of the following change strategies. Dynamic communication is achieved through reports, meetings and memoranda. Information regarding the transformation is communicated in clear, simple and understandable documents. Participative management enhance transformation management and consultative, interactive and transparent decision-making regarding transformation issues in the nursing service is facilitated by structures and processes such as transformation of nursing services. The human resource strategy is based on patient profile, non-discriminatory policies, continuing education, performance appraisal and recognition of performance. Transformation of nursing services is dependent on adequate material resources. Nursing services managers participate in the planning, maintenance and replacement of facilities, equipment/stocks/supplies.

**Managing change:** During this step, the new patterns are integrated with one's personality, values and work method. This process is re-inforced by evaluation, monitoring, positive feedback, constructive criticism and encouragement.
Stabilisation: Stabilisation of the change in the nursing service occurs by means of the formulation of standards. Standards can be used to evaluate the quality of transformation and also to define what is acceptable and what is not acceptable. Total quality management programs and total quality management requires standards as measures of evaluation.

The scientific management process: This is an integral part of the transformation management process. The process consists of planning, organising, leading and controlling of the transformation process by the nursing service managers in the selected Gauteng hospitals, in order to meet the needs and demands of the internal and external environment.

Figure 4.5 gives a presentation of the conceptual framework and table 4.1, a summary of the theories, empirical findings, legislation, general and nursing management literature with draft standards.
Figure 4.5 Conceptual framework for transformation management

GAUTENG HEALTH DEPARTMENT

NURSING SERVICE MANAGER

ROLE PLAYERS

INTERNAL/CONTEXT
- Restructuring
- Policy changes
- Changing values, practices, attitudes
- Reduced resources
- Nursing

PROVINCIAL
- Social
- Economic
- Educational
- Technological
- Political

EXTERNAL
- NATIONAL
  - Constitution
  - Legislation
  - ACTS
  - RDP

TRANSFORMATION MANAGEMENT PROCESS

INITIATION
- Planning
- Organising
- Leading
- Control

CHANGE/STRATEGY

STABILISATION

MANAGING CHANGE
- appropriateness
- equality
- accessibility
- acceptability
- effectiveness

TRANSFORMATION OF NURSING SERVICES

PURPOSE
- Quality transformation of nursing services
### Table 4.1 The process of transformation management

<table>
<thead>
<tr>
<th>THEORIES/MODELS FRAMEWORKS</th>
<th>EMPIRICAL FINDINGS</th>
<th>LEGISLATION</th>
<th>GENERAL AND NURSING MANAGEMENT</th>
<th>DRAFT STANDARDS FOR TRANSFORMATION MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• DRAKE (1993)</td>
<td>The need for</td>
<td>- Nursing Act (Act no 50 1978)</td>
<td>• Gillies (1994)</td>
<td>• Legislative, professional and ethical framework</td>
</tr>
<tr>
<td>• LEWIN</td>
<td>professional development</td>
<td>- Reconstruction &amp; Development Program (1994)</td>
<td>• Ann Marnier Tommey (1996)</td>
<td>• Material resource management</td>
</tr>
<tr>
<td>- unfreezing</td>
<td>provision of adequate human and material resources</td>
<td></td>
<td>• Hein &amp; Nicholson (1994)</td>
<td>• Nursing service abilities</td>
</tr>
<tr>
<td>- moving</td>
<td>empowerment</td>
<td></td>
<td>• Schulz &amp; Johnson (1990)</td>
<td>• Strategic plan</td>
</tr>
<tr>
<td>- refreezing</td>
<td></td>
<td></td>
<td>• Hall &amp; Meija (1978)</td>
<td>• Total quality management</td>
</tr>
<tr>
<td>• SCIENTIFIC PROCESS</td>
<td></td>
<td></td>
<td></td>
<td>• Scientific management</td>
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<td>- planning</td>
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<td>- control</td>
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</table>
4.4 CONCLUSION

In this chapter the researcher described a conceptual framework for transformation management, utilising the empirical findings of phase one of the study and a literature study. Draft standards for transformation management will be formulated and described from the concepts derived from the conceptual framework. These standards can be used as guidelines by the nursing service managers to evaluate the quality of transformation management.
CHAPTER 5

STANDARDS FOR TRANSFORMATION MANAGEMENT
IN A NURSING SERVICE

5.1 INTRODUCTION

This chapter constitutes phase two of the study, which is the formulation of standards for transformation management in a nursing service. The formulation of standards consists of two phases namely, the development phase and the quantification phase. Standards and criteria for transformation management should provide the nursing service managers with guidelines to evaluate the quality of transformation management in the selected Gauteng hospitals.

5.2 THE OBJECTIVE

The objective of this phase of the study is to formulate standards for transformation management in a nursing service.

5.3 REALISATION OF METHODS AND SAMPLE

A discussion of the two phases of standard formulation, namely, the development phase and the quantification phase, is given. A description of the sample realisation, data gathering and analysis is given.

5.3.1 Data gathering

5.3.1.1. Sample and method realisation

All six field experts invited to the peer group discussion attended the workshop, a realisation of 100%. Five of the six participants had obtained a
master's degree in nursing management. One participant had a post registration diploma in nursing management. The researcher developed draft standards from the conceptual framework consisting of the results of a field study on the experiences and perceptions of the nursing service managers about the transformation of nursing services in selected Gauteng hospitals, integrated with a literature review and literature control. The researcher conducted the workshop. At the beginning of the workshop the researcher repeated the nature and aim of the peer group discussion. A short intense debate followed and 100% consensus was obtained on each standard. The workshop lasted two hours. The following adjustments were made to the draft standards:

- A specialised qualification in nursing service management is added as a required criterion of standard 2 dealing with the nursing service managers' abilities (knowledge/skills/attitudes).

- A written vision, mission and philosophy of the nursing service was combined, as one requires criteria for standard 3, which deals with strategic planning.

- The attainment of the transformation goals and objectives is evaluated in accordance with the given time frames of plans, is added as a required criterion of standard 3 which deals with strategic planning.

- Total quality management is practiced by the nursing service managers to ensure successful/effective nursing service transformation, is added as a standard with two required criteria.

