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STRATEGIES TO FACILITATE COMMUNITY ENGAGEMENT IN THE FACULTY OF HEALTH SCIENCE AT AN INSTITUTION OF HIGHER EDUCATION IN NAMIBIA

By

VISTOLINA NENAYISHULA NUUYOMA

THESIS

Submitted in fulfilment of the requirements for the degree

DOCTOR CURATIONIS

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In the

FACULTY OF HEALTH SCIENCE

Of the

UNIVERSITY OF JOHANNESBURG

SUPERVISOR: PROF A MAKHENE
CO-SUPERVISOR: PROF AGW NOLTE

JULY 2020
DECLARATION

I Vistolina Nenayishula Nuuyoma, hereby declare that this thesis is my own work and it contains no material previously published or written by neither another person, nor materials which to a substantial extent has been submitted for any examination of a university or institutions of higher education.

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DEDICATION

I dedicate this thesis to:

My lovely parents, mee Gwaaseli and tate Reinhold for their continual support, love and guidance in life since my childhood.

Aupie, thank you for your words of encouragement and for always believing in me.

My siblings, Munangoya, Magano, Ndapewa, Mwiitidha and Ndahambelela, whose presence, appreciation and high expectations of me gave me strength and courage to pursue my dreams.

Magano Jnr, Panduleni, Meameno, Leena, Sigo-Aluhe, Iyaloo and Ndilimeke, may this study be a reminder, motivator and inspiration for you to succeed in life.

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EXECUTIVE SUMMARY

Community engagement is one of the functions of higher education, alongside teaching and research. Despite that, teaching and research silos are observed to be priorities at many academic institutions. Community engagement activities require a planned approach, yet most academic institutions do not have support in place for faculties to run those activities. In addition, community engagement is a small and under-researched area and not much attention is paid on how universities collaborate and produce knowledge in that area. The same observation is made in the Faculty of Health Science at a public university in Namibia. Furthermore, despite the 10% of academic time allocated for community engagement, it was not clear what it entails and how the staff and students should undertake it. The purpose of the study was to develop, describe and evaluate strategies to facilitate community engagement in the Health Science Faculty at an institution of higher education in Namibia.

The study followed a qualitative exploratory, descriptive and contextual design, which was conducted in four phases. In Phase One, a concept analysis for community engagement was conducted following the basic principles of Walker and Avant’s model. Phase Two explored and described the perceptions of academic staff with regard to how community engagement can be facilitated within the Faculty of Health Sciences. The study included 19 academic staff members who were purposively selected, and data were collected via focus group discussions. The data analysis process followed a method of analysing phenomenological data proposed by Giorgi. Quality was ensured by adhering to the four criteria for developing trustworthiness of a qualitative enquiry as proposed by Lincoln and Guba. The researcher also adhered to the four ethical principles of Dhai and McQuoid-Mason, namely the principles of respect and autonomy, non-maleficence, beneficence and justice.

Five major themes and their sub-themes emerged as findings of Phase Two of this study. The first theme is the facilitation of community engagement through communication, marketing and external relations. The sub-themes are marketing of community engagement activities, meetings, training, inducting and mentorship of academic staff, stakeholders’ engagement and partnership, community participation, community entry process, appointment of community engagement focal person/convener, attitudes and characteristics of academic staff. The second theme is the facilitation of community engagement through research-based
activities, and the sub-themes are: community-based collaborative research, research ethics, incentives and recognition of academic staff. The facilitation of community engagement through curriculum-based activities emerged as a third theme. The sub-themes are students’ assessment, use of community experts, curriculum development processes and students’ involvement. The fourth theme is the facilitation of community engagement through clinical practice and work-based learning. Sub-themes are home visits, rural clinical placements, interprofessional education and practice. The fifth theme is the facilitation of community engagement through university/ faculty services and volunteering. Volunteering and donations, disease outbreak response, participation in health and social events, planning of community engagement activities and a community call centre emerged as sub-themes.

Phase Three constituted the conceptualisation of findings from Phases One and Two. It was conducted based on Dickoff, James and Wiedenbach’s six elements of practice theory. The fourth phase of the study focused on the development, description and evaluation of strategies to facilitate community engagement in the Faculty of Health Sciences. The development and description of strategies followed the descriptive components of empiric theory as proposed by Chinn and Kramer. However, the researcher modified the original components as some are not applicable to this study. An evaluation of strategies was done by a group of experts in the Faculty of Health Sciences, following the criteria of clarity, simplicity, generality, accessibility and importance, as developed by Chinn and Kramer. Lastly, the original contribution, limitations, recommendations and conclusion of the study were described.
LIST OF PUBLICATION AND CONFERENCES

A) Publications:
1. NUUYOMA, V. & MAKHENE, A. (2020). Community engagement in the Faculty of Health Science: A concept analysis. *Health SA Gesondheid*. (Accepted for publication)

2. NUUYOMA, V. & MAKHENE, A. (2020). The Use of Clinical Practice to Facilitate Community Engagement in the Faculty of Health Science. *Nurse Education in Practice*. (Manuscript in review)

B) Conferences:

2. NUUYOMA, V. (2019). A concept analysis of community engagement as one of the core functions of higher education. *Oral presentation at the 5th annual continuing professional development conference for educators in Namibia held in Rundu Namibia, 22 – 23 August 2019*
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CHAPTER ONE
AN OVERVIEW OF THE STUDY

1.1 INTRODUCTION, BACKGROUND AND RATIONALE

The core functions of academic institutions are teaching, research and community engagement; also known as the three silos of higher education institutions. The teaching and research silos are observed to be priorities at many academic institutions. For example, at the public university in Namibia, 60% of academic staff’s workload is allocated to teaching, 30% to research, and 10% to community engagement (UNAM, 2013: 1). Globally, concepts such as scholarship of engagement, civics engagement, community-engaged scholarship, and publicly engaged scholarship are used as synonyms to community engagement (Da Cruz, 2018: 148). However, in the Namibian context, the concept ‘community engagement’ is preferred when referring to the third silo of higher education. Historically, community engagement has been included in the mission and objectives of many departments and schools at the public university in Namibia. It has also been reported in the institution’s annual business review reports.

Community engagement involves the application of institutions’ resources to answer the problems confronting the communities they serve, and it is achieved through collaboration with those communities (Gelmon, Jordan & Seifer, 2013: 60). In addition, community engagement is a core business activity and has been identified by professional associations, accrediting bodies, funding agencies and national commissions as a core mission of higher education. In addition, it can be an integral part of the curriculum, such as in nursing and other programmes that require professional practices in community settings, or it can be an option in a module (Cleary & Hunt, 2010: 345; Gelmon, Jordan & Seifer, 2013: 61; Millican & Bourner, 2011: 89). In the Namibian context, community engagement is included in the programme accrediting criteria from the Namibia Council of Higher Education, Namibia Qualification Authority and Health Professional Councils of Namibia. That means it is also recognised as a functional area of higher education. This is despite some scholars defining ‘community engagement’ as not being one of the three silos of higher education along with teaching and research, but as an integral part of teaching and research. This implies that it is viewed as an implementation strategy and mechanism to strengthen teaching and research in
the context of higher education. Ideally, community engagement should be the point where teaching, research and service overlap (Bandy, 2018: n.p).

Community engagement is not new to higher education, but it has become more officialised and bureaucratic. This is evidenced by the establishment of community engagement centres and tracking systems at many institutions (Rosing, 2015: 149). Furthermore, changes in the support culture of community engagement have been identified after the publication of a broader overview of engagement scholarship by Boyer in 1990, titled “Scholarship reconsidered” (Sobrero & Jayaratne, 2014: 126).

There are many routes through which community engagement is conducted in the context of higher education, meaning it can take various forms across the university. It may be displayed as a strategic aim, as service, research, learning and teaching activities. Community engagement may also be in the form of community education or continuing education and agreed practices to improve relationships between the university and different sectors within the community (Brown, Shephard, Warren, Hesson & Fleming, 2016: 644). Moreover, volunteerism is also appreciated as a form of community engagement (Jinkins & Cecil, 2015: 164).

Specific practices used by universities as community engagement are community-based research, participatory action research and service-learning (Esau, 2015: 69; Ross & Stoecker, 2017: 7). In addition, other practices include distance education, outreach and professional community services, service internships, as well as community-based projects in the form of directed study or extra credit models (Bandy, 2018: n.p). Service-learning is another commonly used route of community engagement and refers to the notion of placing students to work with an organised community service agency to address an identified local need (Thomas & Smith, 2017: 63). Service-learning is an entry point for community engagement and is underpinned by experiential education; therefore, students learn from experience and are required to reflect on it. Moreover, service education affords students opportunities for the acquisition of practical knowledge while helping people in their communities. Other routes of community engagement are considered as scholarly activities through which communities can be involved and are vehicles to address or attend to their needs.
Millican and Bourner (2011: 89) identified three reasons why community engagement is important; firstly, it positively contributes to the value of campus-centred studies. Secondly, it develops students’ knowledge capacity and also makes students more socially responsible. Thirdly, it contributes to the service part of the triple mission of the university. In addition to these, community engagement is known to help students acquire skills such as critical thinking, and it improves their teamwork abilities, cultural and social understanding (O’Connor, Lynch & Owen, 2011: 101).

Students exposed to community engagements develop into competent and caring practitioners who are aware of health disparities in their community (Thomas & Smith, 2017: 63). This is achieved when students interact with and render services to culturally varied patients and those at risk for health discrepancies. Additionally, community engagement benefits not only students but also faculty members; their appointment is directly influenced by their ability to incorporate community engagement into their academic responsibilities (Gorski & Mehta, 2016: 109). Yet faculty members are not keen to participate in community engagement as it is not aligned with standards for promotion and tenure at an institutional level, and there are no rewards given in recognition of participation (Gorski & Mehta, 2016: 110). This is not the same for teaching and research silos, as promotion and rewards are conveyed to faculty members in recognition of their participation.

According to the revised Canadian Medical Education Directions for Specialist (CanMEDS) physicians competency framework, medical school graduates should be trained to take up the roles of health advocates (Frank, Snell & Sherbino, 2015: 22). This implies that the graduates are expected to contribute their expertise and influence as they work with communities or patient populations to improve health. Graduates are expected to determine and understand needs, speak on behalf of others when required, and support the mobilisation of resources to effect change in health statuses. This role is applicable to all graduates from the health professions and involves the notion of graduates applying their expertise and influence in communities or patient populations in order to improve health. Furthermore, students should be trained to work with the communities they serve in order to define and recognise needs, speak on behalf of others when required, and support the mobilisation of resources to effect change. This role can be successfully practiced through engagement with people in their communities.
The Center for Disease Control and Prevention (CDC) acknowledged community engagement as a foundation of efforts to improve public health (CTSA Consortium, 2011: 4). However, educational models used in medical training and among other health professionals focus primarily on hospitals, health centres and clinics, thereby seemingly promoting curative interventions. Students trained via these models tend to understand health care as episodic and procedural (Smith, Meah, Reininger, Farr, Zeidman & Thomas, 2013: 1139). They are inclined to be hospital-centred and insufficiently equipped to manage diseases whose effective cure is prevention and upholding lifestyles that repel diseases (Smith et al., 2013: 1139). Smith et al. (2013: 1139) further indicated that health science curricula should be social and preventive, but not individual and curative.

Health is all about people (Frenk, Chen, Bhutta, Cohen, Crisp, Evans et al., 2010: 1925); therefore, in every health system, there is a core space occupied by the interaction between a person who provides a service and a person who is in need of the service. According to Frenk et al. (2010: 1925), nurturing such interactions requires a long period of education and an extensive outlay of effort by both students and the people served. To get the best outcome of this interaction, health professionals’ education should focus on individuals, families and the communities at large. For that reason, the students should not only be attached to healthcare facilities but should be exposed to different clinical learning environments, which include teaching and learning in the community settings (Stuart, 2013: 148). In some instances, education in community settings is facilitated by an agreement between an institution of higher education and community-based organisations. This practice helps students to gain insight into how socioeconomic, cultural and political factors may influence health and diseases in communities; all learning is guided by the primary healthcare philosophy (Bruce & Klopper, 2017: 256).

Community engagement activities require a planned approach, and most universities do not offer the necessary support for faculties to run those activities. In addition, community engagement is a small and under-researched area, and not much attention is paid on how universities collaborate and produce knowledge in that area (Cleary & Hunt, 2010: 344; Gelmon et al., 2013: 61). The same observation is made in the Faculty of Health Sciences (FHS) at the public university in Namibia.
Nursing was the only school in the FHS at the public university when it was established 25 years ago. Thereafter, new schools, such as medicine, pharmacy and public health were established and new programmes were introduced in the past few years. Other health professionals from Namibia were mostly trained in South Africa before the expansion and introduction of new programmes into the FHS. There is thus an increased need for social responsiveness and social accountability in the health field, especially since medicine, pharmacy and public health programmes were not previously offered in Namibia. Larkins et al. (2013: 32) indicated that there is a growing universal acknowledgement that health professions’ schools should be answerable to the health needs of the people they serve through community engagement. That means the students’ competencies should enable them to tackle the community or referenced population’s health priorities. Health professionals should not be trained to hinge on the health system or other health stakeholders for inventiveness in addressing priority problems, but should be prime and active members in community health endeavours. Health professional graduates should be change agents (Strasser et al., 2013: 492), and be able to cultivate a partnership with health sectors, policymakers and communities in solving the identified needs (Frenk et al., 2010: 1924). All these attributes are made possible by training health science students in a well-planned community engaging atmosphere.

The higher education sector is a public resource which conveys material or intellectual benefits to individuals or communities, therefore it is said to be a ‘public good’ (Leibowitz, 2012: xvii). The connection between the higher education sector and community is made via engagement. Values and attributes of being good to the public are not only taught, but there should be provision for student practice opportunities and observations on how students model them (Leibowitz, 2012: xix). Community engagement is now a precedence agenda at hundreds of universities, and many approaches are being embraced to shape a notion of engagement across institutions (Gorski & Mehta, 2016: 118). Globally, there is an expectation from society for universities to improve graduates’ employability skills, knowledge advancement and make positive contributions to human development (Walker & Fongwa, 2017: 5). This expectation is met through community engagement. The same observation about society’s expectation is also made in Namibia, yet there is no evidence of studies conducted in Namibia on community engagement in higher education institutions. Furthermore, there are only two public universities, of which one was established less than
three years ago. This creates a unique background and a need to develop context-based strategies, thereby warranting the need to conduct this study.

1.2 PROBLEM STATEMENT

It is noted that a lot of guidance and discussions are widely available on hospital settings as a learning environment for students, even though community placements are equally important (Hughes & Quinn, 2013: 356). This is because placing students in community settings is an entry point to community engagement. The placement of students and their learning in community settings may be challenging due to reduced availability of resources and lack of experience to work with community members, hence the need for more guidance and preparations. It is observed that the teaching and research silos at the public university in Namibia are adequately covered in terms of academic leadership, coordinating units and centres. There are also clear guiding documents for teaching and research silos. However, the same cannot be said for the service silo. Currently, there is no centre or unit designated to oversee the service silo, which also encompasses community engagement activities such as community-based research, volunteerism and community outreach. Community engagement activities are conducted on an ad hoc basis as there are no approved policies or strategies in place. Furthermore, the institution’s 2012 self-evaluation report indicated that despite 10% of the academic time being allocated for community engagement, it was not clear what community engagement entails and how the staff and students should undertake it (UNAM, 2013: 12). There are also no clear guiding documents indicating how community engagement can be integrated with the teaching and research silos. Therefore, the background, rationale and problem statement gave rise to the following research questions:

- What is the meaning of community engagement in the context of the Faculty of Health Sciences within the context of higher education in Namibia?
- What are academic staff’s perceptions of the concept ‘community engagement’ at the Faculty of Health Sciences?
- What strategies can be used to facilitate community engagement activities in the Faculty of Health Sciences at an institution of higher education in Namibia?
1.3 RESEARCH PURPOSE

The purpose of the study was to develop, describe and evaluate strategies to facilitate community engagement in the Faculty of Health Sciences at an institution of higher education in Namibia.

1.4 RESEARCH OBJECTIVES

To realise the purpose of this study, the objectives were:

- To explore and describe the meaning of community engagement within the context of the Faculty of Health Sciences.
- To explore and describe the perceptions of academic staff with regard to how community engagement can be facilitated in the Faculty of Health Sciences at an institution of higher education in Namibia.
- To conceptualise the findings within existing, relevant literature.
- To develop, describe and evaluate strategies to facilitate community engagement in the Faculty of Health Sciences.

1.5 DEFINITION OF CENTRAL KEY CONCEPTS

The concepts that follow were identified as key to the study and are therefore defined.

1.5.1 Community engagement

Community engagement refers to the inventiveness and procedures through which the expertise of the institution is applied to confront matters applicable to its community (Coetzee, 2012: 504). In this study, community engagement refers to activities and procedures through which academic staff and students from the FHS use their knowledge to address issues in their communities.
1.5.2  Facilitate

To facilitate means to make something possible or easier (Cambridge English Dictionary, 2017: n.p). In this study, to facilitate denotes making community engagement possible or easier in the FHS.

1.5.3  Faculty

Faculty is a group of university departments dealing with a major division of knowledge. In the context of this study, it refers to the faculty of health science. The teaching personnel in the faculty are known as faculty members or academic staff. In the case of faculty of health science, they may be called health science educators, therefore lecturers, educators, faculty members, academic staffs is used interchangeably to refer to the teaching personnel.

1.5.4  Faculty of Health Sciences

The FHS is a group of schools in an institution of higher education that specialises in health-related disciplines. The schools under this faculty include Medicine, Pharmacy, Public Health and Nursing, as well as departments of Physiotherapy, Occupational Therapy, Dentistry and Radiography.

1.5.5  Institution of higher education

An institution of higher education refers to any institution that provides higher education and which is established by or under any law; or registered as a private higher education institution under Act No. 26 of 2003 (Republic of Namibia, 2003: 4). In this study, the institution of higher education refers to a public university in Namibia.

1.5.6  Strategies

Strategies refer to plans or methods for achieving a specific goal (The FreeDictionary, 2017: n.p). In this study, strategies imply the plans or methods to facilitate community engagement in the FHS.
1.6 RESEARCH DESIGN AND METHOD

1.6.1 Research design

The research design refers to the plan for conducting the study (Creswell, 2013: 49). Grove and Gray (2019: 211) commented that the research design is a blueprint for conducting a study. The research design concentrates on the end product of the research process and all the steps involved in the achievement of the output (De Vos, Strydom, Fouche & Delport, 2011: 143). It is one of the factors that may affect the validity of the study, therefore the design should be carefully considered so flaws can be identified and evaluated (Grove & Gray, 2019: 211). This study followed qualitative approach principles. A qualitative inquiry was chosen because community engagement in the FHS needed to be explored as there was a need for a complex and detailed understanding (Creswell, 2013: 44). Moreover, the study followed a qualitative exploratory, descriptive and contextual design, which means the study understood community engagement within the context of the FHS at an institution of higher education in Namibia, which is a context-specific perspective (Lodico, Spaulding & Voegtle, 2010: 147).

1.6.2 Research method

The research methods include all tools that researchers use to collect data. These tools allow researchers to gather data from individuals, groups, artefacts and text, or any other mode (Maree, 2016: 74). Moreover, Grove and Gray (2019: 53) indicated that research methods describe how the study was conducted. It includes aspects such as the research sample, settings, measurement methods and data collection processes. The study was conducted in four phases, and the methods employed under each are described next.

1.6.2.1 Phase One: Conduct a concept analysis of the concept ‘community engagement’

Concept analysis is defined as a formal linguistic exercise to determine the defining characteristics of a concept. It is conducted to refine ambiguous concepts, to understand underlying attributes, and clarify vague concepts in order to come up with standardised and operational definitions (Walker & Avant, 2014: 164). In this study, the analysis of the
concept ‘community engagement’ was conducted in order to clarify its meaning in the context of health sciences education and establish a theoretical and operational definition.

Concept analysis, in this study, was done in accordance with the basic principles of Walker and Avant’s (2014: 163-183) model. This model consists of eight steps, which were derived as a simplified form of Wilson’s 11-step classic concept analysis procedure (Walker & Avant, 2014: 165). The first step is to select a concept – in this study, the concept ‘community engagement’ was selected. The second step is determining the aims and purposes, the third step is to identify all uses of the concept that you can discover. The fourth step is determining the defining attributes, the fifth step is identifying a model case, which means a model case that encompasses all attributes of the concept ‘community engagement’ will be constructed. The sixth step is identifying borderline, related, contrary, invented and illegitimate cases. The seventh step is identifying antecedents and consequences, and the eighth step is to define empirical referents – this step describes how the concept is utilised in reality.

The reasoning strategies used during the concept analysis are analysis, inductive, deductive, synthesis and derivation. The researcher only considered the attributes and related connotations that were common to the concept of ‘community engagement’. This ensured the credibility of findings during the phase of concept analysis.

1.6.2.2 Phase Two: Explore and describe academic staff’s perceptions of how community engagement can be facilitated within the Faculty of Health Science

The research methods in this phase include the population, sample and sampling method, data collection, data analysis and trustworthiness. Each is described next.

a) Population

Creswell (2014a: 9) defined a ‘population’ as a group of individuals with similar characteristics. The population for this study consisted of academic staff from the FHS, and included senior lecturers, lecturers, assistant lecturers and clinical instructors. There was a total of 96 (N=96) academic staff in the faculty as of July 2018.
b) Sample and sampling method

In accordance with the qualitative research approach, the study employed non-probability and purposive sampling (Maree, 2016: 84). In purposive sampling, participants are selected because of some defining characteristics that make them appropriate to give information about the study or data needed for the study (Maree, 2016: 85). In addition, they are selected because they have key knowledge or information related to the purpose of the study (Lodico et al., 2010: 37). The selection criteria were identified to ensure the selection of participants who assisted the researcher in meeting the research purpose (Maree, 2016: 85). As health science programmes are offered at five campuses of the university, the researcher used a maximum variation, purposeful selection strategy in order to obtain a variety of perspectives (Creswell, 2014: 229; Lodico et al., 2010: 169). A total of 19 (n=19) academic staff members participated in the study, and the number of participants was determined by data saturation. Saturation is a point at which the researcher instinctively decides that adding more participants will not provide new insight on the topic (Lodico et al., 2010: 170).

c) Data collection

Data collection involves a series of interrelated activities aimed at gathering good information to address research questions identified in the study (Creswell, 2013: 146). For this phase, focus group discussions were used to collect data. A focus group discussion refers to a group of four or more people gathered for a discussion, and the researcher acts a moderator, responsible for guiding the discussion (Lodico et al., 2010: 127; Polit & Beck, 2017: 537). This technique was chosen in order to obtain detailed views from many academic staff members from the faculty and also to allow for collective decision making. There was a list of questions covered during focus group discussions based on the concept analysis. All discussions were audio-recorded as per the participants’ consent, followed by verbatim transcriptions. In addition, the researcher also probed and asked follow-up questions to clarify some responses (Polit & Beck, 2017: 537).

d) Data analysis method

The data analysis process followed a method of analysing phenomenological data proposed by Giorgi in 1970 (Grove, Burns & Gray, 2013: 284). Giorgi (2012: 4) advised that for
researchers to employ this phenomenological psychological method in analysing data, they need to possess an attitude of phenomenological reduction. In this study, the researcher had the following assumptions that were necessary for phenomenological reduction: she dismissed all past experiences on community engagement and her own assumptions on the phenomenon; she is sensitive to the phenomenon under study, which is community engagement, and avoid making negative comments on the phenomenon in front of the participants. Once the researcher adopted the correct attitude, as described above, she followed the steps of the data analysis process stipulated by Giorgi (2012: 5-6). In addition to the review by the two research supervisors, the independent coder separately analysed data from Phase Two. The researcher and independent coder met to verify and reach consensus on the final themes extracted from the collected data.

e) Measure to ensure trustworthiness

Quality criteria were met by adhering to the four criteria for developing trustworthiness of a qualitative enquiry as proposed by Lincoln and Guba (1985). The authors (Lincoln & Guba, 1985: 290-331) proposed four alternative constructs to trustworthiness that more accurately reflect the assumption of the qualitative paradigm, namely credibility, transferability, dependability and confirmability. Credibility is the criterion used to assess the truth value of the findings through prolonged engagement, persistent observation, and triangulation of sources, peer debriefing, structural coherence, authority of researchers, referential adequacy and member checking. Transferability is the criterion against which applicability to a different situation is assessed through the provision of the demographic data of participants, a dense description of research methodology, nominated samples, and direct quotes from participants. Dependability is the criterion used to ensure consistency by triangulation, stepwise replication and an inquiry audit, as well as a code-recode procedure of data analysis. Confirmability is the criterion used to ensure neutrality through a confirmability audit, triangulation and keeping a reflexive journal.

1.6.2.3 Phase Three: Conceptualisation of findings

Phase Three constituted the conceptualisation of findings from Phases One and Two. The researcher integrated the findings within the existing literature and made meaningful
interpretations, and this was followed by the formulation of concluding statements. The conceptualisation was conducted based on Dickoff, James and Wiedenbach's (1968: 415 - 435) six elements of practice theory. These formed the basis from which strategies were developed.

1.6.2.4 Phase Four: Develop, describe and evaluate strategies to facilitate community engagement in the Faculty of Health Science

The fourth phase of the study focused on the development, description and evaluation of strategies to facilitate community engagement in the FHS. The development and description of strategies followed the descriptive components of empiric theory as proposed by Chinn and Kramer (2018: 188-202). However, the researcher modified the original components as some were not applicable to this study. An evaluation of strategies was done by a group of experts in the FHS. In addition, experts in research methodology were also included. The evaluation was conducted in accordance with criteria developed by Chinn and Kramer (2018: 202-212), and included clarity, simplicity, generality, accessibility and importance.

1.7 ETHICAL CONSIDERATIONS

The ethical considerations followed in this study were based on Dhai and McQuoid-Mason's (2011: 166-179) four principles. These are the principles of respect and autonomy, non-maleficence, beneficence and justice.

1.7.1 Autonomy

Autonomy means that the researcher should have respect for other people, respect for dignity, and avoid acting in a way that insults or undermines a person’s sense of self-worth. The researcher obtained informed consent (Annexure H) from each participant after thoroughly explaining the study to them, with reference to the purpose, objectives, method and their expectations from the study. The researcher also explained that participation was purely voluntary. Participants were informed that they had the right to withdraw from the study at any time without any penalties (Annexure G).
The data were handled anonymously and used for the research report only. It will not be linked to the participants or the institution under study. The participants’ names were replaced with codes that they developed themselves; the consent forms signed by the participants and the audio recordings are stored separately under lock and key and will be disposed of six years after completion of the study. Only the researcher, the study supervisor, co-supervisor and independent coder, who signed a confidentiality agreement, gained access to the research data.

Additional permission to use an audio recorder during the focus group discussions was sought from participants (Annexure I). Permission was also obtained from the Faculty of Health Sciences - Higher Degrees Committee (HDC-01-31-2017, dated 02 June 2017) and Academic Ethics Committee (REC-01-40-2017, dated 02 June 2017) of the University of Johannesburg, the Research Ethics Committee (SC/358/2017, dated 20 November 2017) of the Institution of Higher Education under study (Annexures B, C & D respectively) to conduct the study.

1.7.2 Non-maleficence

This is the principle of avoiding harm or doing as little harm as possible (Dhai & McQuoid-Mason, 2011: 175). Guided by the research questions, only data that were necessary to reach the objectives of the study were collected from the participants. It was made clear to the participants that the information obtained would only be utilised for the study’s intended purpose. No questions were asked that pried into the participants’ private lives.

1.7.3 Beneficence

Beneficence means doing good for others and promoting others’ interests and wellbeing. Related to this principle is the right to protection from discomfort and harm (Grove et al., 2013: 98). No form of any risks or harm came from this study. Rather, the strategies to facilitate community engagement in the FHS were developed, therefore benefiting community members, health science educators and students.
1.7.4 Justice

This principle includes the right to fair treatment. Grove et al. (2013: 98) stated that this principle holds that people should be treated fairly and should receive what they are due or owed. A purposive sample was used to ensure the in-depth collection of data. No incentives were given, and no coercion was used.

1.8 DIVISION OF CHAPTERS

The division of this study’s chapters and its phases are presented in Table 1.1.

Table 1.1: Division of chapters

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1.9 SUMMARY

Chapter One outlined the study’s introduction, background, rationale, problem statement, research purpose, research objectives, the definition of central concepts, research design and methods, ethical consideration and a summary of the thesis chapters. The study was conducted in four phases, and the first phase explored and described the meaning of community engagement. This was conducted using concept analysis, which was done following the basic principles of Walker and Avant’s model. Phase Two explored and described the perceptions of academic staff with regard to how community engagement can be facilitated. In Phase Three, findings from the first two phases were conceptualised. Phase Four developed, described and evaluated strategies to facilitate community engagement in the FHS. Chapter Two will present a detailed description of the study’s design and methods.
CHAPTER TWO
RESEARCH DESIGN AND METHODS

2.1 INTRODUCTION

The purpose of Chapter Two is to provide a detailed description and justification of the research design and methods that the researcher followed in developing strategies to facilitate community engagement in the FHS. In addition, the researcher’s paradigmatic perspective and reasoning strategies that guided her in the research process are discussed. This chapter is guided by the overview provided in Chapter One.

2.2 RESEARCH PURPOSE

The purpose of the study was to develop, describe and evaluate strategies to facilitate community engagement in the Faculty of Health Science at an institution of higher education in Namibia.

2.3 PARADIGMATIC PERSPECTIVE

In this study, the researcher was guided by constructivism as her paradigmatic perspective to explore the phenomenon ‘community engagement’ and how it is facilitated in the FHS. The researcher believes that reality exists within the research context, and many constructions are possible (Polit & Beck, 2017: 10). This implies that reality is not a fixed entity but rather revealed by putting ideas together from individuals participating in the study. Furthermore, the researcher acknowledges that research processes are subjective, non-quantifiable and reveal multiple interpretations of reality. In this study, the researcher's knowledge of the phenomenon under study and interactions were improved by minimising the distance between her and the participants (Polit & Beck, 2017: 11). The constructivism paradigmatic perspective was identified by the researcher as a broad philosophic approach to this research, and may include a family of related theories which share similar concepts and structural
features or some relatively shared sets of theoretical assumptions (Walker & Avant, 2014: 5). Moreover, the researcher believes that the academic staff’s perceptions of community engagement is only known by the staff themselves, and an inquiry into this phenomenon should involve interaction between them and the researcher. Therefore, the paradigmatic perspective of this research was constructivist in nature.

According to Botma, Greeff, Mulaudzi and Wright (2010: 186), the paradigmatic perspective includes the metatheoretical, theoretical and methodological assumptions as discussed next.

### 2.3.1 Metatheoretical assumptions

This assumption refers to the researcher’s beliefs about a person as a human being, society, the discipline and the purpose of the discipline, as well as general orientation about the world and nature of research. It refers to the more philosophical orientation of the researcher (Botma et al., 2010: 186).

In this study, the researcher’s assumptions of the person, environment, health and discipline were based on the Theory of Health Promotion in Nursing. This theory was constructed with the aim of promoting the health of the individual, family, group and the community at large (University of Johannesburg, 2010: 4). The researcher identified an academic staff member from the FHS as a person in this study. An academic staff member is viewed holistically in interaction with the external and internal environment. This individual is a whole person with mind, body and spirit, who must function to interact within an external and internal environment to achieve wholeness or health.

Health, in this study, indicates the successful facilitation of community engagement by academic staff from the FHS. This is because successful facilitation of community engagement is a dynamic interactive process in the academic staff’s external and internal environment (University of Johannesburg, 2010: 4).

Nursing or discipline, in this study, is replaced by community engagement since community engagement is an interactive process, aimed at assisting individuals, families, and the community to maintain, promote and restore health (University of Johannesburg, 2010: 5). Furthermore, it can take place in an external or internal environment through individuals’
interaction. The environment in this study is both the community context and the FHS within the higher education institution context.

2.3.2 Theoretical assumptions

It is accepted that research does not take place in a vacuum, therefore the theoretical assumption reflects the researcher’s knowledge of existing theoretical or conceptual frameworks (Botma et al., 2010: 187). The theoretical assumptions in this study are described based on the Theory of Health Promotion in Nursing (University of Johannesburg, 2010: 4). The point of departure is the promotion of health of an individual, the family, a group of people and the community as a whole. The focus of this study was on community engagement and academic staff’s perceptions of community engagement. The basis of the academic staff’s perceptions is strengthened by their interactions with different people in the community as well as their own cultural backgrounds. Understanding the academic staff’s perceptions of community engagement will help in the process of developing strategies to facilitate its implementation.

2.3.3 Methodological assumptions

Methodological assumptions encompass what the researcher believes good scientific practice to be (Botma et al., 2010: 188). In this study, the researcher’s methodological assumptions are underpinned by the research model of Botes (1995) (University of Johannesburg, 2010: 9). According to Botma et al. (2010: 188), the first order methodological assumption is about the phenomenon the researcher is exploring in the study, which is therefore a practice of the discipline. As a result, the researcher focused on academic staff’s meaning and perceptions of community engagements as her first order methodological assumption. The second-order methodological assumption is represented in the methodology of this research and was explained in this chapter under the research designs and methods. Qualitative research is the methodological basis of this research and facilitated the description and exploration of the identified research problem. The third order methodological assumption is based on metatheoretical and theoretical assumptions, as previously discussed. Overall, the researcher believes the research process started by identifying a problem, which was practice-related (facilitation of community engagement), followed by a statement of methodology (qualitative
research), which was guided by theoretical and metatheoretical assumptions (constructivism and central theoretical argument).

2.4 CONTEXT OF THE RESEARCH

The higher education system in Namibia consists of two state-owned universities and one private-owned university, the state-owned is also known as public universities. The context of the study was the public university which was established in 1992. The university’s main campus is in Windhoek and it has 12 campuses located in the south, northwest, northeast and central part of Namibia where full-time, part-time and distance programmes are offered. In addition to the campuses, the university has distance education support offices in most towns in Namibia where students enrolled for programmes offered via the distance mode collect their materials, write examinations and submit their assignments.