At the end of the workshop each participant provided their highest qualification information to confirm their domain expertise. The standards for transformation were prepared for the quantification phase and delivered to the 25 participants who agreed to validate the standards. The researcher collected the standards from all 25 participants after one week. Each item
was validated by the respondents on a four point (one to four) Likert scale as follows:

1 = Irrelevant/totally inapplicable for transformation management
2 = Applicable but description unclear
3 = Applicable
4 = Complete, well described and totally applicable

5.3.2 Determining content validity

Data analysis was done in accordance with the statistical method for determining content validity index suggested by Lynn (1986:384). The most widely used quantification of content validity is the content validity index. The content validity index for each standard was determined by the proportion of experts who rated it as being content valid with a rating of three or four on the rating scale (Lynn, 1986:384). The content validity for each category standard is the proportion of total criteria judged as being content valid. A standard deviation was determined for each standard. The results of the data analysis were confirmed and discussed with a statistician.

5.4 DISCUSSION OF RESULTS

The standards are described in the form of content validity index and the standard deviation. Each standard with its required criteria is described. All standards were validated by the participants (N=25). The results are presented in table 5.1. The content validity index (CVI) and standard deviation (SD) are given. Coding of the instrument was done (C1-C53) for statistical purposes.
# TABLE 5.1 DISTRIBUTION OF STANDARDS FOR TRANSFORMATION MANAGEMENT AND VALIDATING RESULTS (N=53)

**NURSING SERVICE MANAGERS N = 25**

<table>
<thead>
<tr>
<th>STANDARD 1</th>
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<td><strong>C1</strong></td>
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</table>

**REQUIRED CRITERIA**

| C2 | 1.1 | A copy of the Constitution of South Africa is available and enacted upon | 3.83 | 0.380 |
| C3 | 1.2 | The Nursing Act, with relevant amendments is available and accessible | 3.92 | 0.276 |
| C4 | 1.3 | The Health Care Act is available and accessible | 3.92 | 0.276 |
| C5 | 1.4 | The White paper on Transformation of Health Systems in South Africa is available | 3.95 | 0.20 |
| C6 | 1.5 | The Labour Relations Act and Basic Conditions of Employment Act is available and enacted upon | 3.96 | 0.2 |
| C7 | 1.6 | The Employment Equity Act is available and enacted upon | 3.96 | 0.2 |
| C8 | 1.7 | The Skill Development Act is available and enacted upon | 3.95 | 0.20 |
| C9 | 1.8 | The SAQA Act is available | 4 | 0 |
| C10 | 1.9 | The relevant Nursing/Midwifery and Management Regulations are available | 3.95 | 0.204 |
| C11 | 1.10 | The nursing service manager shows insight and understanding into the legislation and various regulations | 4 | 0 |

<table>
<thead>
<tr>
<th>STANDARD 2</th>
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<tr>
<td><strong>C12</strong></td>
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</tbody>
</table>

**REQUIRED CRITERIA**

<p>| C13 | 2.1 | The nursing service manager is registered with South African Nursing Council | 4 | 0 |
| C14 | 2.2 | Performance appraisal of the nursing service manager reflects managerial abilities (knowledge/skills/attitudes) related to transformation management | 3.96 | 0.2 |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>CVI</th>
<th>SD</th>
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</thead>
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<tr>
<td>C15</td>
<td>2.3</td>
<td>The nursing service manager is a member of the hospital and nursing service committee</td>
<td>3.96</td>
<td>0.2</td>
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<tr>
<td>C16</td>
<td>2.4</td>
<td>The nursing service manager has a specialised qualification in nursing management</td>
<td>3.92</td>
<td>0.27</td>
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<tr>
<td><strong>STANDARD 3</strong></td>
<td></td>
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<tr>
<td>C17</td>
<td></td>
<td>The nursing service is managed in accordance with the strategic plan</td>
<td>3.9</td>
<td>0.204</td>
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<td><strong>REQUIRED CRITERIA</strong></td>
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<tr>
<td>C18</td>
<td>3.1</td>
<td>There is a written strategic plan for the transformation of the nursing service</td>
<td>3.91</td>
<td>0.282</td>
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<tr>
<td>C19</td>
<td>3.2</td>
<td>The transformation strategic plan reflects the legislative requirement and relevant external needs, forces and demands</td>
<td>4</td>
<td>0</td>
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<td>C20</td>
<td>3.3</td>
<td>There is a written vision, mission and philosophy of the nursing service</td>
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<td>0.2</td>
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<tr>
<td>C21</td>
<td>3.4</td>
<td>Long and short term goals and objectives are stated clearly with given time frames</td>
<td>3.96</td>
<td>0.2</td>
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<tr>
<td>C22</td>
<td>3.5</td>
<td>There is a contingency plan for crisis management during the transformation</td>
<td>3.96</td>
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<td>C23</td>
<td>3.6</td>
<td>The attainment of the transformation goals/objectives is evaluated in accordance with the given time frame of the plans</td>
<td>3.92</td>
<td>0.276</td>
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<tr>
<td>C24</td>
<td></td>
<td>There is evidence of participative transformation management by the nursing service managers</td>
<td>3.76</td>
<td>0.435</td>
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<tr>
<td>C25</td>
<td>4.1</td>
<td>There is a system (structures and processes) in place to facilitate consultative, interactive and transparent decision-making regarding transformation issues in the nursing service</td>
<td>3.95</td>
<td>0.204</td>
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<tr>
<td>C26</td>
<td>4.2</td>
<td>Appropriate decision-making systems and committees are in place to facilitate consultation and transparency regarding transformation issues in the nursing service</td>
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<tr>
<td>C27</td>
<td>4.3</td>
<td>There is evidence of appropriate transformation management related empowerment of all nursing service managers/nurses through workshops, seminars and relevant training</td>
<td>4</td>
<td>0</td>
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<tr>
<td><strong>STANDARD 5</strong></td>
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<tr>
<td>C28</td>
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<td>The human resources of the nursing service is managed in accordance with a human resource transformation strategy in relation to legislative requirements</td>
<td>3.92</td>
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<td><strong>REQUIRED CRITERIA</strong></td>
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</tr>
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<td>C29</td>
<td>5.1</td>
<td>There is a written human resource strategy</td>
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<td>C30</td>
<td>5.2</td>
<td>There is a description of the patient profile</td>
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<td>0.276</td>
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<td>C31</td>
<td>5.3</td>
<td>The human resource provision is based on the patient profile</td>
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<td>0.204</td>
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<tr>
<td>C32</td>
<td>5.4</td>
<td>There is a non-discriminatory recruitment, selection, appointment and placement system in the form of standards, policies and procedures</td>
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<td>0.331</td>
</tr>
<tr>
<td>C34</td>
<td>5.6</td>
<td>There is a motivational team-building strategy</td>
<td>3.8</td>
<td>0.408</td>
</tr>
<tr>
<td>C35</td>
<td>5.7</td>
<td>There is evidence of performance appraisal for the nursing service managers</td>
<td>3.88</td>
<td>0.331</td>
</tr>
<tr>
<td>C36</td>
<td>5.8</td>
<td>The performance appraisal makes provision for the evaluation of management of transformation related competencies and accountability by the nursing service managers</td>
<td>3.8</td>
<td>0.408</td>
</tr>
<tr>
<td>C37</td>
<td>5.9</td>
<td>There is a system that provides for continuing education</td>
<td>3.92</td>
<td>0.276</td>
</tr>
<tr>
<td>C38</td>
<td>5.10</td>
<td>There is evidence that the nursing service managers/nurses are encouraged and supported to attend continual professional development programs and transformation management programs through workshops, seminars, etc.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>C39</td>
<td>5.11</td>
<td>The nursing service managers maintain appropriate processes to facilitate the creation of a learning and educational environment that is conducive to quality transformation management</td>
<td>3.91</td>
<td>0.282</td>
</tr>
</tbody>
</table>

**STANDARD 6**

| C40  | The material resources are adequate and appropriate to ensure quality transformation of nursing services | 3.91 | 0.282 |

**REQUIRED CRITERIA**

<table>
<thead>
<tr>
<th>C41</th>
<th>6.1</th>
<th>There is evidence that the nursing service managers participate in the planning of the facilities and equipment required for quality transformation of nursing services</th>
<th>3.77</th>
<th>0.428</th>
</tr>
</thead>
<tbody>
<tr>
<td>C42</td>
<td>6.2</td>
<td>There is evidence that facilities, equipment stocks/supplies are adequate and appropriate for quality transformation of nursing services</td>
<td>3.82</td>
<td>0.387</td>
</tr>
<tr>
<td>C43</td>
<td>6.3</td>
<td>There is a pro-active maintenance and replacement program that is relevant for the facilities and equipment in the nursing services that ensure successful/effective transformation of nursing services</td>
<td>3.96</td>
<td>0.2</td>
</tr>
</tbody>
</table>

**STANDARD 7**

| C44  | The nursing services managers utilise dynamic communication as a strategy to facilitate quality transformation of nursing services. | 4    | 0     |
There is evidence of effective communication of information through reports, meetings, memoranda, etc.

All communication documents are written clearly, are complete and understandable and consist of information about transformation.

Total quality management is practiced by the nursing service managers to enhance quality nursing service transformation.

There is a quality improvement policy programme which is developed by a proportional representation of nursing service managers.

Valid standards are formulated against which the transformation performance is evaluated.

The scientific management method is being utilised by means of planning, organising, leading and controlling the transformation of nursing services by the nursing service managers.

Nursing service managers are responsible for the planning of the nursing service transformation management.

The implementation of the transformation changes are supervised and organised by the nursing service managers.

The transformation of nursing services is led by the nursing service managers according to procedures legislation, regulations and standards.

5.4.1 Transformation management standard 1: Legislative professional ethical framework

"Transformation management takes place within the legislative professional ethical framework, the nursing profession, provincial and national health service and government legislation.\) This standard consists of the main standard with ten required criteria. Standard 1 criteria were all rated valid by the respondents. The main standard was declared valid based on an average content validity of 3.88 with a standard deviation of 0.331. This indicated a relatively high consensus among the participants. Required criteria 1.2 to
1.10 were all accepted as valid, based on their respective content validity index and standard deviation. Required criteria 1.2, 1.5, 1.8, 1.10 were each rated invalid by one participant. No possible explanation can be given for these ratings by the respondents. Transformation management should take place within the legislative professional ethical framework. The results of the analysis of this standard indicate that the participants accept this principle. Table 5.1 shows the content validity index and standard deviation and refers to figure 5.1 content validity index of the criteria (in figures 5.1 – 5.9 “q” refers to criteria.)

Figure 5.1 Standard 1: Legislative professional ethical framework

Figure 5.1

5.4.2 Transformation management standard 2: Nursing service manager

"The nursing service manager demonstrates appropriate abilities (knowledge, skill, competencies) required for quality transformation management of nursing services." This standard consists of the main standard and four
required criteria. Standard 2 criteria were all declared valid by the respondents. The main standard was accepted as valid, based on an average content validity of 3.88 and a standard deviation of 0.331, which indicates a high consensus among the participants. Required Criteria Q13, specialised qualification in nursing management, was rated invalid by one participant. There is a possibility that the respondent believed that qualifications did not provide the necessary abilities but that experience without qualifications can do so. The other three criteria were accepted as valid, based on their high content validity index and their respective standard deviations. The results reflect that the nursing service managers agree that the nursing service manager should demonstrate appropriate abilities in order to facilitate transformation of nursing services. Table 5.1 shows the content validity index and standard deviation, figure 5.2 reflects the content validity for the criteria.

Figure 5.2 Standard 2 : Nursing service manager

5.4.3 Transformation management standard 3 : Strategic plan

"The nursing service is transformed in accordance with the strategic plan." This standard consists of the main standard and six required criteria. The main standard was accepted with average content validity of 3.95 and a
standard deviation of 0.204. All required criteria in this standard were accepted with a high measure of consensus among the participants. The results of the analysis of this standard indicates that the nursing service managers feel there is a need for the nursing services to be transformed in accordance with a strategic plan, consisting of written vision, mission, philosophy, goals and objectives. Table 5.1 shows the content validity index and standard deviation and figure 5.3 the content validity of the criteria.