The history of health professions education in Namibia indicated that the first healthcare workers’ training was a three-year assistant nursing training programme which commenced in 1930 at Onandjokwe under the Finnish mission, in northern Namibia. There are no records on the curriculum of this training programme, but it is known that this was the first formal nursing education offered in Namibia and a pioneer in health professions education (Van Dyk, 1997: 99). Further developments in the training of health professions in Namibia include the establishment of the Faculty of Medical and Health Sciences at the Academy for Tertiary Education in 1986 (Van Dyk, Small & Pretorius, 2007: 3). The Faculty was later renamed FHS as officially known to date.

The FHS at the public university started by only offering nursing programmes, but has grown to accommodate other schools, namely the School of Medicine, School of Public Health, School of Pharmacy, Departments of Physiotherapy, Occupational Therapy, Dentistry and Radiography. The School of Medicine was second to nursing and was introduced in the 2010 academic year. The last two are the departments of physiotherapy and occupational therapy, introduced in the 2018 academic year. It is thus evident that the FHS is expanding and may also increase its social responsiveness and accountability, which is communicated via community engagement (Larkins et al., 2013: 38). The programmes from these schools are offered at the university’s main campus and the health science campus. The latter campus is
on the premises of two referral hospitals in Windhoek. In addition, the Schools of Nursing and Public Health offer programmes at the four satellite campuses of the university located in the northeast, northwest and southern Namibia. For the facilitation of clinical education, health science students are allocated for clinical practice at health facilities near their campuses and are also sent for more extended placements at health facilities in other regions. This also means the expectation of community engagement is for each campus to work with the communities around it. This study involved academics staff from campuses that offer programmes from the FHS.

2.5  RESEARCH DESIGN AND METHOD

The study was performed using four phases, namely conducting a concept analysis of the concept ‘community engagement’; exploring and describing the perceptions of academic staff regarding community engagement and how it can be facilitated within the FHS; conceptualisation of findings; and developing, describing and evaluating strategies to facilitate community engagement in the FHS. The study designs and methods, including the reasoning strategies in each phase, are described in detail in the sections that follow.

2.5.1  Research design

The research design refers to the plan for conducting the study. Creswell (2013: 49) commented that the research design is a blueprint for conducting a study. The researcher selected the qualitative design as a plan of this research as evident in her paradigmatic assumptions to the selection of participants, the data gathering methods to be used and the data analysis to be done (Maree, 2016: 72). In addition, the qualitative design directs the research process and all the steps involved in the achievement of the output, which is the development of strategies to facilitate community engagement in the FHS (De Vos et al., 2011: 143).

Moreover, the study followed a qualitative exploratory, descriptive and contextual design, which means it understood community engagement within the context of the FHS at an institution of higher education in Namibia, which is a context-specific perspective (Lodico et al., 2010: 147). Qualitative descriptive and exploratory inquiries were chosen because community engagement in the FHS needed to be described and explored as there was a need
for a complex and detailed understanding since no study was previously conducted in this context exploring community engagement (Creswell, 2013: 44).

2.5.1.1 Qualitative

A qualitative research design was chosen as the central approach to the design of the study. It was a suitable design because qualitative research is useful in the exploration of perceptions of academic staff and understanding a central phenomenon, which is community engagement (Creswell, 2014: 10). The phenomenon is an experience that comprises the lives of humans (Grove & Gray, 2019: 53). An inquiry on community engagement was made by asking participants broad and general questions to collect their detailed views and analyse information for description and themes (Creswell, 2014: 10). Therefore, the researcher considered the qualitative approach to be a suitable design for this research.

2.5.1.2 Exploratory

This study gained new insight into the meaning of community engagement and how it can be facilitated, therefore it was exploratory in nature (De Vos et al., 2011: 95). According to De Vos et al. (2011: 95), exploratory research may be conducted as a first stage in a study. This was the case in this current study, whereby the meaning of and perceptions of academic staff regarding community engagement was explored before strategies were developed. For Maree (2016: 55), exploratory research is conducted when little knowledge or no knowledge is available about the phenomenon. As a result, the researcher explores to understand key issues and builds a new understanding, which was the case in the current study.

2.5.1.3 Descriptive

The study is descriptive in nature since it provides information and a thick description of community engagement within the context of the FHS (Grove & Gray, 2019: 502; Polit & Beck, 2017: 505). The researcher chose a descriptive design because she wanted straight descriptions of a community engagement phenomenon (Polit & Beck, 2017: 11). In addition, since this study had more than one objective, the descriptive design was chosen because the researcher could apply it to a variety of research objectives (Polit & Beck, 2017: 507).
Descriptive research was applied as follows: In Phase One, an in-depth description of the explored categories, defining attributes and their related connotations of community engagement in the FHS were made. Phase Two of this study had a component of descriptive qualitative research since some objectives described the phenomenon before exploring it further. Phase Three of this study provided an in-depth description of the conceptualisation of findings of the first two phases, which was done in accordance with Dickoff et al.'s. (1968: 415-435) six elements of practice theory. Lastly, an in-depth description of the strategies developed to facilitate community engagement in the FHS was given.

2.5.1.4 Contextual

One of the characteristics of qualitative research is that it is naturalistic and context-based, so it focuses on natural settings where interactions occur (Creswell, 2013: 46; Maree, 2016: 50). This is because a phenomenon experienced by individuals or groups of people is unique to their context (Grove & Gray, 2019: 67); it is therefore necessary to provide a thick description of the context under which the study was conducted.

In this study, community engagement was explored in the context of the FHS of a higher education institution. This educational context was selected for the study because this faculty is the main training facility for health science professionals in Namibia. Moreover, the faculty is expected to expand extensively in the next five years, therefore the researcher noticed the necessity to design strategies that are context-based and to be implemented with other new interventions. The contextual significance is necessary since community engagement is required in the training of health professions students due to its potential to increase their preparedness to identify and handle public health issues (CTSA Consortium, 2011: 5).

2.5.1.5 Reasoning strategies

Reasoning entails the processing and organising of ideas to reach logical conclusions in research (Grove & Gray, 2019: 18). In addition, it is useful as a way of understanding and organising phenomena under study (Polit & Beck, 2017: 12). During this study, the researcher engaged in reasoning strategies. Thus, the researcher can formulate logical arguments that assist in the thick description of community engagement, which was the phenomenon of interest in the study. Moreover, this also aided in the development of
strategies to facilitate community engagement in the FHS. In accordance with qualitative research, reasoning strategies involve putting pieces together perceptually to make wholes (Grove & Gray, 2019: 68). The reasoning strategies that the researcher engaged in this study included analysis, synthesis, inductive reasoning, deductive reasoning and derivation. This section offers a description of these and how each reasoning strategy was engaged with.

a) Analysis

Analysis consists of preparing and organising data (Creswell, 2013: 180). This process is ongoing and iterative in qualitative research, and it consists of elements of noticing, collecting and reflecting (Maree, 2016: 109). In Phase One of the study, the researcher worked inductively and deductively to organise data in the concept analysis to identify categories and define attributes and connotations of community engagement.

Furthermore, analysis was done inductively during Phase Two of the study when the researcher collected data on academic staff’s perceptions of community engagement and how it can be facilitated in the FHS. The collected data were then analysed inductively (Giorgi, 2012: 2). Analysis further employed deductive and inductive reasoning strategies to conceptualise the findings from the two first phases according to Dickoff et al.’s. (1968: 422) six elements of practice theory. The concluding statements following the application of Dickoff et al.’s. (1968) practice theory formed the basis on which the strategies to facilitate community engagement were developed.

b) Synthesis

Synthesis refers to gathering ideas from numerous sources to form a new complete picture of what is known and not known in an area (Grove et al., 2019: 513). Gathered ideas are based on observations or a body of data, which leads to a new concept, a new statement or a new theory being constructed (Walker & Avant, 2014: 63). Moreover, synthesis involves thinking intensely about what is revealed in the observations or body of data and recognising the main themes of all information to be presented (Grove et al., 2019: 181-183). Therefore, connections among what is revealed are described. Synthesis aids in the process of sifting and determining the value of references that should be included in the study (Walker & Avant, 2014: 63; Grove et al., 2019: 180).
In this study, the researcher engaged in synthesis during the concept analysis. This was done through gathering relevant data for an exploration and description of the meaning of community engagement. The researcher isolated relevant data, recognised main ideas from the literature and made connections between them in order to extract defining attributes and related connotations of community engagement. During Phase Two, synthesis was practiced when the researcher extracted themes from the collected data. During Phase Three, the themes were used to make conclusions from the conceptualisation of findings from the first two phases. Finally, synthesis was applied in the description of the strategies to facilitate community engagement in the FHS, which was part of Phase Four.

c) Inductive reasoning

Inductive reasoning is often referred to as a ‘bottom-up’ approach to knowing. This implies that the researcher uses observations to form an abstraction or to describe the phenomenon that is being studied (Lodico et al., 2010: 10). De Vos et al. (2011: 49) claimed that inductive reasoning does not commence with a pre-established reality or assumption but with observation. Therefore, they begin with a general issue and some vague ideas that are then refined and elaborated on in more exact theoretical concepts. Therefore, the point of departure in inductive reasoning is a specific observation, then general statements or inferences about the phenomenon are made (De Vos et al., 2011: 64; Lodico et al., 2010: 10).

In accordance with qualitative research, the researcher engaged in inductive reasoning in Phase Two of the study (De Vos et al., 2011: 64). This is because Phase Two entailed an exploration of academic staff’s perception of community engagement and how it can be facilitated in the FHS. This phase required the researcher to work from the bottom up by interacting with participants to obtain relevant information and inductively organising data from which comprehensive themes emerged (Creswell, 2013: 45).

d) Deductive reasoning

In contrasts to inductive reasoning, the deductive reasoning strategy uses a ‘top-bottom’ approach to knowing (Lodico et al., 2010: 10). It therefore moves from the general to the specific (De Vos et al., 2011: 48) or from a general premise to a particular situation (Grove &
Gray, 2019: 502). It moves from a pattern that might be logically or theoretically projected to observations that test whether the projected outcome actually occurs. In deductive reasoning strategies, researchers initially make a general statement or prediction and then seek evidence that would agree with or disconfirm that statement (Lodico et al., 2010: 10). Interestingly, deductive reasoning has two relevant premises; the first states the case and the second states the generalisation of which the case is an example (De Vos et al., 2011: 48). Grove and Gray (2019: 18) defined ‘premises’ as statements of the anticipated relationship between two or more concepts. The deductive conclusion is drawn logically, appearing almost self-evident (De Vos et al., 2011: 48). However, deductive conclusions are only valid if they are founded on valid premises (Grove & Gray, 2019: 18).

In concept analysis, which was Phase One of this study, the researcher engaged in deductive reasoning through a review of published literature and other sources to identify the categories, defining attributes and related connotations of the concept ‘community engagement’. In Phase Two, the researcher used deductive reasoning to ensure that the themes she developed were constantly being checked against the collected data (Creswell, 2013: 45). Deductive reasoning was used concurrently with other reasoning strategies in Phase Three in order to conceptualise the data from Phases One and Two. The researcher thus used complex reasoning skills throughout the process of the research, in accordance with common characteristics of qualitative research illustrated by Creswell (2013: 45). Furthermore, the researcher also engaged in deductive reasoning during the development of strategies to facilitate community engagement in the FHS.

e) Derivation

Derivation employs comparisons in transferring and redefining a concept, statement or theory from one context to another (Walker & Avant, 2014: 63). Derivation is useful in areas where no theory base exists or areas that need new innovative perspectives of existing theories. In addition, it aids in the process of theory building by shifting the terminology or the structure from one field or context to another (Avant & Walker, 2014: 63). The strategy of derivation was applied in Phase One of the study through reading the available literature on community engagement. The researcher then transferred relevant information to the context of the FHS. This aided in the establishment of categories, defining attributes of community engagement and related connotations. During Phase Three, derivation was applied when the researcher...
extracted themes from the transcribed data collected in the focus group discussions. Lastly, through the conceptualisation of the findings, the researcher derived strategies to facilitate community engagement in the FHS from the concluding statements.

2.5.2 Research method

The research method includes all tools that researchers use to collect data. These tools allow researchers to gather data from individuals, groups, artefacts and text, or through any other mode (Maree, 2016: 74). Moreover, Grove and Gray (2019: 53) indicated that research methods describe how the study was conducted. It includes aspects such as the sample, setting, measurement methods and data collection processes. In this study, the researcher needed to have a holistic and complex picture of community engagement, as the phenomenon under study, and therefore multiple methods and phases were utilised (Creswell, 2013: 45). The study was conducted in four phases. 1). Conduct a concept analysis of the concept ‘community engagement’, 2). Conceptualise the findings. 3). Explore and describe the perceptions of academic staff regarding community engagement and how it can be facilitated within the FHS. 4). Develop, describe and evaluate strategies to facilitate community engagement in the FHS. The methods under each phase are described next.

2.5.2.1 Phase One: Conduct a concept analysis of the concept ‘community engagement’

Concept analysis is defined as a formal linguistic exercise to determine the defining characteristics of a concept. It is conducted to refine ambiguous concepts, to understand underlying attributes, and clarify vague concepts in order to establish standardised and operational definitions (Walker & Avant, 2014: 163). In this study, the analysis of the concept ‘community engagement’ was conducted in order to clarify its meaning in the context of higher education and establish the theoretical definition. It was necessary to establish a theoretical definition in this study so it reflected the theoretical basis of the concept ‘community engagement’. It was also necessary to understand its underlying attributes and help future researchers to develop new tools or evaluate old tools on community engagement. The definition helped to assign meaning to the concept ‘community engagement’ and specify events and indicators that represent it (De Vos et al., 2011: 43).
Concept analysis in this study was done in accordance with the basic principles of Walker and Avant’s (2014: 163) model. This model consists of eight steps, which were derived as a simplified form of Wilson’s (1963) 11-steps classic concept analysis procedure (Walker & Avant, 2014: 165). The eight steps are described next.

a) **Select a concept**

Community engagement is an important concept and prevalent within the context of higher education, particularly to the training of health science students; however, it remains vaguely defined. It was important to clarify community engagement because it is considered a link between the higher education institution and the community it serves. It is supposed to facilitate and cultivate a partnership with communities in solving identified needs (Frenk et al., 2010: 1924). Therefore, this concept was selected to clarify its meaning in order to develop the strategies to facilitate its implementation.

b) **Determine the aims or purposes of analysis**

This second step answers the fundamental question “Why am I doing this analysis?” (Walker & Avant, 2014: 167). In this study, the aim of conducting the analysis was to clarify the meaning of the concept ‘community engagement’ and develop a theoretical definition. This helped the researcher to develop strategies to facilitate community engagement in the FHS.

c) **Identify all uses of the concept that you can discover**

The researcher surveyed and explored dictionaries, thesauri, encyclopaedias, conference papers, research reports, journal articles and books. This was facilitated using online library databases and internet searches to identify the uses of community engagement in order to facilitate the development and description of community engagement within the context of the FHS. The researcher included sources that were published and written between 2009 and 2019 to ensure recent and updated knowledge was included in the analysis. The online library databases that were more instrumental in the searches were; Medical Literature Analysis and Retrieval System Online (Medline), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Educational Resource Information Centre (ERIC) and the index dissertations and theses.
During the concept analysis process, the concepts ‘community’ and ‘engagement’ were first searched separately, followed by a search for ‘community engagement’. This is because ‘community’ and ‘engagement’ concepts were considered appropriate search words, especially for dictionaries, thesauri and encyclopaedia. The search for the concept ‘community engagement’ yielded great results, especially in sources such as journals, books, reports and conference papers, but not in dictionaries, thesauri and encyclopaedia.

d) Determining the defining attributes

This step was central to the concept analysis phase, and the researcher extracted the defining characteristics of the concept ‘community engagement’ that were found during the searches (Walker & Avant, 2014: 168). The identified defining characteristics assisted the researcher in understanding how the concept ‘community engagement’ is used. During this step, deductive and inductive reasoning strategies assisted the researcher in determining the defining characteristics of the concept ‘community engagement’ (Grove & Gray, 2019: 18).

e) Identify model cases

Model cases of the concept ‘community engagement’ were demonstrated, illustrating all the defining attributes of the concept. In accordance with Walker and Avant (2014: 169), the model case was constructed by the researcher from examples in real life.

f) Identify borderline, related, contrary, invented and illegitimate cases (additional cases)

To enable understanding of the concept ‘community engagement’, the borderline, related and contrary cases were described. This was also a way of demonstrating how the identified defining attributes of ‘community engagement’ are used (Walker & Avant, 2014: 165). In addition, it also demonstrated how the identified attributes best fit the use of the concept ‘community engagement’, and which ones did not fit so the researcher edited the defining attributes as a finding. The defining attributes of concepts are changeable (Walker & Avant, 2014: 165). On the other hand, the researcher did not describe the invented and illegitimate
cases as the model cases developed in the study were descriptive enough to understand the defining attributes of community engagement.

g) **Identify antecedents and consequences**

Although the identification of antecedents and consequences are identified as steps that are mostly ignored or taken lightly in the process of concept analysis (Walker & Avant, 2014: 173), the researcher found this step helpful as it was instrumental in the redefining of the defining attributes of community engagement identified in the previous steps. In the context of this study, antecedents of community engagement were identified as events or incidents that must occur or be in place prior to its occurrence. In other words, these are requirements of community engagement, therefore the previously identified defining attributes of community engagement cannot be antecedents (Walker & Avant, 2014: 173).