**Figure 5.3 Standard 3 : Strategic plan**

<table>
<thead>
<tr>
<th>Item</th>
<th>Rate Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>q18</td>
<td>25</td>
</tr>
<tr>
<td>q19</td>
<td>20</td>
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<tr>
<td>q20</td>
<td>15</td>
</tr>
<tr>
<td>q21</td>
<td>10</td>
</tr>
<tr>
<td>q22</td>
<td>5</td>
</tr>
<tr>
<td>q23</td>
<td>0</td>
</tr>
</tbody>
</table>

5.4.4 Transformation management standard 4 : Participative transformation management

"There is evidence of participative transformation management of nursing services by the nursing service managers." This standard consists of the main standard and three required criteria. The main standard was rated valid by all 25 respondents. The main standard achieved a content validity index of 3.76 and a standard deviation of 0.435. The required criteria were all accepted with high consensus based on their respective content validity index.
and standard deviation. Required criteria 4,1 and 4,3 were rated invalid by one respondent. No possible explanation can be given for these ratings by the respondent. The results of the analysis of this standard indicate that the nursing service managers accept the principle of participative management as an approach that enhances the facilitation of transformation of nursing services. Table 5.1 shows the content validity index and standard deviation of this standard and figure 5.4 shows the content validity of the required criteria for this standard.

Figure 5.4 Standard 4: Participative transformation management

![Bar chart showing content validity of items q25, q26, q27]

5.4.5 Transformation management standard 5: Human resource strategy

"The human resources of the nursing service is managed in accordance with a human resource transformation strategy in relation with legislative requirement." This standard consists of the main standard and eleven required criteria. The main standard was declared valid on the basis of an average content validity of 3,92 and a standard deviation 0,276, which
indicated a high consensus among the participants. Figure 5.5 and table 5.1 reflect that the required criteria of this standard were accepted with high consensus based on their respective content validity index and standard deviation. The results of the analysis of this standard indicate that the nursing service managers accept the principle that there is a need for a human resource strategy when transforming the nursing services and that it should take into consideration the patients profile and be based on no-discriminatory policies. They also accept that an effective performance appraisal system, professional development by a system that provides for continuing education is necessary for quality facilitation of transformation of nursing service managers in Gauteng public hospitals.

**Figure 5.5  Standard 5 : Human resource strategy**

![Bar chart showing the frequency of raters for items q29 to q39]

5.4.6 Transformation management standard 6 : Material resource management

"The material resources are adequate and appropriate to ensure quality of transformation of nursing services by the nursing service managers." This standard consists of the main standard and three required criteria. The main
standard was declared valid based on an average content validity of 3.91 with a standard deviation of 0.282. The consensus among the participants regarding this standard about provision of appropriate and adequate material resources was relatively high. All the required criteria were accepted, based on their respective content validity index and standard deviations. The results are presented in table 5.1 and figure 5.6.

Figure 5.6 Standard 6: Material resource management

5.4.7 Transformation management, standard 7: Dynamic communication

"The nursing service managers utilise dynamic communication as a strategy to facilitate quality transformation of nursing services." This standard consists of the main standard and two required criteria. This standard was declared valid based on an average content validity index of 4.00 and a standard deviation of 0. The two required criteria were accepted in accordance with their high content validity index and standard deviation. The results of the analysis of this category reflect that the nursing service managers have high
acceptance and consensus regarding the utilisation of effective dynamic communication to enhance the quality of transformation management of nursing services. Table 5.1 and figure 5.7 reflects the results of this standard.

Figure 5.7  Standard 7: Dynamic Communication
5.4.8 Transformation management, standard 8: Total quality management

"Total quality management is practiced by the nursing service managers to enhance quality of transformation management." This standard consists of the main standard and three required criteria. The main standard was accepted as valid, based on a content validity index of 3.90 and a standard deviation of 0.20. All the required criteria were accepted, based on their respective content validity index and low standard deviations. Despite the fact that total quality management has not reached the required momentum in some of the nursing services, the nursing service managers agreed and accepted that there is a need for total quality management to ensure successful and effective transformation of nursing services. Table 5 and figure 5 reflect the results of the analysis of this standard.
5.4.9 Transformation management, standard 9: Scientific management

"The scientific management method is being utilised by means of planning, organising, leading and control in order to enhance transformation management by the nursing service managers." This standard consists of the main standard and three required criteria. The main standard was accepted based on a content validity index of 3.79 and standard deviation of 0.414. All three required criteria were accepted as valid in accordance with their respective content validity index and standard deviation. The results indicate that the nursing service managers see the scientific management method as an integral part of transformation management. Table 5.1 and figure 5.9 reflect these results.

Figure 5.9 Standard 9: Scientific management
5.5 FACTORS WHICH INFLUENCED THE VALIDATION OF STANDARDS MEANINGFULLY

The field experts' professional and academic qualifications had a meaningful influence on the validation of standards. The posts: deputy director, assistant director or chief professional nurse, and a qualification in nursing administration/management are other factors that influenced the validation of standards. Statistical analysis of the impact of these factors could not be determined due to the small frequency rate (N=25).

The sum total of the content validity index of the standard is presented in Table 5.10. Each standard achieved a content validity index of 3.0 and higher and was accepted as valid. A standard deviation of lower than 0.650 was indicated.

Table 5.10 Distribution of the content validity index and standard deviation values with main standard concepts

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>CVI</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Legislative professional ethical framework</td>
<td>3.88</td>
<td>0.170</td>
</tr>
<tr>
<td>2 Nursing service managers</td>
<td>3.88</td>
<td>0.280</td>
</tr>
<tr>
<td>3 Strategic plan</td>
<td>3.90</td>
<td>0.192</td>
</tr>
<tr>
<td>4 Participative management</td>
<td>3.82</td>
<td>0.442</td>
</tr>
<tr>
<td>5 Human resource strategy</td>
<td>3.86</td>
<td>0.128</td>
</tr>
<tr>
<td>6 Material resource strategy</td>
<td>3.6</td>
<td>0.585</td>
</tr>
<tr>
<td>7 Dynamic communication</td>
<td>3.9</td>
<td>0.204</td>
</tr>
<tr>
<td>8 Total quality management</td>
<td>3.74</td>
<td>0.56</td>
</tr>
<tr>
<td>9 Scientific management method</td>
<td>3.78</td>
<td>0.37</td>
</tr>
</tbody>
</table>

CVI = Content validity index
SD = Standard deviation

5.6 CONCLUSION

The objective of phase two of the study, namely to formulate standards for transformation management, was achieved in this chapter. Lynn (1986)
structured a two phase model which was utilised and both the development and the quantification phases were described. The results were interpreted, based on content validity index and standard deviation. All standards were declared valid based on content validity index of 3.0 and higher and a standard deviation of less than 0.650. Factors that may have influenced the validation results were described.
CHAPTER 6