The outcomes or events that occur as a result of the occurrence of community engagement were identified as consequences (Walker & Avant, 2014: 173).

h) **Identify empirical referents**

These are a group of concepts proving that community engagement has occurred in the FHS. Empirical referents can be directly related back to the defining attributes, and in some cases, may be the same (Walker & Avant, 2014: 174).

2.5.2.2 **Phase Two: Explore and describe academic staff’s perceptions of how community engagement can be facilitated within the Faculty of Health Science**

The objective of Phase Two was to explore and describe the academic staff’s perceptions with regard to how community engagement can be facilitated in the FHS at an institution of higher education in Namibia. The research methods in this phase included the population, sample and sampling method, data collection, data analysis and trustworthiness.
a) Population

Creswell (2014: 10) defined a ‘population’ as a group of individuals with similar characteristics. The target population for this study consisted of academic staff from the FHS, including full and associate professors, senior lecturers, lecturers, assistant lecturers and clinical instructors. A total of 96 academic staff members were employed in the FHS as of July 2018.

b) Sample and sampling method

In accordance with the qualitative research approach, the study employed non-probability and purposive sampling (Maree, 2016: 42). In purposive sampling, participants are selected because of some defining characteristics that make them appropriate to give information about the study or data needed for the study (Maree, 2016: 42). In addition, they are selected because they have key knowledge or information related to the purpose of the study (Lodico et al., 2010: 86). Participants were selected based on the following inclusion criteria:

- Two years’ experience and longer in teaching and research at the higher education institution
- Health science educators who were teaching the programmes offered in the FHS at the time of data collection

Inclusion criteria are identified to ensure a selection of participants who will assist the researcher in meeting the research purpose (Maree, 2016: 42). As health science programmes are offered at five campuses of the university, the researcher used a maximum variation purposeful selection strategy to obtain a variety of perspectives (Lodico et al., 2010: 86). Maximum variation refers to selecting participants because they differ in ages, gender, family structure, locations and other variables (Lodico et al., 2010: 86), therefore purposively selecting participants with a wide range of variation (Polit & Beck, 2017: 493). In addition to the stipulated sampling criteria, the researcher also considered the campuses and schools of the prospective participants in order to ensure variation and representation of different schools. Data saturation was reached after three focus groups were conducted with 19 participants. Saturation is a point at which the researcher instinctively decides that adding more participants will not provide new insight into the topic (Lodico et al., 2010: 88). The
researcher did not predetermine number of participants that must meet certain criteria, therefore no participant was sent away due to the reason that a particular category was saturated. The demographic information of participants is presented in Table 2.1. All participants in the focus group discussions were invited to take part in the study via an emailed participant information letter sent to all email groups of the schools within the FHS.

Table 2.1. Demographic information of participants

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>Gender</th>
<th>Age</th>
<th>Years of experience as an academic staff</th>
<th>Rank</th>
<th>School/department</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 (n = 19)</td>
<td>Female = 14; Male = 5</td>
<td>34 – 64 years</td>
<td>2 – 30 years</td>
<td>Associate professor = 1; Senior lecturers = 3; Lecturers = 13; Clinical instructors/assistant lecturers = 2</td>
<td>Public Health = 2; Midwifery Science = 5; Community Health; Nursing = 4; Radiography = 2; General Nursing; Science = 6</td>
</tr>
</tbody>
</table>

c) Method of data collection

Data collection involves a series of interrelated activities aimed at gathering sufficient information to address research questions identified in the study (Creswell, 2013: 146). In qualitative research, it is conducted to discover people’s opinions and reactions (Minnaar, 2018: 342). For this phase, focus group discussions were used to collect data from participants. Data were collected from July 2018 to February 2019. The focus group discussion was used as outlined below:

- **Focus group discussions with academic staff**
  A focus group discussion refers to a group of four or more people gathered for a discussion and the researcher acts a moderator, responsible for guiding the discussion (Polit & Beck,
This technique was chosen to obtain detailed views from many academic staff members from the faculty and also to allow for collective decision making. Many qualitative researchers agree that the optimal number of participants per focus group discussion is 6 – 12 people (Polit & Beck, 2017: 511), therefore in this study, the researcher invited 6 – 8 academic staff members per group. A total of three focus group discussions were conducted, and each consisted of 6 – 7 participants.

The researcher designed a focus group discussion guide, which consists of a list of questions to be covered during the discussions. All discussions were audio-recorded, followed by verbatim transcriptions. Before the primary data collection in Phase Two, the researcher conducted a pilot interview by interviewing two participants who also met the sampling criteria. The findings thereof were analysed with data from the main study.

The participants were asked:

“How can community engagement be facilitated in a Faculty of Health Sciences at an Institution of Higher Education in accordance with the following: research-based activities, curriculum-based activities, clinical practice/work-based learning and university (faculty) services and volunteerism?”

In addition, the researcher prompted further discussion based on the participants’ responses. Open-ended questions were asked based on the purpose and objectives of Phase Two of this study. Moreover, questions were derived from the concept analysis, specifically those concerned with activities conducted to facilitate community engagement in the FHS.

The office of the Dean of the FHS was informed about the study and therefore permission to conduct the study was sought and granted. The permission letters are attached as Annexures E and F. All Associate Deans of the Schools were also copied in the communications regarding the study. All academic staff were invited to participate in the study via messages sent to their university-linked email addresses. The researcher attached the research information letter and informed them about dates she would visit different campuses. The researcher requested staff to indicate their interest in participating by sending an email responding to the initial message. A second email was sent as a reminder to those who opted to participate in the study. The time and sites to conduct group discussions were agreed on by
the participants, depending on their availability. No other people, apart from the study participants and the researcher, was present in the focus group discussions. Based on the responses of staff members interested in participating in the study, the researcher screened responses to determine adherence to maximum variation selection, therefore no participant who showed interest were turned away. Facilitative communication techniques, such as probing, summarising, listening, paraphrasing, reflecting, and using silence were employed to ensure the collection of in-depth information about how community engagement can be facilitated. The study was enriched with field notes that described communication dynamics during the focus group discussions to increase the credibility of the collected data.

**Preparation for the focus group discussions**

All focus groups discussions were conducted during the period when students were on recess or after classes, so it did not interrupt routine teaching. Boardrooms and small classrooms were booked for the discussions so it was comfortable and minimum disruptions in terms of loud noises and ringing telephones occurred. In addition, the boardrooms and classrooms were easy to find, accessible to all participants and suitable for audio recordings (Polit & Beck, 2017: 538). All participants switched off their cell phones before the group discussions commenced to avoid interruptions. The chairs and table in the boardrooms and classes were rearranged in a circle, which is a seating arrangement comfortable for discussions as it is non-threatening and facilitates face-to-face interactions with all participants. Interactions are a vital source of data in focus group discussions (Morgan & Hoffman, 2018: 255). Each participant in the focus group discussion was also provided with bottled water.

The researcher chose a digital recording device she was able to use in order to make sure the recording of focus group discussions went smoothly. She therefore made use of a high-quality digital voice recorder, which she tested, inserted new batteries and familiarised herself again before she commenced the focus group discussions to make sure all was well. In addition, she also brought along a smartphone with a voice recorder application installed, with a fully charged battery, as a backup plan in case the digital recording device malfunctioned (Flick, 2018: 6; Morgan & Hoffman, 2018: 255; Roulston & Choi, 2018: 241). In the preparation phase before the focus group discussions commenced, the researcher enquired with participants how they wanted to be addressed as their real names were not allowed in order to ensure anonymity and confidentiality in the study. They chose to be allocated numbers of their choice was written on a piece of paper placed on the table next to
each participant for easy identification. After the researcher read the aim of the research and obtained informed consent for participation as well as permission to audio record the discussions, participants established and agreed to the ground rules as a mechanism to ensure order during discussions. After the group discussions, the participants agreed that no one should be attached to the number allocated to them during the sessions and no responses should be discussed with other people to ensure confidentiality. However, total anonymity could not be ensured as the researcher has no control over information that the participants may discuss outside the focus discussion group.

On average, focus group discussions lasted approximately 60 minutes. The actual duration was also determined by the saturation of data. Sufficient time was given to allow for prolonged engagement, so the researcher ensured the academic staff’s perceptions of facilitation of community engagement were explored sufficiently.

**Techniques, skills and attitudes of the interviewer**

According to Polit and Beck (2017: 538), moderators play a critical role in the attainment of high-quality data from focus group discussions. In this study, the researcher acted as the moderator for all focus group discussions, since she had a background in community engagement. Moderating a focus group discussion is a skill that one has to learn and practice in order to master (Morgan & Hoffman, 2018: 260). Therefore, the researcher previously learned the skill of moderating focus group discussions and the general skill of facilitating a qualitative paradigm in recent research she conducted for her MPhil in Health Science Education. The researcher also worked under the supervision of two experienced researchers who guided her throughout the process.

Although participants already knew each other as they work together, the researcher initiated discussions by allowing participants to introduce themselves in order to establish rapport. The researcher gave the background of the study, reminded them of their voluntary participation and their rights to withdraw at any point during the study without any form of punishment, obtained informed consent and permission to audio record the discussions.

The researcher maintained a comfortable tone of voice and provoked interaction between participants in order to produce rich data (Morgan & Hoffman, 2018: 260). The researcher balanced the discussions in order to ensure participation from all by encouraging quieter
participants to express their opinions. All participants were made comfortable to talk by discouraging domination by one person or mini-discussions among participants as it disrupts the direct flow of discussions (Morgan & Hoffman, 2018: 260). Throughout the focus group discussions, the researcher noted the communication dynamics in her field notes. All non-verbal cues such as nodding and shaking the head, and the feelings and emotions expressed by participants were noted in the field notes in order to use during data analysis.

- **Facilitative communication clarification techniques**

  In order to collect rich data during the study, the researcher made use of facilitative communication clarification techniques such as active listening, questioning/probing, clarifying and summarising. These also allowed a deeper exploration during data collection, which is expected in qualitative research. Facilitative communication clarification techniques are explained next.

*Active listening* is a critical interviewing technique if a researcher wants to obtain in-depth data (Polit & Beck, 2017: 543). In this study, the researcher listened attentively without interrupting participants. She also avoided leading participants or giving them opinions on how they should respond; she listened carefully in order to understand what participants were discussing and asked further questions if something was unclear to her. The researcher gave an indication to participants that she was listening with nonspecific prompts such as “*mmhm*” as they continued to talk instead of being silent for long periods.

*Questioning/probing*: in order to steer the discussions, the researcher used probing or questioning techniques which facilitated communication (Maree, 2016: 96). Furthermore, probing assisted the researcher in exploring the topic further and also encouraged participants to share their perceptions. It assisted to re-orientate the discussions back to the topic and brought participants back who unknowingly went off-topic.

*Clarifying*: the researcher requested participants to clarify aspects that were not clear to her or other participants in order for them to gain a better understanding of what was discussed. However, she was aware and careful not to become too active or dominate the discussions as participants could feel intimidated and lose interest in participation. Clarifying helped the researcher to get many ideas from the participants (Maree, 2016: 96). An example of clarification in the interview was “*can you please clarify the meaning of...*”
Summarising: at the end of the interview, the researcher wrapped up the focus group discussion by summarising the main points that emerged from the interactions (Maree, 2016: 97). This was done for the purpose of verifying her understanding of the content of the discussions, as well as for participants to verify if the summary was a true reflection of their perceptions.

d) Method of data analysis

In accordance with qualitative research principles, the researcher started analysing data during the data collection process through taking field notes, observing participants and summarising the content of the focus group discussion (Maree, 2016: 104). This helped the researcher to have an understanding of the collected data in order to facilitate her interpretations and conclusions of the study. The researcher did not use software during the data analysis process but worked manually. She also engaged in reasoning strategies such as analysis, inductive, and synthesis, as previously described, and also in critical thinking in order to draw conclusions to findings in Phase Two.

The data analysis process followed the method of analysing phenomenological data proposed by Giorgi in 1970 (Grove et al., 2013: 284). Therefore, the data analysis of Phase Two relied on the researcher’s view of the collected data (Polit & Beck, 2017: 539). Giorgi (2012: 4) advises that for researchers to employ this phenomenological psychological method in analysing data, they need to possess an attitude of phenomenological reduction. In this study, the researcher had the following assumptions that were necessary for phenomenological reduction: she dismissed all her past experiences on community engagement as well as her own assumptions on the phenomenon, she was sensitive to the phenomenon under study, namely community engagement, and avoided making negative comments on the phenomenon in front of the participants.

Once the researcher adopted the correct attitude, the following steps were followed during the data analysis process (Giorgi, 2012: 5-6):

1. The researcher first read the description of the transcribed data in order to get a sense of the whole idea from the study participants.
2. Thereafter, the researcher reread all descriptions from the beginning. As she was rereading the descriptions, she marked descriptions that made her experience a transition in the
meaning of community engagement and attitudes adopted during the study. This process is called ‘constituting parts’ and these parts are called ‘meaning units’.

3 The researcher transformed the data into expressions that reveal the psychological import of what was mentioned by the participants; the psychological value of what the subject said was made explicit for the phenomenon being studied. This step is considered as the heart of the Giorgi data analysis method.

4 The direct and psychologically more sensitive expressions were then reviewed and essential structures of the participants’ perceptions were written down.

5 The essential structure was then used to help clarify and interpret the raw data of the research.

In addition to the review by the two research supervisors, an independent coder separately analysed the data from Phase Two. That means the transcript of verbatim and audiotaped focus group discussions and field notes were given to the expert in qualitative research in order to conduct an independent analysis (Creswell, 2013: 253). The researcher and independent coder met to verify and reach consensus on the final themes extracted from the collected data. The involvement of an independent coder was vital in ensuring confirmability and dependability of the study (Miles, Huberman & Saldana, 2014: 116; Polit & Beck, 2017: 591), as described in the section that follows.

e) Trustworthiness

Trustworthiness is of the utmost importance in qualitative research, and the researcher kept procedures from the conception of the study to data analysis, findings and conclusions in mind (Maree, 2016: 123). Quality criteria were met by adhering to the four criteria for developing trustworthiness as proposed by Lincoln and Guba (1985: 300). The authors (Lincoln & Guba, 1985: 300) proposed four constructs to trustworthiness that more accurately reflect the assumption of the qualitative paradigm, namely credibility, transferability, dependability and confirmability. Moreover, the fifth criterion, which is authenticity, was also be applied to the study. The section below gives a description of the quality criteria and techniques to ensure their application and adherence in the study.
Credibility

Credibility deals with activities that ensure findings are congruent with reality and readers will believe the findings (Maree, 2016: 123). It implies this criterion is used to ensure the truth value of the research findings and their interpretations, and that these reflect the views of the participants (Frambach, van der Vleuten & Durning, 2013: 522; Grove & Gray, 2019: 392; Polit & Beck, 2017: 599). In Phase Two of the study, credibility ensured that the findings on the perceptions of academic staff regarding community engagement in the FHS were the truth and precise. Techniques applied in this study to ensure credibility included prolonged engagement, member checking, peer debriefing, triangulation, persistent observation and authority of the researcher.

Prolonged engagement: The researcher ensured that data were collected for an extended period of time in order to allow for prolonged engagement (Frambach et al., 2013: 552). This helped in building trust with participants and allowed for checking misinformation and seeking clarity (Creswell, 2013: 245). The process of data collection was conducted over four months, with an average duration of 60 minutes for focus group discussions. The researcher further engaged with data from the focus group discussions by listening to the audio recordings and reading through these as many times as possible after data were collected (Maree, 2016: 123).

Member checking: This refers to giving feedback to study participants about emerging interpretations and obtaining participants’ reactions or their feedback (Frambach et al., 2013: 552; Polit & Beck, 2017: 564). During the focus group discussion, member checking was done by means of summarising the content of the discussion for participants to give their reactions to whether the summarised content was a true reflection of what was discussed on community engagement in the FHS.

Peer debriefing: This technique involves a discussion of methods, findings, the interpretation of findings and conclusions made from the study (Creswell, 2013: 251). The researcher rigorously engaged in peer debriefing during the conceptions of the study by involving her two study supervisors. The research supervisors are experienced in qualitative research and the phenomenon of this study. In addition, they were also involved in the data collection, analysis and interpretation of findings by providing scholarly guidance and critiques to ensure credible work was produced from the study. Moreover, during data
analysis, an independent coder was engaged to ensure that themes generated were truly a reflection of transcribed data. The audit trail was also conducted by providing a collection of materials and documentation to assist an external auditor, who acted as an independent auditor to arrive at a conclusion about the data (Polit & Beck, 2017: 568). The strategies developed to facilitate community engagement in the FHS were evaluated by a panel of experts in accordance with Chinn and Kramer's (2018) critical reflection of theory model.