EVALUATION OF THE STUDY, LIMITATIONS, RECOMMENDATIONS AND
CONCLUSION

6.1 INTRODUCTION

It is explicit that the change in the South African government accompanied by
the transformation of nursing services with its new policies and practices is
inevitable, and poses challenges for the nursing service managers in Gauteng
hospitals. The transformation of nursing services can be a difficult process
creating a period of fear, uncertainty, stress and role ambiguity for the nursing
service managers. The transformation has been so extensive that the nursing
services manager’s role responsibilities have changed to such an extent that
they are now required to manage grossly reduced levels of resources,
multicultural societies with different values, beliefs and attitudes and increased
numbers of patients, resulting in overcrowded hospitals. The transformation
of nursing services demands the demonstration of appropriate nursing service
management. The abilities of the nursing service managers are therefore
critical to the effectiveness of the future. Most nursing service managers are
unprepared for their new roles and the present concern is for the quality of the
management of the transformation process. In the Gauteng hospitals the
experiences and perceptions of the nursing service managers regarding the
transformation of nursing services, have never been explored. No written
standards are available on transformation management by the nursing service
managers in the Gauteng hospitals. Consequently, nursing service managers
find themselves making major decisions about nursing service transformation
with little information about the effectiveness of alternative approaches. The
researcher took advantage of this lack of alternative approaches of the
management of transformation by the nursing service managers in selected
Gauteng hospitals and developed standards for transformation management
by the nursing service managers. A field study to explore and describe the
experiences and perceptions of the nursing service managers regarding transformation of nursing services in the selected Gauteng hospitals was done by the researcher. The results of the field study were integrated with a literature control/literature study to develop a conceptual framework for transformation management. Concepts derived from the conceptual framework formed a basis for the formulation of standards for transformation management which will be used to evaluate quality of transformation management in the selected Gauteng hospitals. The following research questions were applicable to the study: What are the experiences and perceptions of the nursing service managers regarding transformation of nursing services in Gauteng hospitals? and, What standards for transformation management can be formulated that may be used to evaluate quality of transformation management by nursing service managers in selected Gauteng hospitals?

The objectives of this study were to explore and describe the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals, and to formulate standards for transformation management that can be utilised to evaluate the quality of this management by nursing services managers in selected Gauteng hospitals.

6.2 RESEARCH DESIGN

The study was conducted in two phases. A qualitative, exploratory, descriptive and phenomenological design was utilised in phase one of the study to explore and describe the experiences and perceptions of the nursing service managers in selected Gauteng hospitals. Both written narratives and focus group interviews were utilised to obtain data that facilitated an understanding of how the nursing service managers experience and perceive the transformation of nursing services in selected Gauteng hospitals. The population of phase one of the study consisted of all hospitals in the Gauteng region where transformation is taking place (see table 2.1). Four hospitals were selected for this study and were stratified in accordance with levels of
care to ensure representativeness (see tables 2.2, 2.3, 2.4, and 2.5). A non-probability purposive sample was utilised to select the nursing service managers (N=34) (see table 2.6) in accordance with explicit criteria. Four focus group interviews were facilitated by an independent moderator. Three nursing service managers wrote narratives, and the main theme for both focus group interviews and narratives was "The experiences and perceptions of the nursing service managers regarding transformation of nursing services in the Gauteng hospitals". Tesch's method (in Creswell, 1994:154-164) was adopted as a basis for data analysis in phase one of the study. Data was analysed independently by three researchers followed by a consensus discussion. After the analysis of four focus group interviews, transcriptions and three written narratives, theoretical sampling saturation was achieved as evidenced in the recurring themes. Lincoln and Guba's (1985:18-331) four strategies of trustworthiness, namely credibility, transferability, dependability and confirmability were followed to ensure the establishment and maintenance of trustworthiness.

The results of phase one of the study were integrated with a literature review and control to develop a conceptual framework for transformation management.

A quantitative strategy was utilised in phase two of the study to formulate standards on transformation management in a nursing service. Lynn's (1986:384) two phase model, the development phase and the qualification phase was utilised to formulate the standards. After the description of the conceptual framework (see Figure 4.8) draft standards were formulated and presented to field experts (N=6) who were purposely selected in accordance with specific criteria from the population of all nursing service managers and working at the sample hospitals. The field experts (N=6) debated and refined the standards during a workshop group discussion during the development phase. The refined standards were then presented to 25 participants who took part in phase one of the study and the workshop for validation during the development phase. The participants' discussion rated each standard and
criterion according to a four point ordinal Likert scale. The researcher collected the standard and determined the content validity of each standard with the assistance of a statistician consultant. The validity of each standard and criterion was determined by the proportion of the participants who rated it as being content valid, a rating of at least three or four on the rating scale, and a standard deviation of less than 0.650. The human rights of all the participants were recognised and protected in accordance with the ethical standards of the Democratic Nursing Organisation of South Africa for nurse researchers.

6.3 DISCUSSION OF RESULTS

Two major themes, namely management and quality of patient care were identified in phase one of the study. The results showed that the nursing service managers experienced and perceived the transformation of nursing service as occurring at all levels of the organisation, i.e. individual, group, department and organisation and had positive and negative effects on the management function and the quality of patient care. The results are discussed based on the two major themes, in relation to all levels of the organisation and the positive and negative experiences and perceptions of the nursing service managers regarding the transformation of nursing services in the selected Gauteng hospitals (see chapter 3, tables 3.3 and 3.4).

The following conclusions regarding the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals are made:

- Nursing service managers experienced negative feelings of anger, frustration, fear, uncertainty, powerlessness, low morale and hurt emanating from the transformation of nursing services. Poor communication, increased workload, poor salaries, lack of recognition, inadequate resources and lack of participation in decision-making were perceived as contributing to these negative feelings. These factors have a
negative impact on their function as transformation agents of the nursing services within selected Gauteng hospitals. A general feeling of unhappiness prevailed among the nursing service managers in respect of transformation.

- The nursing service managers perceived/experienced lack of effective communication in the selected Gauteng hospitals as a major stumbling block of transformation management. Insufficient information by the Gauteng Health Department and a top-down, autocratic approach was perceived as retarding transformation management. The nursing service managers wanted specific information about goals, roles, time frames and anticipated problems regarding the transformation of nursing services.

- Lack of recognition emanating from poor salaries was experienced/perceived by the nursing service managers in the selected Gauteng hospitals. Lack of adequate salaries and recognition was perceived as one of the demonstrating factors that the transformation brought about.