**Triangulation:** This refers to the use of multiple referents in order to come to the conclusions. This is normally conducted to avoid biases associated with a single method, single observer/researcher and single theory studies (Polit & Beck, 2017: 563; Maree, 2016: 121; Creswell, 2013: 251). The researcher made use of space triangulation and person triangulation to ensure multiple referents in the study (Polit & Beck, 2017: 563). Space triangulation in the study was implemented by collecting data at multiple sites (Polit & Beck, 2017: 563); from the three different campuses. These campuses offer programmes from the FHS. Person triangulation was implemented by collecting data from different types and levels of people which ensured multiple perspectives on community engagement (Polit & Beck, 2017: 563). Thus, all academic staff at different levels, such as clinical instructors, lecturers, senior lecturers and professors, were included in the study provided they met the sampling criteria established by the researcher.

**Persistent observation:** This technique is concerned with the salience of the data being gathered and recorded. It refers to the “researcher’s focus on the characteristics or aspects of a situation or a conversation that are relevant to the phenomenon being studied” (Polit & Beck, 2017: 561). During the focus group discussions, the researcher took time to observe and took note of non-verbal communication displayed by participants and other elements that are relevant to community engagement. These were recorded in the field notes which were also consulted during data analysis.

**Authority of the researcher:** The researcher attended a two-week pre-doctoral research methodology programme in June 2016 at the University of Johannesburg. In addition, she wrote and passed the three-hour long research examination that was conducted at the end of the two weeks of the research programme. Moreover, the researcher has an MPhil in Health Science Education and was supervised by two senior researchers specialising in Nursing...
Education and in Midwifery, respectively. All these are evidence that confirms the researcher’s authority.

**Transferability**

Transferability refers to the extent to which findings can be transferred or applied in a different setting (Frambach et al., 2013: 552; Grove & Gray, 2019: 392). Transferability is fundamentally a collaborative endeavour which entails a researcher providing detailed descriptive information regarding the study that allows readers to make inferences about extrapolating the findings to other settings (Polit & Beck, 2017: 560). In this study, the two techniques that ensured transferability are the dense descriptions of study methods and design and the nominated sample (Maree, 2016: 124).

**Dense description:** This refers to a rich and thorough description of the research setting, study participants and observed transactions and processes (Polit & Beck, 2017: 562). In Chapter One, the researcher gave a detailed background on community engagement in order for readers to understand the phenomenon under study. In addition, a detailed description of the study context was given to provide more information so readers are able to judge the applicability of study findings to their own context. Furthermore, the researcher described the study methods and participants in detail. The findings on the perceptions of academic staff regarding community engagement are described in full and evidence and interconnecting details are provided by presenting non-verbal communication expressions and direct quotes from the study participants (Creswell, 2013: 252). Lastly, the conceptualisation, development and evaluation of strategies to facilitate community engagement were described in detail.

**Nominated sample:** The participants in the study were nominated through purposive sampling, which followed the selection criteria set up by the researcher during the conception phase. This facilitated the in-depth understanding of the academic staff’s perceptions of community engagement, which enabled the researcher to describe the findings in detail.

**Dependability**

Dependability is the extent to which the findings are consistent in relation to the contexts in which they were generated (Frambach et al., 2013: 552). It involves documentation of steps taken and decisions made during data analysis (Grove et al., 2019: 392). Polit and Beck (2017: 559) indicated that dependability involves the stability of data over time and
conditions. Moreover, the authors indicated that this quality criterion is linked to credibility, because credibility cannot be attained in the absence of dependability. In this study, dependability was ensured via triangulation, stepwise replication, an inquiry audit, as well as data saturation.

**Stepwise replication** was maintained by ensuring that during data collection, the researcher asked participants the same questions, which were all based on their perceptions of community engagement and how it can be facilitated. The researcher provided a thick description of the entire research procedure that was followed and research methods such as population, sample, sampling method, data collection, data analysis, trustworthiness and ethical considerations. This was done in such a way that future researchers may follow the same steps to replicate the study. During the research process, the researcher kept a journal (memoing) of the decisions made during the study and the rationale for making them; this will be helpful to other researchers who want to follow the same process (Maree, 2016: 124). The direct quotes from study participants on their perceptions of community engagement and how it can be facilitated were included in the findings section as a measure to ensure the dependability of the findings. The strategy development steps that were followed to develop strategies to facilitate community engagement in the FHS were described and input from the panel who was involved in the process of evaluation was included, as a measure to ensure the findings’ and researcher’s dependability.

**Audit trial:** This was conducted by providing a collection of materials and documentation that assisted the independent coder, who also acted as an independent auditor, to arrive at a conclusion about the data (Polit & Beck, 2017: 568). The independent coder who was selected based on his expertise in qualitative research was issued with the audio-recorded focus group discussions, verbatim transcripts and field notes. In addition, he was also referred to the phenomenological data analysis process of Giorgi (2012: 5-6) as this was the framework followed during data analysis. Thereafter, the researcher and independent coder met to discuss the final themes.

**Data saturation:** This refers to the state in sampling where no new information is obtained and redundancy is achieved (Polit & Beck, 2017: 497; Grove et al., 2019: 512). In this study, the researcher did not determine the sample size during proposal development, but the sample was seen as adequate when no new information emerged from the focus group discussions.
This proved that the generated data were sufficient to analyse and extract themes on the perceptions of academic staff regarding community engagement.

Confirmability

Confirmability refers to the extent to which the findings are based on the study participants and settings instead of the researcher’s biases, motivation or interest (Frambach et al., 2013: 552; Maree, 2016: 125). It is the extent to which other researchers can review the audit trial and agree that the author’s conclusions are logical (Grove et al., 2019: 392). Confirmability is the degree of neutrality or objectivity in ensuring that findings reflect participants’ voices and the conditions of enquiry, but are not invented by the researcher (Polit & Beck, 2017: 560). In this study, confirmability was ensured via an audit trail, peer debriefing and reflexivity.

Reflexivity is the process of reflecting critically on the self and analysing and making notes of personal values that could affect data collection and interpretation (Polit & Beck, 2017: 561). In this study, the researcher was aware that she is an individual with a unique background and values on community engagement. She was further aware of her own social and professional identity as a health science educator. This could have influenced the collection of data and its interpretation. As a result, the researcher maintained reflexivity by keeping a reflexive journal throughout the study. In the reflexive journal, the researcher wrote her reflections on the research process, her role and influence (Polit & Beck, 2017: 561). As the researcher listened to the audio recordings from the focus group discussions, she tried to set aside assumptions that came to her mind and tried to focus on what was said by participants. However, she incorporated her interpretations and own voice in the data discussion stage since it is important for qualitative researchers to position themselves in their writings (Creswell, 2013: 216).

Peer debriefing and an audit trail were the other techniques employed in this study to ensure confirmability, however, they were already discussed under credibility and dependability.

Authenticity

Authenticity refers to the extent to which researchers honestly and truly show a range of different realities from the study participants, which conveys to the readers the reality of the phenomenon under study (Polit & Beck, 2017: 560). Authenticity was achieved in this study...
through communicating honestly with the potential participants, so their decision to participate in the study and their responses to questions were based on the truth. In addition, all potential participants who met the sampling criteria were invited to participate; in this way, the researcher practiced honesty in her sampling. Furthermore, all data collected from the focus group discussion were analysed to ensure truth and honesty in the findings and interpretation of the findings so sound conclusions were drawn from the study. The researcher wrote the thesis in a way that readers will understand the phenomenon being portrayed and experience being there; it reflects community engagement as experienced in the FHS, therefore, verisimilitude was achieved (Creswell, 2013: 54 & 218). Lastly, the findings section is written believably and realistically as it includes direct quotes of exact words from participants, and the researcher included non-verbal expressions, feelings, tone of voices and mood accompanied responses.

2.5.2.3 Phase Three: Conceptualisation of findings

As soon as data from the focus group discussions were analysed, the researcher commenced with the conceptualisation of findings. This was done by integrating the findings from the study with relevant literature in order to create interpretations and new knowledge. This then led to the descriptions of strategies to facilitate community engagement in the FHS.

Conceptualising the findings of the exploration of academic staff’s perceptions of community engagement in the FHS within the relevant literature was conducted following a six-element practice theory as proposed by Dickoff et al. (1968: 415-435). The six elements of the practice model are each accompanied by a question through which such element was addressed: (1) agency – who or what performs the activity? (2) patency or recipiency – who or what is the recipient of the activity? (3) framework – in what context is the activity performed? (4) terminus – what is the endpoint of the activity? (5) procedure – what is the guiding procedure, technique or protocol of the activity? (6) dynamics – what is the energy source of the activity, whether physical, biological, mechanical or psychological?

2.5.2.4 Phase Four: Develop, describe and evaluate strategies to facilitate community engagement in the Faculty of Health Science

The fourth phase of the study focused on the development and evaluation of strategies to facilitate community engagement in the FHS, using the methods indicated next.
a) Development and description of strategies

The findings of the concept analysis, the academic staff’s perceptions of community engagement and conceptualisation with concluding statements formed the basis on which strategies were developed. The process of describing strategies followed descriptive components of empiric theory as proposed by Chinn and Kramer (2018: 188-202). However, the researcher modified the original components as some were not applicable to this study. The original descriptive components of Chinn and Kramer (2018: 190) included the purpose, concepts, definitions, relationships and structures and the assumptions. In this study, the components were modified as follows:

(1) **Strategy (What is this strategy?)** – This gives a brief description of the strategy developed.

(2) **Strategic objectives (What are the objectives of the strategy?)** – This gives information pertaining to the purpose(s) of the strategy. This is where readers get a sense of the benefits of the strategy and roles in community engagement. This is comparable to the purpose component in the empiric theory description proposed by Chinn and Kramer (2018: 190).

(3) **Key strategic activities (What are the primary activities for each strategic objectives?)** – This indicated how the community members and academic staff would interact in order to achieve the strategic objectives of the strategy. These include actions and behaviours that contribute to the objectives as developed for each strategy. Therefore, this last component is modified to encompass the relationships and structural components in the original version proposed by Chinn and Kramer (2018: 190).

b) Evaluation of strategies

The strategies for facilitating community engagement were evaluated by a group of experts in nursing, pharmacy, medicine, radiography and dentistry. In addition, experts in research methodology were also included. The evaluation was conducted in accordance with the criteria of critical reflection by Chinn and Kramer (2018: 202-212), namely clarity,
simplicity, generality, accessibility and importance. This formed the basis for questions asked during the evaluation of strategies.

- **How clear are the strategies?**
  This question assessed the clarity of the strategies, which included understandability and consistency (Chinn & Kramer, 2018: 203).

- **How simple are the strategies?**
  The simplicity of the strategies may be indicated by the number of actions required from the agent and recipient, and also how these are written down. Many actions under one strategy may indicate that it is too ambiguous and complex.

- **How general are the strategies?**
  This refers to the scope of the strategies and the ability to cover a wide range of community engagement situations and encounters. When strategies are general, they are more useful because they can be applied to various situations within the community engagement.

- **How accessible are the strategies?**
  This assessed whether the strategies developed based on the phenomena as indicated in the literature clearly indicate actions required and outcomes.

- **How important are the strategies?**
  This question assessed the practical significance of strategies to facilitate community engagement in the FHS. This includes the ability to influence the process of community engagement by following developed strategies.

A summary of the research design and method is presented in Table 2.2.
### Table 2.2: A presentation of the summary of the research design and methods employed to develop strategies to facilitate community engagement

<table>
<thead>
<tr>
<th>Research method</th>
<th>Phase One</th>
<th>Phase Two</th>
<th>Phase Three</th>
<th>Phase Four</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
<td>To explore and describe the meaning of community engagement within the context of the FHS</td>
<td>To explore and describe the perceptions of academic staff with regard to how community engagement can be facilitated in the FHS at an institution of higher education in Namibia</td>
<td>To conceptualise the findings within existing, relevant literature</td>
<td>To develop, describe and evaluate strategies to facilitate community engagement in the FHS</td>
</tr>
<tr>
<td><strong>Population Source of Data</strong></td>
<td>Dictionaries, encyclopaedias, primary and secondary literature</td>
<td>Academic staff in the FHS</td>
<td>Findings of Phase Two of the study and relevant literature</td>
<td>Findings of Phase Three of the study</td>
</tr>
<tr>
<td><strong>Sampling Strategy</strong></td>
<td>Purposive sampling</td>
<td>Purposive sampling</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Method of Data Collection</strong></td>
<td>Library databases search, internet search on Google Scholar and citations Textbooks search</td>
<td>Focus group discussions</td>
<td>Findings of Phase Two and relevant literature</td>
<td>Findings of Phase Three</td>
</tr>
<tr>
<td><strong>Trustworthiness/ Validity and Reliability</strong></td>
<td>Theoretical validity</td>
<td>Lincoln and Guba’s (1985) criteria to measure trustworthiness</td>
<td>Theoretical validity</td>
<td>Theoretical validity and trustworthiness</td>
</tr>
<tr>
<td><strong>Reasoning Strategies</strong></td>
<td>Analysis, deductive, derivation, synthesis</td>
<td>Analysis, inductive, synthesis</td>
<td>Analysis, deductive, derivation, inductive, synthesis</td>
<td>Analysis, deductive, derivation, synthesis</td>
</tr>
<tr>
<td><strong>Ethical Considerations</strong></td>
<td>N/A</td>
<td>Dhai and McQuoid – Mason’s (2011) four principles</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
2.6 SUMMARY

Chapter Two provided descriptions of the paradigmatic perspective of the researcher and the study design and methods undertaken at each phase of this study. Chapter Three will present the findings of the first phase of this study.
CHAPTER THREE
DESCRIPTION AND PRESENTATION OF THE FINDINGS OF CONCEPT ANALYSIS

3.1 INTRODUCTION

Chapter Two provided a description of the research design and methods, which entailed the research population, sample and sampling method, data collection, data analysis and trustworthiness. In addition, reasoning strategies were also discussed. Chapter Three provides an in-depth description and presentation of the findings of Phase One, which was conducted to explore and describe the meaning of community engagement. Concept analysis was used as an analysis method, and it followed Walker and Avant’s (2014) eight steps in order to provide a theoretical definition of ‘community engagement’ with its defining attributes and related connotations. An overview of Walker and Avant’s (2014) concept analysis steps and a description of the findings of community engagement regarding the identified attributes are presented in Table 3.1 and Table 3.2. This chapter will also describe the theoretical validity and the definition of community engagement.

3.2 OVERVIEW OF THE CONCEPT ANALYSIS METHOD WITH A PRESENTATION AND DESCRIPTION OF FINDINGS ON COMMUNITY ENGAGEMENT

The concept analysis was conducted in accordance with Walker and Avant’s (2014: 163-175) model in order to explore the meaning of community engagement. Their (Walker & Avant, 2014) model has eight steps as listed below, and its application to this study is shown in Table 3.1.

Step 1: Select a concept
Step 2: Determine the aims or purposes of analysis.
Step 3: Identify all uses of the concept that you can discover
Step 4: Determining the defining attributes
Step 5: Identify model a case
Step 6: Identify borderline, related, contrary, invented and illegitimate cases (additional cases)
Step 7: Identify antecedents and consequences
Step 8: Identify empirical referents

Table 3.1: Summary of the use of Walker and Avant’s (2014) concept analysis steps