- The nursing service managers experienced/perceived lack of participation in decision-making regarding the planning of implementation issues. They felt that the Gauteng Health Department do not invite or consult with them in respect of transformational issues and this impacts negatively on their roles as transformation managers.

- The nursing service managers in the selected Gauteng hospitals experienced increased workload characterised by a shortage of staff and increased numbers of patients resulting from the free health services. The increased workload was perceived as having a negative impact on the management function. It was seen as a serious concern and perceived to be the main issue, hindering quality transformation management.
• The nursing service managers experience/perceive a lack of professional development as bursaries and study leave are difficult to obtain. This hinders effective transformation management as they need the necessary competence to manage transformation.

• The nursing service managers in the selected Gauteng hospitals experience some form of empowerment because of the knowledge of cultural diversity and improved race relations that transformation has brought about. They felt that this knowledge contributed positively to their role as transformation agents.

• Shortage of staff and inadequate material resources were experienced/perceived by the nursing service managers. Nursing service management was influenced negatively by the moratorium placed on staff employment the shortage of equipment, the shortage of beds and decreased budgets.

• Recruitment and promotion procedures based on non-discriminatory criteria of competency and experience were experienced/perceived by the nursing service managers as a positive aspect that service transformation brought about.

• The nursing service managers in the selected Gauteng hospitals perceived inadequate material and human resources as contributing factors to the deteriorating quality of patient care.

• Free health services and primary health care were experienced and perceived by the nursing service managers as beneficial to the disadvantaged and poor communities.

• The nursing service managers perceived/experienced the elimination of discriminatory policies as an equal benefit to all races.
In phase two of the study Lynn's (1986) structured two phase model was used to validate standards for transformation management. Content validity was confirmed by a content validity index of three or more and a standard deviation of lower than 0.650 (see table 5.1). The sum total of the content validity index of each standard is presented in table 6.1. Each standard achieved a content validity index of three and higher and a standard deviation lower than 0.650.

Table 6.1 Distribution of the content validity index and standard deviation values for concept standards.

<table>
<thead>
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<td>3.78</td>
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</tbody>
</table>

CVI = Content validity index
SD = Standard deviation

6.4 CONCLUSIONS

The experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals were explored and described in phase one of the study. The results of phase one of the study were integrated with a literature review and control to develop a conceptual framework for transformation management. Draft standards for transformation management in a nursing service were formulated based on the conceptual framework. Lynn's (1986) structured two phase model was used to formulate and validate standards in phase two of the study. Results were interpreted based on content validity index and standard deviation. All
standards were declared valid based on a content validity index of three or higher and a standard deviation of less than 0.650.

The following conclusions are made:

- There are internal and external forces impacting on the nursing services in selected Gauteng hospitals to transform;
- Transformation of nursing services occurs at all levels of the organisation, i.e. individual, group, department and organisation;
- The Gauteng Health Department, nursing service managers, professional nurses, patients and communities are the role players involved in the transformation of nursing services in selected Gauteng hospitals;
- The transformation of nursing services in the selected Gauteng hospitals have positive and/or negative effects on the management function of the nursing service managers and the quality of patient care;
- There are various dynamics impacting on transformation management in a nursing service. Lack of effective communication and involvement by nursing service managers regarding transformation issues retards transformation management and quality of patient care.
- The central theoretical statement of this study is supported/fulfilled in that the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals formed a basis for the formulation of standards for transformation management in a nursing service.
- The standards for transformation management in a nursing service should make a meaningful contribution to nursing service transformation management in providing guidelines for the nursing service managers to evaluate themselves and the quality of their transformation management and thereby enhance the quality of nursing service transformation in the selected Gauteng hospitals.
6.5 RECOMMENDATIONS

The following recommendations are made:

- The standards for transformation management in a nursing service should be provided to the hospitals to serve as guidelines for the nursing service managers to evaluate themselves and the quality of transformation management;
- The problem of shortage of staff in the selected Gauteng hospitals should be given attention so as to enhance facilitation of transformation of nursing services by the nursing service managers;
- The nursing service managers should be provided with organised short courses on transformation/change management, in order to improve their abilities and enhance facilitation of nursing service transformation;

The following hypotheses are formulated for testing:

- Dynamic, effective communication improves the quality of transformation management in a nursing service.
- Participative transformation improves the levels of job satisfaction among all the role players.
- Management professional development improves capacity building for transformation management in a nursing service.

- From the research results it is apparent that patients and other role players are affected by the transformation of health services. Further research should be conducted on the experiences and perceptions of all other role players regarding transformation of health services in the Gauteng hospitals.
- A further study should be conducted to evaluate the management abilities (knowledge/skill/attitude) that are required to facilitate transformation of nursing services in Gauteng hospitals.
• A model for transformation management in a nursing service in South Africa should be developed.

6.6 EVALUATION OF THE STUDY

The researcher achieved the objectives of the study by exploring and describing the experiences and perceptions of the nursing service managers in the selected Gauteng hospitals and formulating standards for transformation management in a nursing service.

The study is relevant to the time and context in which the nursing service managers find themselves. Transformation is a reality and the nursing service managers in the selected Gauteng hospitals are confronted and challenged with dynamic changes. Quality transformation management is necessary for the facilitation of change in the nursing services. The nursing service managers are required to manage the transformation. Standards for transformation management in a nursing service can provide a valuable contribution to the nursing service managers in facilitating transformation of nursing services. The standards for transformation management in a nursing service can be utilised by the nursing service managers to evaluate the quality of their transformation management and to evaluate the service itself. The nursing service managers are thus beneficiaries of this study.

The significance of this study is the nursing service managers' experiences and perceptions regarding transformation of nursing services in selected Gauteng hospitals have been utilised as a basis to formulate standards for transformation management in a nursing service.

6.7 LIMITATIONS OF THE STUDY

The following limitations were identified by the researcher:
The experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals are very broad. It is not possible for the researcher, in conducting research at this level, to explore and describe all factors that play a role in depth. Further study is needed to explore and describe each factor at length.

The participants who wrote the narratives requested a period of two months to write the narratives. This may have influenced their responses.

The participants who were interviewed at their workplace, were colleagues and knew each other and this may have influenced their responses.

6.8 SUMMARY

In this final chapter, the study was evaluated, limitations, recommendations and the conclusions were described. The objectives of the study were to explore and describe the experiences and perceptions of the nursing services managers regarding transformation of nursing services in selected Gauteng hospitals and to formulated standards for transformation management in a nursing service. The researcher utilised the results of the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals, as a basis to formulate standards for transformation management in a nursing service.
7. BIBLIOGRAPHY


Dear Sir/Madam

CONSENT: RESEARCH ON TRANSFORMATION OF NURSING SERVICES IN GAUTENG HOSPITALS

I intend conducting a research project entitled "Transformation of nursing services in selected Gauteng hospitals", as part of the requirements for acquisition of a M.Cur degree in Professional nursing science, under supervision of Professor Marie Muller at the Rand Afrikaans University, Department of Nursing Science.

The objectives of this study is to explore and describe the experiences and perceptions of the nursing service managers regarding transformation of nursing services in selected Gauteng hospitals and to formulate standards for transformation management in a nursing service. The participants will be deputy directors, assistant directors and chief professional nurses. During the first phase of the study data will be collected by means of narratives (individual writing of the experiences and perceptions) and Focus group interviewers to facilitate an understanding of the experiences and perceptions of nursing service managers regarding the transformation of nursing service.

In phase two of the study, the standard will be validated by means of a workshop discussion and questionnaire.

I, the researcher, undertake to approach the individual institutions after consent has been given by you, based on set criterion and to obtain individual consent from them. The individual participants will also be approached after their institutions have given consent and consent will be obtained from them prior to the interviews.
The focus group interviews will take approximately 45-60 minutes and will be conducted at a time that will not interfere their work. The size of the focus group will be limited to not more than twelve participants based on consent obtained from selected role-players.

As transformation has become an important challenge of health service delivery, this study should contribute favourably to the health services transformational management by nursing service managers and quality of patient care. I undertake to give a copy of the article to you on completion of the study.

I intend to initiate the study project in February 1999.

Your favourable consideration will be highly appreciated.

Please forward your reply to:

Miss Regina Buys
Coronation Hospital Residence
Private Bag
NEWCLARE
2112

Yours faithfully

R. Buys (Miss)
Researcher

Marie Muller (Supervisor)
Chairperson: Department of Nursing Science
Dear Participants

REQUEST FOR CONSENT FROM A PARTICIPANT IN RESEARCH

I herewith request your participation in my research project. I am registered for a Masters Degree in Nursing Management with the Rand Afrikaans University under supervision of Professor Marie Muller.

The purpose of the study is to investigate the experiences and perceptions of the nursing service managers regarding transformation of health services in selected Gauteng provincial hospitals so as to make recommendations to improve the quality of transformational management by the nursing service managers.

Focus group interviews will be conducted to collect data about the experiences and perceptions of the nursing service managers regarding the transformation of health services in the Gauteng region. The focus group interview will be audio-taped and later transcribed to enhance data analysis. The focus group interview will be conducted during off duty time of the nursing service managers, time management will be given priority and the interview will last approximately 45-60 minutes.

Your identity will be protected by not identifying your name and/or location when publishing the research data or research result. Confidentiality will be ensured by destroying all the audio tapes after successful analysis and completion of the research project.

You have the right to terminate your participation at any time during the research project after having consented initially. Should any discomfort result from the focus group interview, counseling facilities will be available to you. It is understood that you are under no obligation to participate in the project.
The direct benefits to you in this research are that you will have the opportunity to verbalise your experiences and perceptions regarding transformation of health services in the Gauteng region. Long term benefits will be that research findings will be used to make recommendations to assist the nursing services managers in enhancing their transformational management in their institutions.

Your favourable consideration to participate will be highly appreciated and will contribute to the success of the research project.

Yours faithfully

Regina Buys
M Cur student
Researcher

Prof. Marie Muller
Supervisor

Signed at ................................... on this ....................... day of .............. 1999.

..................................................... Participant

..................................................... Witness
Dear Participants

REQUEST FOR CONSENT FROM A PARTICIPANT IN RESEARCH

I herewith request your participation in my research project. I am registered for a Masters Degree in Nursing Management with the Rand Afrikaans University under supervision of Professor Marie Muller.

The purpose of the study is to investigate the experiences and perceptions of the nursing services managers regarding transformation of health services in selected Gauteng public hospitals so as to make recommendations to improve the quality of transformational management by the nursing service managers.

Narratives (writing/stories) will be used as a data collection method in order to gain access into the experiences and perceptions of nursing services managers regarding the transformation of health services in the Gauteng region.

You will be requested to write a narrative on your experiences and perceptions regarding transformation of health services in the Gauteng region.

After consenting to participate, the narrative instruction will be hand posted to you. A period of six weeks will be given to you to write the narrative and I will collect narrative within the set period.

Your identity will be protected by not identifying your name and/or location when publishing the research data or result. Confidentiality will be ensured by destroying all the narratives after successful analysis and completion of the research. You have the right to terminate your participation at any time during the research after having consented initially. It is understood that you are under no obligation to participate in the project.
Your favourable consideration to participate will be highly appreciated and will contribute to the success of the research project.

Yours faithfully,

Regina Buys  
M.Cur student  
Researcher

Prof. Marie Muller  
Supervisor

Participant

Witness

UNIVERSITY OF JOHANNESBURG
REQUEST FOR CONSENT FROM PARTICIPANTS

Dear Participant

Following our discussion and agreement after the Focus group interviews, standards for transformation management by the nursing service managers were formulated as part of the research towards a masters degree at the Rand Afrikaans University. These standards can be utilized as guidelines when evaluating the quality of transformation management by the nursing service managers in Gauteng hospitals.

I would highly appreciate it if you could take the time off to evaluate these standards. In evaluating these standards you need to determine whether the standards and required criteria are:

1. Irrelevant, totally inapplicable for transformation management
2. Applicable, questionable and/or description not clear
3. Applicable, but description must be refined or modified
4. Complete, well described and applicable

Your participation in the evaluation of the standards will be treated with confidentiality and therefore objective, honest evaluation will be appreciated. Your anonymity is guaranteed as neither your hospital or name will be mentioned anywhere. It will take approximately two hours of your time to evaluate standards. Arrangements will be made to collect the completed form from you.