<table>
<thead>
<tr>
<th>Walker and Avant’s (2014) eight steps of concept analysis</th>
<th>Concept analysis of community engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Select a concept</td>
<td>Community engagement</td>
</tr>
<tr>
<td>2. Determine the aims or purposes of analysis</td>
<td>To clarify the meaning of the concept</td>
</tr>
<tr>
<td></td>
<td>‘community engagement’</td>
</tr>
<tr>
<td></td>
<td>To develop a theoretical definition and</td>
</tr>
<tr>
<td></td>
<td>develop strategies to facilitate community</td>
</tr>
<tr>
<td></td>
<td>engagement in the FHS</td>
</tr>
<tr>
<td>3. Identify all uses of the concept that you can discover</td>
<td>Explored dictionaries, thesauri,</td>
</tr>
<tr>
<td></td>
<td>encyclopaedias, reports, conference</td>
</tr>
<tr>
<td></td>
<td>papers, research reports, journal articles</td>
</tr>
<tr>
<td></td>
<td>and health science education and related</td>
</tr>
<tr>
<td></td>
<td>books. Findings presented in Annexure A.</td>
</tr>
<tr>
<td>4. Determine the defining attributes</td>
<td>Indicated as follows:</td>
</tr>
<tr>
<td></td>
<td>Column one: all definitions,</td>
</tr>
<tr>
<td></td>
<td>characteristics and uses of ‘community</td>
</tr>
<tr>
<td></td>
<td>engagement’</td>
</tr>
<tr>
<td></td>
<td>Column two: concept synthesis from</td>
</tr>
<tr>
<td></td>
<td>statements in column one</td>
</tr>
<tr>
<td></td>
<td>Column three: concept derivation from</td>
</tr>
<tr>
<td></td>
<td>statements in column two, indicating</td>
</tr>
<tr>
<td></td>
<td>defining attributes</td>
</tr>
<tr>
<td>5. Identify model a case</td>
<td>A model case was formulated from a case</td>
</tr>
<tr>
<td></td>
<td>of fourth-year students’ visits to elderly</td>
</tr>
<tr>
<td></td>
<td>individuals in a village. All defining</td>
</tr>
<tr>
<td></td>
<td>attributes are demonstrated</td>
</tr>
<tr>
<td>Walker and Avant’s (2014) eight steps of concept analysis</td>
<td>Concept analysis of community engagement</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>6. Identify borderline, related, contrary, invented and illegitimate cases (additional cases)</td>
<td><strong>Borderline case:</strong> promise, appointment, employment, booking, community-based health care, community-based learning, research data collection in the community, community meetings and university open days.</td>
</tr>
<tr>
<td><strong>Related case:</strong> participation, involvement, interaction, empowerment, development, sharing, extension and outreach.</td>
<td><strong>Contrary case:</strong> activities involving non-engagement between service providers, stakeholders and recipients, and withdrawal from arranged activities show the absence of engagement.</td>
</tr>
<tr>
<td>7. Identify antecedents and consequences</td>
<td><strong>Antecedents:</strong> Health inequalities, community challenges, societal needs, a need for a socially responsive approach to education and research.</td>
</tr>
<tr>
<td><strong>Consequences:</strong> More effective health and educational programmes; collaborations; integrated teaching, research and services to the community; develop communities and its people; students will improve their skills and behaviour. Capacitated, reflective and innovative graduates from the health science programmes.</td>
<td></td>
</tr>
<tr>
<td>8. Identify empirical referents</td>
<td><strong>Empirical referents are indicated below with their measurement tools:</strong></td>
</tr>
<tr>
<td><strong>Social responsiveness:</strong> seven-part</td>
<td></td>
</tr>
<tr>
<td>Walker and Avant’s (2014) eight steps of concept analysis</td>
<td>Concept analysis of community engagement</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>engagement test and University Social Responsive (USR) framework</td>
<td></td>
</tr>
<tr>
<td><strong>Service-learning</strong>: pre-test and post-test questionnaires, client-based assessment tool and reflection guide</td>
<td></td>
</tr>
<tr>
<td><strong>Capacity building</strong>: Menzies assessment tool, Organizational Capacity Assessment Tool and Core Capacity Assessment Tool</td>
<td></td>
</tr>
<tr>
<td><strong>Partnership</strong>: Partnership Assessment Toolkit (PAT), partnership self-assessment tool, measuring partnership impact tool</td>
<td></td>
</tr>
<tr>
<td><strong>Participatory action research</strong>: 20-question action research evaluation framework by Khan and Tzortzopoulos (2016: 120) and participatory action research checklist (O’Regan &amp; Crane, 2010: 62).</td>
<td></td>
</tr>
</tbody>
</table>

The researcher sequentially followed the eight steps of concept analysis, as indicated by Walker and Avant (2014: 163-175). In this study, the researcher did not construct invented and illegitimate cases. This is because the contrary, borderline and related cases presented in the analysis and the constructed model case provided adequate understanding needed to clearly distinguish the concept ‘community engagement’. A brief overview of the process followed during concept analysis is presented next.

### 3.2.1 Select a concept

Community engagement is an essential concept in the context of higher education because of its core in the identity and missions of institutions (Gorski & Mehta, 2016: 108). However, it still remains complex and ambiguous. Different scholars and organisations have ascribed
Various interpretations of the concept ‘community engagement’ (Ramachandra, Mansor, Anvari, & Rahman, 2014: 156). According to Adebayo, Salerno, Francillon and Williams (2018: 475), current scientific literature did not reach consensus on how ‘community engagement’ is defined. More specifically, it seems to be poorly defined in the context of health sciences education. This difference in conceptualisation of the concept may lead to confusion regarding the meaning of community engagement (Adebayo et al., 2018: 475). Therefore, this concept was selected because it is complex, ambiguous and still need more clarity. After selecting the concept, the next step was to determine why the analysis was conducted.

3.2.2 Determine the aims of the concept analysis

This second step answers the fundamental question “Why am I doing this analysis?” (Walker & Avant, 2014: 167). In this study, the aim of conducting the analysis was to clarify the meaning of the concept ‘community engagement’ and develop a theoretical definition. This helped the researcher to develop strategies to facilitate community engagement in the FHS.

3.2.2 Identify all uses of the concept that you can discover

After determining the aim of analysis, the researcher proceeded to identify uses of community engagement. According to Schiller (2018: 250), researchers should engage with the literature to capture all potential definitions and uses of the concept. Definitions provide a general meaning of a concept or a general idea of a concept (Chinn & Kramer, 2018: 180) while uses of the concept refer to the act of putting it into action or service. In this study, the researcher consulted dictionaries, thesauri, encyclopaedias, conference papers, research reports, journal articles and books in order to search for uses of the term ‘community engagement’. The search was conducted via library databases and internet searches in order to identify definitions. The online library databases that were most instrumental in the search were: Medical Literature Analysis and Retrieval System Online (Medline), CINAHL, ERIC, and dissertations and theses. Google, Google Scholar and citations were used to complement the search. The researcher limited her search to literature written in English because it was the language utilised by the researcher during the course of this study. Moreover, the sources that were published and written within the last 10 years were given preference to make sure recent and updated knowledge was included in the analysis.
The concepts ‘community’ and ‘engagement’ were first searched separately, followed by a search for ‘community engagement’. This is because community and engagement concepts were considered appropriate search words, especially for dictionaries, thesauri and encyclopaedia. The search for the concept ‘community engagement’ yielded great results, especially in other sources such as journals, books, reports and conference papers but not in the dictionaries, thesauri and encyclopaedia. In nursing and other health professions training, the discussions of the concept ‘community engagement’ were surrounding experiential learning activities, mostly in forms of service-learning (Thomas & Smith, 2017: 63). It is also used in discussions on developing professional links and collaborations with community members (Cleary & Hunt, 2010: 344). The researcher recorded a total of 225 (N = 225) definitions and uses of community engagement from literature and these were used in the concept analysis process. This theoretical sample also included the search conducted separately for ‘community’ and ‘engagement’. The theoretical sample was determined by data saturation from the literature searched. Data saturation was reached when the search yielded repeated definitions and uses of the term ‘community engagement’ (Schiller, 2018: 250). The following step was then undertaken to determine the defining attributes of community engagement.

3.2.3 Determining the defining attributes

The defining attributes of community engagement are its key characteristics, which together discriminate it from those that may be similar to it or related to it in some way (Schiller, 2018: 250). The step of determining the defining attributes formed the core of the concept analysis phase and the researcher extracted the defining characteristics of ‘community engagement’ that were found during the searches (Walker & Avant, 2014: 168). The concepts ‘community’ and ‘engagement’ were first searched separately, followed by a search for ‘community engagement’, as explained in step three. The identified defining characteristics assisted the researcher in understanding how the concept of community engagement is used. This enabled her to draw accurate conclusions and develop strategies to facilitate community engagement in the FHS. In this step, deductive and inductive reasoning strategies assisted the researcher in determining the defining characteristics of the concept ‘community engagement’ (Grove & Gray, 2019: 53). The researcher engaged in deductive reasoning through a review of the literature to identify attributes and related connotations to ‘community engagement’ by working from general to specific statements. In inductive
reasoning, the researcher made specific observations and then general statements or inferences about community engagement (De Vos et al., 2011: 64; Lodico et al., 2010: 10).

The researcher made a list of definitions, uses of the concept ‘community engagement’ and defining attributes, written with their citations in a table with three columns (Schiller, 2018: 250). The first column was titled ‘analysis’ and it consists of identified definitions, and uses of ‘community engagement’ from relevant literature, as shown in Annexure A. For each definition or usage recorded in column one, the researcher underlined its keywords and phrases that helped describe the concept (Schiller, 2018: 251). This means keywords that already appeared and those that were underlined should be repeated if another definition uses them. The second column was titled ‘synthesis’ and contained a further reduction of keywords from column one. The content in column two was created after the researcher read through the underlined keywords or phrases in column one. Then she combined phrases or keywords that were exactly the same and also those that were functionally equivalent. Therefore, she reduced the content in column one by summarising and creating a list of reduced statements, which was presented in column two. Thirty-five (N = 35) statements were recorded in column two. Column three was titled ‘derivation’ and consisted of a final reduction into categories and connotations from column two. Derivation was done through reading the statements in column two numerous times, then they were further reduced and rearranged to arrive at categories of defining attributes. Concept derivation was employed to provide information which was recorded in column three under the title ‘context, antecedents, process and the outcome’.

The findings in column three of the concept analysis of community engagement within the context of the FHS were categorised using Walker and Avant’s (2014) framework as follows: the context, which is the campus/organisation or an outside community for the wider population; the antecedents, which are community challenges, health inequalities, societal needs, the need for a societal responsive approach in education and research is needed for the process of community engagement to take place. The antecedents were identified as occasions or instances that must happen or be in place before the existence of community engagement (Walker & Avant, 2014: 173). The process constituted the three phases of community engagement. Phase One is knowledge of societal needs, community issues and developmental challenges requiring attention, which is triggered by the university’s public good notion, requests, knowledge and skills possession. This is followed by Phase Two,
which consists of activities that facilitate community engagement. Phase Three entails characteristics and values that seem to promote activities identified in Phase Two in order for community engagement to take place. The phases were identified by the researcher from the statements presented in column three (concept derivation) (Annexure A). Lastly, the outcomes of community engagement were identified as more effective programmes, collaborations, developed communities and people, integrated teaching, research and services. It also held benefits to students in terms of improving their skills and behaviour, leading to capacitated, reflective and innovative graduates. The findings in column three (Annexure A) were considered as defining attributes of community engagement and are presented in Table 3.2 and described in detail in the section that follows.

3.2.3.1 Antecedents of community engagement

The identified antecedents required for community engagement to take place are; community challenges, health inequalities, societal needs, need for a social responsive approach in education, research and services. Each is described next.

a) Community challenges

Community engagement does not take place in a vacuum. There must be situations that prompted an institution to engage with the community in some way. Challenges are defined as difficult situations that require a lot of skills, effort and determination in order to successfully address the problem (Cambridge English Dictionary, 2017: n.p). The community challenge would then include any problematic situation that affects the wider population, the community as a whole or a group of individuals in the community. It is noted that there are several layers of communities, but each has its own challenges, structures and interests (Cherrington, Scheckle, Khau, De Lange & Plessis, 2018: 7). Community challenges may be identified by community members themselves, faculty members and students. In turn, they plan activities that focus on making a difference or minimise the impact of such challenges. Community challenges may be addressed by engaging affected members in organised training that give remedial actions, and addressing the root cause of challenges, monitoring and evaluation of effects (Daniels & Adonis, 2017: 8).
b) **Health inequalities**

Health inequalities can be defined as variances in the health status or in the spread of health determinants among different population groups (World Health Organisation [WHO], 2018: n.p). Depending on the situation, the extent of inequality may be noted to give information on unique situations and set priorities within a given population (Hosseinpoor, Bergen & Grove, 2018: 655). Some health disparities are related to biological differences and others may be related to the external environment and conditions mainly outside the control of the affected individuals (WHO, 2018: n.p). The information on health inequality may be clearly visible in community settings through community assessment, however, health science students and academic staff may also obtain information from registers at health facilities. Some information is available from databases at the Ministry of Home Affairs, such as age and causes of death, and health management information data systems available from the district and regional health directorate offices. Thus, health inequality should be monitored through proper actions involving health sectors and non-health sectors such as higher education institutions via their community engagement activities. Lastly, the emphasis should not be on mitigation activities alone but should also investigate the root cause of health inequality.

c) **Societal needs**

‘Societal’ refers to anything that pertains to society and its inhabitants. Therefore, societal needs entail the needs of society as a whole. According to De Haan, Ferguson, Adamowicz, Johnstone, Brown and Wong (2014: 126), societal needs are divided into three categories and they all need to be fulfilled to facilitate liveability in the society. The first is existence need, which entails a need for shelter, health, security and material for substance such as drinks and food (De Haan et al., 2014: 127). This incorporated the first and second levels of needs from Maslow’s hierarchy of needs, which are physiologic needs, and safety and security needs (Berman, Snyder & Frandsen, 2016: 79). Secondly, the relatedness need entails a need for interaction, social cohesion, ecological health, knowledge and beliefs, beauty and pleasure, comfort and convenience (De Haan et al., 2014: 127). In Maslow’s hierarchy of needs, it incorporated the love and belonging needs, which are level three needs (Berman et al. 2016: 79). And lastly, the growth need encompasses needs relating to identity, social justice, intergenerational equity, culture and identity, purpose and expression, influence and respect, freedom and autonomy (De Haan et al., 2014: 127). Understanding societal needs entails an
extensive exploration of different sources to obtain insight into the pressing needs and expectations of community members (Cassi, Lahatte, Rafols, Sautier & de Turckheim, 2017: 1098). When students and academic staff engage with the community, societal needs are identified via community assessments and then services, information and material support are provided to attend to these needs. The fulfilment of societal needs is achieved in conjunction with partnership with community members.

d) Need for a social responsive approach in education, research and services

Social responsiveness is a concept used as an umbrella term that denotes all types of engagement with external non-academics populations (University of Cape Town [UCT], 2018:n.p). The concept encircles engaged scholarship activities involving students and academic staff in the form of providing community service, and professional engagement which entails the application of their professional expertise. A university that conducts such activities is said to be a socially responsive institution, which means it is socially beneficial, generally reachable and structurally flexible (David, 2017: 184). According to UCT (2018: n.p), social responsiveness does not include outreach activities conducted by staff and students who are not allied to their disciplinary or professional expertise. Furthermore, it also does not include scholarly works such as external examining and editing of peer reviewed journals, which are normally conducted by the academic population. In the corporate world, social responsiveness is commonly used to refer to actions and events conducted by companies in order for individuals to cope with social and environmental difficulties. It may be displayed in two dimensions, namely internal (inside the organisation itself) and external (exterior to the organisation) (Navickas & Kontautiene, 2015: 50).

The process of community engagement requires participants to be socially and culturally responsive in order to reach out to minorities and disadvantaged individuals. This aims to identify challenges and find solutions to challenges affecting them, and to develop the leadership skills of health professionals (Vargas, Arauza, Folsom, Luna, Del, Gutiérrez, Frerking et al., 2012: 23). Therefore, being socially responsive may be interpreted as an indicator of the presence of community engagement. According to Coetzee (2012: 510), for community engagement to be effective, facilitators need to understand all elements of community life, and understand their behaviours in order to determine immediate and long-term needs. In that way, the engagement activities will be socially responsive and show that it
is not just addressing one element of the community but will influence or touch the lives of many individuals.

A socially unresponsive organisation does not show a commitment to benefit the public or at least try to minimise the negative impacts in society. It implies that it distances itself entirely from the responsibilities of assisting the public (Navickas & Kontautiene, 2015: 48). They are often less concerned about societal problems, set their objectives not linked to pressing issues of the society, and therefore lack activities such as volunteerism and sponsorships.

The need for the social responsive approach in education, research and services means that the institution should recognise the need to design, implement and evaluate their teaching and learning activities, research and service to the community in relation to social issues. In their daily operations, they must recognise the need to align their core businesses to the needs of the population in which they are located and serving.

3.2.3.2 Process of community engagement

The process of community engagement extracted from the findings of the concept analysis consists of three phases: Phase One of community engagement is characterised by academic staff and students’ possession of knowledge of societal needs, community issues and the developmental challenges requiring attention in the community. It is triggered by the university ‘public good’ notion, requests, and academic staff and students’ possession of knowledge and skills in health sciences. The trigger factors and phases of community engagement are discussed in the sub-section that follows.

a) University public good notion, requests and health science knowledge and skills possession as trigger factors

The concept analysis conducted on ‘community engagement’ revealed the university’s public good notion, requests and health science knowledge and skills possession as trigger factors. That means they stimulate the process of community engagement to take place. Universities are triggered to invent community engagement to contribute to the public good (Brackmann, 2015: 116). Public good refers to non-excludable detonating where no person is excluded from getting the good, and that one person’s benefit does not hinder another person from
benefiting (Brackmann, 2015: 117). The ‘public good’ notion views higher education as a public resource that avails material or intellectual benefits to society. In addition, public good is fulfilled by producing good quality graduates who are prepared to serve the public (Leibowitz, 2012: xxiv).

**Request** is an action of politely or officially asking for something (Cambridge English Dictionary, 2017: n.p). Therefore, in some instances, the community members may request a higher education institution to commence a community engagement process. Requests for a community engagement activity are sometimes channelled to the higher education institution via the community organisation or company, instead of directly from the community members (Daniels & Adonis, 2017: 24).

**Knowledge** refers to the “knowing that is expressed in a form that can be shared or communicated with others” (Chinn & Kramer, 2018: 3). The knowledge of a discipline is one that is collectively known to have standards shared by members of the disciplinary community and is considered to be binding in the understanding of features that comprise the discipline. A **skill** is a specific capability that you have acquired through training and experience, and that is useful in a job (Cambridge English Dictionary, 2017: n.p). An academic staff member in the FHS possesses knowledge and skills in the field of health science. Being in possession of knowledge and skills may trigger this individual to commence the community engagement process because it equips them to conduct an assessment for recognition of priority issues and at the same time enable them to plan for actions.