Thank you for sharing your valuable time by participating in this research. The researcher may be contacted at the following telephone numbers:

(011) 470-9229
(011) 470-9155
083 471 96089 (cell)

R. Buys
M Cur Student
R1: Well... in my area, you will find that patients are being transferred from one ward to another three to four times in twenty four hours. This causes lots of unhappiness to the patients and their families. They get very annoyed and you will hear, “the bloody nurses” all the time.

F: Mmm

R4: The relatives get very unhappy when patients are being shifted around. The patients are frustrated, miserable and blame the nurses. And as nursing service managers, nurses become angry with us, there are lots of conflict between supervisors and subordinates. Patients have to be shifted around no matter what time and nurses become very, very annoyed. There is lots of animosity because of the movement, there is lots of movement.

F: Movement ........... what do you mean by movement?

R6: In the medical department, nurses are continuously angry with me as their supervisor. They feel I just order them around, “move that patient to that corner and the other patient to another corner”. They call me the “walking lady”. They feel this “walking lady” does nothing but give only instructions. And there is the verbal abuse by the relatives. The media will never write about how nurses are being verbally abused by relatives of the patients.

I think information is very important, not only to the public but also to the nursing service managers. The health department must give people information about their plans, their objectives. They must inform nurses about their plans in time, not only when discussions have already being made. The nurses must be involved in the planning.

And another thing... nurses need recognition. Nurses are not being recognized or seen as being important. We as the nursing service managers forum had written to head office with many health and nursing problems and issues to be addressed. Never were they
addressed. It was never addressed. We are still waiting. There is no recognition for nurses. There is no democracy, no participation and no involvement by nurses. We want to be part of the democracy. We want to be part of the transformation of health services. Head office cannot transform alone. The whole transformation is from top down. It is not democratic at all. That is why there is so much chaos.

F : Mmm...

R 7 : I feel that education should be give attention and nurses are no longer given study leave to study at universities. Even if you do study there is no recognition of your qualifications. You get no increase in salary for your qualifications. Many nurses go to private sector because of the poor salaries of the public sector nurse, especially the ICU nurse.

F : Mmm...

R 5 : I also agree with what she is saying. We are expected to develop ourselves as managers but the bursaries are very minimal. If they can go to the Credit Bureau, most of the nurses are listed there. Nurses are owing banks and universities because their salaries are too little to contribute to their development in the form of education.

F : Do you want to discuss salaries?

R 3 : The salaries are too pathetic. Nurses receive no recognition at all. Many nurses take their bags and go.

F : Where do they go to?

R 4 : They go to the private sector... private clinics. Some go to Saudi, UK. They get much better salaries overseas.
Dear Colleague

Kindly analyse the enclosed data from transcribed Focus group interviews and written narrative with specific reference to Tesch (in Creswell, 1994:155) method.

- You are required to read each transcription and written narrative in its totality to get a general understanding of the whole. Jot down some ideas as they come to mind.

- Do the same with field notes.

- Read again through each transcription and written narrative, think about the underlying meaning, underline words, phrases and themes.

- Make a list of concepts, cluster together similar concepts.

- Find the most descriptive wording for the concepts and turn them into categories by grouping concepts that relate to each other.

- Classify the material themes, categories and sub-categories.

- Use field notes to affirm inferences from themes under categories and sub-categories.

Thank you.

Regina Buys
## STANDARD FOR TRANSFORMATION MANAGEMENT

### STANDARD 1

Transformation management takes place within the legislative professional framework of the nursing profession, provincial and national health service legislation and government legislation.

#### REQUIRED CRITERIA

1. **1.1** The copy of the Constitution of South Africa is available and enacted upon
2. **1.2** The Nursing Act, with relevant amendments is available and accessible
3. **1.3** The Health Care Act is available and accessible
4. **1.4** The White Paper on Transformation of Health system in South Africa is available
5. **1.5** The Labour Relations Act and Basic Conditions of Employment Act is available and enacted upon
6. **1.6** The Equity Employment Act is available and enacted upon
7. **1.7** The Skill Development Act is available and enacted upon
8. **1.8** The SAQA Act is available
9. **1.9** The relevant nursing/midwifery and management regulations are available
10. **1.10** The nursing service manager show insight and understanding into the legislation and various regulations

### STANDARD 2

The nursing service manager demonstrates appropriate abilities (knowledge/skill/competencies) required for transformation management.

#### REQUIRED CRITERIA

1. **2.1** The nursing service is manager is registered with South African Nursing Council
2. **2.2** Performance appraisal of the nursing service manager reflects managerial abilities (knowledge skill/competencies, attitudes) related to transformation management
3. **2.3** The nursing service manager is a member of the hospital and nursing service committee
### STANDARD 3

The nursing service is managed in accordance with the strategic plan.

#### REQUIRED CRITERIA

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<td>3.1</td>
<td>There is a written strategic plan for the transformation of the nursing service.</td>
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<td>3.2</td>
<td>The transformation strategic plan reflects the legislative requirement and relevant external needs, forces and demands.</td>
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<td>3.3</td>
<td>There is a written vision, mission and philosophy of the nursing service.</td>
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<td>3.4</td>
<td>Long and short term goals and objectives are stated clearly with given time frames.</td>
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<td>3.5</td>
<td>There is a contingency plan for crisis management during the transformation.</td>
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<td>3.6</td>
<td>The attainment of the transformation goals/objectives is evaluated in accordance with the given time frame of the plans.</td>
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### STANDARD 4

There is evidence of participative transformation management by the nursing service managers.

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<td>4.1</td>
<td>There is a system (structures and processes) in place to facilitate consultative, interactive and transparent decision-making regarding transformation issues in the nursing service.</td>
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<td>4.2</td>
<td>Appropriate decision-making systems and committees are in place to facilitate consultation and transparency regarding transformation issues in the nursing service.</td>
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<td>4.3</td>
<td>There is evidence of appropriate transformation management related empowerment of all nursing service managers/nurses through workshops, seminars and relevant training.</td>
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### STANDARD 5

The human resources of the nursing service is managed in accordance with a human resource transformation strategy in relation with legislative requirement.

#### REQUIRED CRITERIA

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<td>5.1</td>
<td>There is a written human resource strategy.</td>
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<td>5.2</td>
<td>There is a description of the patient profile.</td>
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<td>5.3</td>
<td>The human resource provision is based on the patient profile.</td>
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<td>5.4</td>
<td>There is a non-discriminatory recruitment, selection, appointment and placement system in the form of standards, policies and procedures.</td>
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