**b) Phase One: Academic staff and students’ possession of knowledge of societal needs, community issues and developmental challenges requiring attention in the community**

The societal needs were discussed under the antecedents of community engagement. For community engagement to take place, the first step is for academic staff to have knowledge about societal needs; this enables the institution to respond to societal needs (Navickas & Kontautiene, 2015: 47). The community issues identified in Phase One of community engagement are inclusive of community problems and any other issue that needs the involvement of academic staff.
c) Phase Two: community engagement as a university societal role, scholarly activity and experiential approach

Phase Two of community engagement assisted the researcher in understanding how community engagement is conducted in the FHS. During Phase Two, academic staff engage with their communities as part of the university’s societal role; in addition, they engage in scholarly activities and experiential approaches. That means community engagement also involves the students and not only academic staff. Activities undertaken by academic staff during Phase Two are described next.

❖ University societal role

Community engagement is a university’s societal role because the academic staff at the institution of higher education are committed to cultivating a wide relationship outside academic outcomes (Miller & Warren, 2015: 4). In community engagement, an academic staff member shifts from the agenda of teaching and producing scientific research outputs, which are not linked to society. The move is towards focusing on social and economic objectives through co-creating knowledge and skills with the public good in mind, indicating the role the university plays in the society (Escrigas, Sánchez, Hall & Tandon, 2013: xxxv). The academic staff member does not only seek to fulfil curriculum requirement but should also be involved in the issues that are outside the university and outside their classroom. For instance, in the FHS, academic staff are expected to be involved in health awareness campaigns and should conduct different disease prevention initiatives in conjunction with community members (Preece, 2017: 2). The knowledge and skills shared during health awareness campaigns may be used to promote the health and well beings of the general population as well as reducing health inequalities because the university strives to reach the disadvantaged population (Kimball, Thomas, Kecskes, Foster, Casapulla, Hess et al., 2016: 110). In the end, the whole exercise of community engagement helps academic staff develop good relationships with community members (Schaffer & Hargate, 2015: 59).

❖ Scholarly activity

The process of community engagement is a scholarly activity in that it runs across the missions of teaching, research and university services (Bringle, Hatcher & Joness, 2011: 20). In community engagement, the academic staff are involved with external communities and stakeholders in collaborative academic teaching and research to address critical
developmental issues. This is not only for the benefit of community members but for academic staff to enrich their teaching, learning activities and the research objectives of the higher education institution (UNISA, 2018: n.p). An academic staff member is a person who is required to conduct research as part of their academic duty; in order to conduct research in the community settings, there is a need for them to engage the community first to get community members to understand the project and be involved (Sallnow & Paul, 2015: 232). Community engagement as a scholarly activity helps to prepare the academic staff members for their teaching roles through the advancement of knowledge and skills in their field needed to guide students. This is because the community engagement process also involves consultancy, continuing education and collaborative research in which the academic staff and students may participate (Mugabi, 2015: 193). In addition, there is an opportunity for enquiry-based learning in community engagement whereby the academic staff and students may conduct fieldwork for further exploration of aspects in their field of study (Miller, 2013: 47). Therefore, the academic staff member improves the knowledge of their discipline and at the same time, builds relationships with community members through interaction. So, for community engagement to occur, the academic staff member participates in scholarly activities for the benefit of community members, the students and the advancement of their own knowledge and skills.

**Experiential learning approach**

In experiential learning, learning takes place by doing or as a result of experience rather than listening to other people or reading about it (Hughes & Quinn, 2013: 28). It is one of the approaches that are fully established in health science curricula. The community engagement process may be considered as an experiential learning approach because it allows active involvement from students, allows students a greater degree of interaction in the learning process, the students are allowed some autonomy and flexibility, and lastly the experiences students are exposed to are relevant to their learning content.

David Kolb is a significant exponent of experiential learning and has associated it with the following characteristics (Hughes & Quinn, 2013: 202):

- "Learning is best conceived as a process, not in terms of outcomes"
- "Learning is a continuous process grounded in experience"
The process of learning requires the resolution of conflicts between dialectically opposed modes of adaptation to the world
Learning is a holistic process of adaptation to the world
Learning involves transactions between the person and the environment
Learning is the process of creating knowledge”

In the community engagement process, academic staff members design a service-learning curriculum. As a community of academic staff, they also allow students to partake in curricula-related volunteerism services, internships and some field research courses which all support experiential learning (Strom & Whiteford, 2013: 86). These are appropriate for health science students to get exposed to real-life experiences in communities and health facility settings for them to gain an understanding and construct their own knowledge in the field. The process of constructing own knowledge in health science is facilitated by reflection on the experience, therefore an academic staff member encourages students to continuously write reflective notes with every experiential learning encounter. This will promote them to become reflective students leading to reflective practitioners.

Volunteerism means the tendency to volunteer or the activity of volunteering. It is the act of taking initiatives in a project, responsibility or a task (Business Dictionary, 2019a). According to Overgaard (2019: 133), volunteering includes involvement in work without getting paid. It can be undertaken by an employed or unemployed person. The fundamental purpose of volunteering is to express humanity via social relations with other people (Obioha, 2016:n.p). In the educational context, volunteerism is an extra-curricular, non-credit bearing engagement activity whereby students and faculty members provide service to the community. Volunteer programmes may not necessarily be related to the curriculum or the programme of the university, but is more considered as giving back to the community. It is recognised as an essential aspect of the citizenship culture, service, and responsibility (Jacob, Sutin & Weidman, 2015: 46). Thus, it is also considered as a form of community engagement (Jinkins & Cecil, 2015: 164). Volunteerism may take place within the organisation, for instance among the student community on campus, it may be directed at the community outside the university, but the main aim is to target community issues (Navickas & Kontautiene, 2015: 45). Although primary beneficiaries of volunteerism are community members, it is traditionally known to help students achieve their learning goals (Pearl & Christensen, 2017: 131). For that reason, volunteerism activities promote experiential
learning because while students are focusing on volunteerism, they learn how to provide service (Ni & Tian, 2018: 562). In turn, volunteerism positively contributes to the attainment of required competencies in terms of procedural skills and abilities. The academic staff also keep in touch with the practical components of the programme they teach through volunteerism in the community.

Work-based learning and internship: work-based learning is defined as learning that takes place through work processes and is done for the work process; thus, theory is merged with practical work experience (Nevalainen, Lunkka & Suhonen, 2018: 21; Pennbrant & Svensson, 2018: 182). A work-based learning curriculum is designed to focus on the workplace and what students are doing there. They perform paid and sometimes unpaid work. An internship is a chance for students to incorporate their knowledge into supervised and planned work in real-world professional settings (Renganathan, Karim & Li, 2012: 180). Among other pedagogical forms, work-learning and internships fall under work-integrated learning, which is an umbrella term used to describe the curricular, pedagogic and assessment practices across a range of academic disciplines that integrate formal learning and workplace concerns. It is less didactic and more situated, participative, and focuses on the real world (Winberg, Garraway, Engel-Hills & Jacobs, 2011: 4). In health science education, work-based learning and internships are conducted in the form of clinical placement in healthcare facilities and community settings. Both work-based learning and internships are underpinned by the constructivist approach to learning, therefore it supports the experiential learning pedagogy. The constructivist approach facilitates the students to learn through experience and reflect on their experiences (Pennbrant & Svensson, 2018: 182). The two pedagogical approaches are recognised as forms of community engagement or engaged learning in higher education. Therefore, an academic staff member facilitates community engagement by granting health science students opportunities for internships and work-based learning in the community and healthcare facilities.

Consultancy, meetings, interviews and events: consultancy refers to a professional practice that gives expert advice within a particular field (Oxford Advanced learners Dictionary, 2018: n.p). Providing consultancy services is considered as one of the mandatory functional areas of colleges, alongside teaching and conducting research. The rationale behind it is that the university also offers consultancy services to the community, depending on its technical capacity (Jacob et al., 2015: 272). The provision of consultancy service is considered as
community engagement in higher education, which is also referred to as community outreach (Mugabi, 2015: 192). The consultancy is provided by academic staff, using their professional and discipline-related knowledge and skills. In addition, the academic staff may use consultancy to generate new knowledge and apply them to teach others (Mtawa, Fongwa & Wangenge-ouma, 2016: 132).

Meetings are gatherings of people for a particular purpose, especially for formal discussions (Oxford Advanced learner’s Dictionary, 2018: n.p). It is also one of the community engagement initiatives and a means through which higher education activities are planned (Jacob et al., 2015: 1). Regular meetings are conducted in engagement processes in order to ensure communication, to evaluate the process, address issues that are arising and provide feedback to community members and stakeholders (Adebayo et al., 2018: 482; Fialkowski, DeBaryshe, Bersamin, Nigg, Leon Guerrero, Rojas et al., 2014: 2263). Therefore, community engagement is meaningful when there are regular meetings. For meetings to take place, an academic staff member must invite partners in community engagement activities that are planned or underway.

Interview is a meeting of people face-to-face, especially for consultation. It may also mean a session of formal questioning (Oxford English Dictionary, 2018: n.p). Interviews of various types, such as key informant interviews with key stakeholders may be used to engage the community (Fialkowski et al., 2014: 2263). To provide relevant community engagement activity in response to community challenges, it is necessary to conduct a community needs assessment interview prior to interventions (Talley & Williams, 2018: 35). As with the meetings, the task of conducting the interview may be carried out by an academic staff member from an engaged university.

Events are planned public or social occasions (Oxford Advanced learner’s Dictionary, 2018: n.p). It can be a business event, such as a business discussion, an academic event, such as a conference, or a recreational event, such as sport, cultural event or a gathering to celebrate or commemorate a historical event. These can also be conducted as informal or formal engagement between a higher education institution and the community members (Jacob et al., 2015: 1). Other types of community engagement events that take place in the educational context are field trips, arts and crafts at local parks, flower festivals and environmental projects (Wang, Lai, & Wan, 2016: 34). An academic staff member may participate from the
planning of events by drawing up a yearly event calendar for the faculty, budgeting and sourcing funding or sponsorship for events if the university will not sponsor the event. The academic staff member benefits by enhancing their knowledge in planning and organising events, something they need in conducting academic endeavours. In conclusion, consultancy, meetings, interviews and events support experiential learning among students because they allow students to gain exposure to the experience and occur in a real environment which can help them create knowledge (Hughes & Quinn, 2013: 202).

_Tran**sational, transitional and transformational strategies:** These are also known as three typologies of engagement strategies. The community engagement continuum starts with transactional typology and ends with transformation. Transactional engagement is founded on giving back to the community through investment and information. It consists of activities such as employee volunteering, training of community members, charitable donations, building local infrastructure and financial support (Bowen, Newenham-Kahindi, & Herremans, 2010: 305). This is the most commonly practiced typology of engagement and relies on one-way communication where interaction with the community is occasional and the university is in charge of the process and decision making (Stirling, Wilson-Prangley, Hamilton, & Olivier, 2016: 518). In the higher education context, an academic staff member providing transactional engagement is generally responsive rather than proactive and do not perceive the relation between the community and institution as significance. According to Delannon, Raufflet and Baba (2016: 717), transactional engagement hardly yields results in terms of community empowerment, because it is a once-off initiative. Despite that, transactional engagement in the form of providing or sharing information with community members is a necessary requirement for community engagement processes (Tindana, De Vries, Campbell, Littler, Seeley, Marshall et al., 2015: 6).

_Transitional engagement_ refers to a form of engagement where there is repeated, two-way communication between the community and an institution through consultation and collaboration (Bowen et al., 2010: 306). Despite the presence of dialogues between community members and the institution, control of the resources remains with the institution instead of fully sharing with the community (Bowen et al., 2010: 306). That means transitional engagement lacks joint decision making and shared sense-making during interaction (Stirling et al., 2016: 518). In a higher education institution, an academic staff member may conduct activities such as stakeholder dialogues, public consultations and town
hall meetings, which are all considered transitional engagement (Bowen et al., 2010: 305). In addition, an academic staff member in the FHS needs to conduct clinical education forum meetings, which serve as a stakeholder dialogue between the clinical settings and the training institutions; they also do consultation meetings for curriculum development and review. This is to ensure that the community interests are taken into consideration (Tindana et al., 2015: 6).

Transformational engagement is the most advanced form of engagement, which is more proactive, participatory in nature and it encompasses activities aimed at developing partnerships and supportive leadership roles for communities (Delannon et al., 2016: 314; Stirling et al., 2016: 718). Activities aimed at developing the communities are through joint project management, joint decision making, co-ownership and shared benefits and outcomes (Bowen et al., 2010: 305). It justifies why transformational engagement is at the end of the community engagement continuum. Transformational engagement allows a two-way flow of communication and a general understanding of both partners. The idea is to acknowledge both community members and the engaging institution as being knowledgeable actors that can jointly make contributions to the initiatives (Delannon et al., 2016: 718).

d) Phase Three: values promoting community engagement

Phase Three of community engagement encompasses values that are identified as enhancers of community engagement. From the findings of concept analysis, the researcher identified that the process of community engagement is promoted by the following values: commitment, partnership, reciprocal inclusiveness and informing, relevancy and belongingness, quality, flexibility and sustainability, connectivity and efficient communication, documentation, monitoring and evaluation, active participation, promoting awareness of activities and civic importance. These values are briefly discussed below.

Commitment, partnership and reciprocal: The process of community engagement has key aspects that enable it, and the commitment of participants is one (Giloth, 2018: 32). When there is commitment to the process of community engagement, key stakeholders portray dedication and loyalties in their contributions, thereby contributing to the success of the community engagement project and the whole process. Some institutions measure and document their scholarly engagement activities by the level of commitment from those
involved at an institutional level (Smith, Else & Crookes, 2014: 844). Moreover, commitment to partnership enhances personal contact and boosts the knowledge sharing culture among people involved (Marlier, Lucidarne, Cardon, De Bourdeaudhuij, Babiak & Willem 2015: 4). Commitment is considered as a primary responsibility of both university and community partners, especially in terms of logistical considerations and student activities (Hogan, Tynan, Covill, Kilmer & Cook, 2017: 12). It may be concluded that the presence of collective commitment from stakeholders is a value that promotes the process of community engagement to be effective (Gordon, Schirmer, Lockwood, Vanclay & Hanson, 2013: 64). Partnership is central to nurture trust among participating members and ensures their willingness to engage during the activities and invest their time and effort (Quillinan, McEvoy, MacPhail & Dempsey, 2018: 119). In this study, partnership was identified as an empirical referent to community engagement.

In community engagement, the concept of reciprocal is used to describe partnership between stakeholders and engaging institutions, and is used for classification and categorisation purposes. For example, the Carnegie Foundation acknowledged reciprocal partnerships as a key criterion for the community engagement classification (Schaffer & Hargate, 2015: 60). Reciprocity is important in community engagement processes because it allows mutual benefits in terms of learning and research (Cherrington et al., 2018: 6; Smith et al., 2014: 845). To successfully practice reciprocity in community engagement processes, ideally all planned activities must consider how all involved parties benefit.

**Inclusiveness, relevancy and belongingness**

*Inclusiveness* is one of the core values identified by Land-grant University for facilitating engagement between higher education and society for the development of individuals, families and communities. Inclusivity in higher education engagement facilitates the subject matter taught and research conducted to take account of topics that are relevant to the society (Fitzgerald & Simon, 2012: 38). That means university researchers and practitioners work closely with community members to invent innovative and viable solutions to societal problems. Therefore, inclusiveness signifies fit for purpose, whereby it is suited for integrating subject matter into research as well as services offered to community members by higher education institutions (Glandon, Paina, Alonge, Peters, & Bennett, 2017: 1458).
Relevancy is the relation of something to a matter at hand (WordNet, 2018: n.p). Relevancy is an essential value in community engagement because it indicates whether or not the project is needed, therefore positively contributing to the successfulness of the community engagement project.

Belongingness is another value that promotes community engagement. This is due to the fact that with the sense of belongingness, it promotes attachment to the area and therefore people feel that they belong to that community (Li & Frieze, 2016: 776). Belongingness acts as motivation in human beings because it is one of the basic psychological needs (Timms, Fishman, Godineau, Granger & Sibanda, 2018: 244). According to Timms et al. (2018: 244), belongingness is also known as an affiliation. Therefore, it motivates the academic staff, students and partners to participate in community engagement in order to fulfil their basic psychological needs.

Informing, active participation and promoting awareness of activities
In community engagement, services are provided with consideration of core elements, of which informing is included (Sallnow & Paul, 2015: 236). Informing is at the beginning of the community engagement continuum (Bowen et al., 2010: 303), and it is more of a one-way communication to the public, which is initiated by an engaging institution. It is then followed by other initiatives that facilitate collaboration and partnerships (Gordon et al., 2013: 63). Informing the public is relevant in order for community members to get a good understanding from the early planning stages of the project. Information from the informing steps need to be well prepared to capture interests, therefore an academic staff member using his or her expertise in the field should be vital in preparing such information. Active participation refers to the act of sharing in the activities of the group. The participation of family members and other stakeholders was found necessary in community engagement forums (Vargas et al., 2012: 26). It is also likely to promote the success of the community engagement activities because all parties are involved. It is also necessary to promote awareness of activities to be conducted as part of the community engagement initiatives in order for academic staff, students, community members and other stakeholders to participate actively.

Civic importance
The concept ‘community engagement’ is sometimes used interchangeably with civic engagement. Therefore, they all involve the mutual sharing of knowledge between the
university and community members (Bhagwan, 2017: 174). However, civic engagement is uniquely represented by democratisation and public good (Jacob et al., 2015: 90): The ‘civic’ pertains to anything that is appropriate to citizens as individuals (WordNet, 2018: n.p). Therefore, civic importance is a concept applied to anything that is of significance to the individuals in society. Civic importance is one of the promoters of community engagement processes, simply because individuals must foresee the significance of an activity to be fully involved.

Quality
Quality means satisfying consumers by fulfilling their needs; including unexpressed needs (Barowski, 2013: n.p). Quality is a vital concept in community engagement in the sense that it is one of the values promoting it. It is also recognised by the World Grant universities as one of the core values to fuel engagement in higher education (Fitzgerald & Simon, 2012: 33). However, it can be significantly influenced by the persons leading the community engagement initiatives and their capabilities (Sallnow & Paul, 2015: 235). Moreover, quality in higher education community engagement is also influenced by the pedagogy undertaken. For example, work-integrated learning in healthcare settings supports and stimulates the provision of high-quality care, therefore meeting the current and future care needs of individuals (Pennbrant & Svensson, 2018: 191). Academic staff should involve students in community engagement projects in order to understand that quality is one of the core values to their civic duties within a democratic society (Fitzgerald & Simon, 2012: 50). When people associate community engagement processes with quality, they are likely to actively participate, therefore contributing to its success and outcomes.

Flexibility, sustainability, connectivity and efficient communication
Community engagement entails vigilant planning, communication, and organisation (Knight-mckenna, Felten, Darby & Madison, 2018: 72). These are to ensure that activities are successful and people participate fully. Flexibility in community engagement projects are considered in terms of time and length of contact; these act as one of the indicators of participation in the activities (Liljas, Walters, Jovicic, Iliffe, Manthorpe, Goodman et al., 2017: 349). Schaffer and Hargate (2015: 66) noted that work in community settings requires flexibility. This implies that an academic staff member undertaking community engagement activities in the community setting may be required to change their daily schedule several times in order to carry out activities, as they may not go according to plan due to other
commitments from community members. For an academic staff member to exercise flexibility, a range of ways and means are employed to engage with the community and perform activities in partnership (Sung & Hepworth, 2013: 4). Sustainability in the context of community engagement is interpreted as the continuousness of the project and its impact on relevant stakeholders (Sung & Hepworth, 2013: 4). Although sustainability has its origin in the satisfaction of human needs, it is no longer perceived to serve by simply meeting our needs, but rather provides a benefit to societal and external systems (De Haan et al., 2014:122). Higher education institutions need to develop action steps to ensure the sustainability of university community engagement (Strom & Whiteford, 2013: 76). This is to confirm continuity and long-lasting engagement with the community, which leads to successful outcomes. Sustainability itself is ensured by establishing an advisory committee prior to the inception of the project; among other members, the committee should also comprise of some stakeholders identified as potential future sponsors. A second strategy is to design the project in a manner that invites sustainability. For example, using senior project staff members to train new staff before they resign or retire, and also to write a manual describing the training curriculum and intervention to be carried out (Groark & Mccall, 2018: 21).

Connectivity refers to the relative ease with which faculty and community members can connect with another and build partnerships. This requires going beyond the institutional and cultural barriers between the university and community that may obstruct such efforts (Fitzgerald & Simon, 2012: 41). There is a need for a reasonable degree of connectivity between the community college and the community it serves so that they pay attention to broad socioeconomic needs (Jacob et al., 2015: 128). The community engagement is created and cemented by connectivity, therefore an academic staff member from a higher education institution should form connectivity with the community to successfully facilitate community engagement.

Communication, in general, is necessary for community engagement initiatives as one of the building blocks of creating successful partnerships (Bender, Daniels, Lazarus, Naude & Sattar, 2006: 98). Effective communication means that the message is delivered quickly for it to allow the receiver to get it, understand and make use of it in the intended way (Kokemuller, 2018: n.p). Whatever the mode of communication used, it should be two-way
and be able to facilitate a meaningful and open discussion with the partners involved (Dyer, Stinger, Dougill, Leventon, Nshimbi, Chama et al., 2014: 141).

**Documentation, monitoring and evaluation**

In the health field, there is a saying that “if it’s not documented in the medical record then it didn’t happen”. The same is also applicable to community engagement. Documentation is a communication method whereby all activities that took place are recorded; this is an easy way for all people involved to keep track of their actions. In addition, it will also inform stakeholders of what has been accomplished and what they need to focus on (CrozerKeystoneHealth, 2018: n.p). In community engagement such as the work-based learning projects, documentation may include the framework, training manual and a report of the project (Fergusson, Allred & Dux, 2018: 12). As a higher education institution, documentation is done to explain or summarise how it engaged the community, as community engagement is one of the key functions of higher education institutions (Jacob et al., 2015: 151). Documentation of activities is used as evidence of the faculty’s performance and therefore all academic staff should be coached to record their activities according to institutional guidance (Sobrero & Jayaratne, 2014: 146). Therefore, when there is clear documentation of community engagement, it will promote people getting involved and supporting the activities. It also provides evidence for monitoring and evaluating activities.

**Monitoring** is the gathering and inquiry of information about a project or a programme, carried out while the project or programme is ongoing. While evaluation is the episodic, retrospective checking of a project or programme, it can be carried out by people involved in the project or programme, and it can be carried out by independent evaluators who are external to the project or programme (University of Oxford, 2014: 5). Some of the reasons for conducting monitoring and evaluation pointed out by the University of Oxford (2014: 6) is to empower volunteers and motivate supporters, share the effectiveness of the project, have evidence to influence government policies, ensure accountability to key stakeholders, and contribute to evidence about limitations. The same reasons are also relevant to community engagement projects. Monitoring and evaluation are among the enablers of community engagement (Stirling et al., 2016: 525). Monitoring and evaluation are not only for institutions but also for community members; patients and their relatives are known to enhance its mechanisms, especially during the early stages of the partnership (Gooden, Syed, Rutter, Dixon Hightower, & Kelley, 2013: 638). Therefore, an academic staff member should
partake in monitoring and evaluating the community engagement project together with all stakeholders, including community members and patients.

3.2.3.3 Outcome (consequences) of community engagement

The process of community engagement has consequences for the higher education institution, including students, academic staff, and community members. It leads to effective programmes, collaborations, developed communities and people, integrated teaching, research and services, improving students’ skills and behaviours, creating capacitated, reflective and innovative graduates.

❖ More effective programme
Community engagement leads to more effective programmes, either in the implementation of the health sector or in higher education institutions. In the health sector, programmes are effective when they address community challenges (Sobrero & Jayaratne, 2014: 140). They also help to identify, mobilise, and develop relevant community assets and capacity. Effective programmes are needed for effective health systems (Gooden et al., 2013: 639).

❖ Collaborations
Community engagement processes develop collaboration. The term ‘engagement’ in community engagement refers to collaboration between the university and a targeted community, either at regional, national or global levels (Escrigas et al., 2014: xxxv). This leads to partnership and reciprocity, which is facilitated by a mutually beneficial exchange of knowledge and resources. Collaborations are needed to improve its impact on the community (Rosing, 2015: 156). According to Kaiser, Rogers, Hand, Hoy and Stanich (2017: 20), collaborations between the university and community improve the health and wellbeing of the community members. In addition, collaborations are needed to help identify community concerns and address them (Fletcher, Hibbert, Hammer & Ladouceur, 2017: 82).

❖ Developed communities and its people
Community engagement is a process that leads to development in the community and its people. This is because the engaging institutions conduct transactional, transitional and transformational activities that may bring about development in the community and its people. Community development includes a number of areas, covering the economic, social,
demographic, and cultural spheres (Rabinowitz, 2018: n.p). Development in the community is measured by community indicators, which are measures that indicate what is happening at the population level rather than individual level. Their measures provide information about the consequences of community projects and initiatives (Rabinowitz, 2018: n.p). These community projects and initiatives are usually invented as a result of community engagement and therefore facilitate community development. Community development is necessary because of significant contributions to a reduction in mortalities and morbidities in the community, as well as improving quality of life. Community-level indicators are used to present evidence after community assessments, policy changes, accountability and evaluations (Rabinowitz, 2018: n.p).

**Integrated teaching, research and services**
Community engagement leads to an integration of teaching, research and services at institutions of higher education. According to the Carnegie Foundation (2015: 40), service-learning is a method through which community engagement is integrated with teaching and service at the university. This is important because it facilitates the mutual benefits of the students, academic staff and community members. To integrate community engagement with teaching and research, a higher education institution may use a more popular approach called ‘intersecting’. This is practiced by incorporating the engagement activities of the department or individual academic staff into either their teaching or research programmes, or both (Preece, 2017: 7). For most higher education institutions, engagement activities are usually in the form of services. Through a scholarship of engagement, academic staff and students utilise their knowledge and research in real and pressing social problems and issues, therefore allowing an integration of research and teaching in community services (Jacob et al., 2015: 116).

**Improving students’ skills and behaviour**
A community engagement process is an effective indicator of student learning, which develops their skills such as critical thinking, communication skills, relationships with other students and faculty members, as well as overall satisfaction with their learning (CarnegieFoundation, 2015: 35). Improved skills are facilitated by learning from the community in the process of community engagement. Moreover, service-learning, which is one of the forms of community engagement, offers opportunities to cultivate the community-centric behaviours of students (Jacob et al., 2015: 131). According to Schaffer and Hargate,
community engagement results in students acquiring professional skills, and these behaviours are vital in shaping students in becoming health science professionals, therefore community engagement processes are necessary.

**Capacitated, reflective and innovative graduates**

The findings of the concept analysis conducted in this study revealed that community engagement is a process that may lead to capacitated, reflective and innovative graduates. For example, in service-learning, students are afforded an opportunity to engage with different forms of knowledge and experiences beyond what is found in the traditional curriculum (Jacob et al., 2015: 168). The capacitated students have the potential to develop into future leaders who are able to tackle the health issues in society. It is thus vital for health science programmes to produce reflective graduates since reflections, especially in community engagement, boost students’ understanding of the programme content, increase obligation to the discipline, and create a greater sense of civic responsibility (Jacob et al., 2015: 159). Due to exposure to experiential learning pedagogies in community engagement, students tend to be innovative due to exposure to real-life experiences. Innovative students are needed in the health field because they are not only prepared for work but can establish a lot of changes, leading to a globalised world (Smith-Tolken & Bitzer, 2017: 30).

The defining attributes described above were utilised to identify a model case presented in step five of the concept analysis, as described next.

### 3.2.4 Identify a model case

A model case is an example of the use of the concept that reveals all the defining attributes of the concept (Walker & Avant, 2014: 169). It may be an example from real life found in the literature or may be constructed by the researcher. In this study, the researcher constructed a model case using a real life, educational, and health-related example in order to illustrate community engagement and clarify its meaning. The model case illustrated in this study incorporated the defining attributes identified in step four, which are also displayed in Table 3.2. Defining attributes are recorded under antecedents, process and outcome. The process of community engagement is divided into three phases, which are all included in the model case. The case illustrated by the researcher clearly relates a situational fact with the specific defining characteristics to display their presence (Schiller, 2018: 252). This is because the
researcher was responsible for demonstrating the link, so readers are not left guessing about the link between concept characteristics and the illustrated model case. All defining attributes are bolded for easy identification by readers. The model case is as follows:

The office of the Regional Councillor, in collaboration with the Ministry of Health and Social Services, as well as Traditional Authorities, had regular meetings to discuss issues affecting people in the community settings. The reports from their meetings are shared with all stakeholders in the region, including all higher education institutions. A group of fourth-year nursing students received a report from one of the villages which indicated there are a lot of elderly individuals who are neglected and have a lot of health issues; they have not been visited by healthcare providers in a long time (community challenges). A group of elderly individuals who have access to transport are able to travel to town for healthcare services, while others who have medical aid or insurance are able to call private ambulances and private health service providers for telephonic consultations and to book other services (health inequalities). As a result, the students realised that the community needs help from healthcare providers (societal needs). On the other hand, the staff in the School of Nursing identified that the students have less contact time with people in the community and the undergraduate research conducted mainly focuses on the student population and less on the community (need for a social responsive approach in education and research).

A group of fourth-year nursing students from the public university satellite campus chose to provide comprehensive care to a group of elderly individuals residing at a selected village in Okavango east region (context). The students designed a comprehensive plan of how they can reach the elderly individuals, details about the frequency of visits and type of services to be offered, and assessments to be conducted. However, they later realised that the services to be offered and frequencies should be agreed on with the recipients of services. What they designed was more of a plan to facilitate the approval of transport and to source funding from the business community in town.

The lecturers in the School of Nursing approved the students’ plan to provide comprehensive care to the elderly. The campus management was informed of the plan and it was said that this will be discussed in the business review meeting committee at the main campus for evaluation. Nursing students were tasked to plan how they can include other health profession students from the faculties of pharmacy and medicine, who also do clinical
placement in the region in order to ensure comprehensive and multidisciplinary care. The plan consisted of activities to be completed within a timeframe of three months. The students chose a day from their clinical block and they were taken to the village by the university bus, accompanied by two lecturers. Students were well received by the village headman who invited all people above the age of 65 years, who were able to move, to gather at the community gathering place. The elderlies and all students had their first meeting and they introduced their ideas. Later, the elderlies also gave them their proposal of assistance needed and suggested what should be provided by the students.

Phase One of community engagement: knowledge of societal needs, community issues and developmental challenges requiring attention

Students were aware that elderlies at a selected village need nurses to conduct outreach services (knowledge of societal needs) which included services such as health education, dressing of wounds, monitoring of blood pressure and glucose levels, nutritional assessments, explanations on how to take medication, and also to conduct physical examinations for referrals to physicians. Students were also aware that the FHS was not only responsible for educating students but also extend services to communities to conduct activities that are beneficial to people in a certain way (university public good). Since students were in their fourth year, which is the final level of their degree programme, they already covered various modules in the field of nursing in order to prepare them to become competent nurse practitioners (knowledge and skills possession). Furthermore, in the past, the community leaders at the selected village expressed their concerns about the elderly people’s health and their inability to reach the health service provision point (requests). They later worked out a new plan which was inclusive of the students’ and elderlies’ proposals (mutuality). They also selected leaders from both elderlies’ and the students’ groups, and the community leaders identified resources available at the community level that could be utilised in the comprehensive care (partnership). The elderlies visited portrayed a sense of togetherness and teamwork within the boundaries of their community; in addition, they also respected their village leaders. Students conducted activities as planned and stuck to the schedule (commitment).
Phase Two: Community engagement is a university societal role, scholarly activity and experiential approach that involves specific activities

The students received sponsorship in terms of small funding which was used to buy materials needed for activities planned. In addition, community businesses also provided students with materials such as soap, body lotions, face cloths, and wound dressing materials. The nurses from private practice trained students on proper wound care and caring for the elderlies (capacity building and partnership). In addition, prior to the students’ visit to the village, one lecturer gave a short course on how to communicate with older people in the local language. This was done outside her official university work schedule and no remuneration was given (volunteering). The lecturers responsible for community health, mental health and general nursing science worked together to come up with the learning outcomes of the plan designed by the students, which were linked to the courses’ learning outcomes. They also indicated that students needed to write reflective reports at the end of the three months, which presented their reflection of their experience (service-learning). With the materials they received, students designed small gift packages for the elderlies (creative activities) when they visited the village. The elderlies who were bed-ridden were visited in their homes by the students who conducted health assessments and a full wash. The visit was conducted on a day students were supposed to be in clinical settings and the hours spent in the village counted to their clinical placement hours (work-based learning and internship). One of the main challenges observed by the students during the visit was that a large number of older people in the village on chronic medications, such as antihypertensive and diabetic treatment, stopped taking them without advice from health professionals. The students proposed to conduct a survey on the experiences of elderlies on chronic medications as well as proposing solutions to these challenges. Upon reporting the challenge to the lecturers, they also indicated that it will be stressed more in the course content when students are covering chronic conditions and non-communicable diseases, and further lobby for sponsors to provide required materials (integrated teaching, research and services to the community).

While touring to the village, the students observed that the community gathering hall is not conducive for older people. It is made with timber poles covered with tree branches, but at the entry to the hall, the floor is very high and could pose a danger, such as falling and resulting in fractures and lacerations. Therefore, students went to meet with a group of youth who agreed to redesign the entrance in order to make it conducive to the elderlies; in addition, they also engaged the youths in safety measures to make the village safer.
(community-building projects). At the same platform, a young entrepreneur from the village volunteered to join in the committee that consisted of one lecturer, three students and three elderlies. This committee coordinated the activities as planned previously by the students and the elderlies (social beneficial strategies). The committee also asked for ideas and opinions from the experts and senior leaders, as well as the rest of the elderlies in the village (consultancy and engagement). The elderlies who were in possession of their own glucose and blood pressure monitoring instruments where taught how to properly conduct the test and interpret the results so they do not have to rely on healthcare service providers (transitional and transformational strategies).

**Phase Three:** The above processes are promoted by commitment, reciprocity, partnership, inclusiveness and informing, relevancy and belongingness, quality, flexibility and sustainability, connectivity and efficient communication, documentation, monitoring and evaluation, active participation, promoting awareness about activities and civic importance

To date, two visits were conducted and the committee assessed the progress made since the initial visit; they were satisfied to report that all activities were conducted as initially planned (connectivity and efficient communication). The elderlies were also included in the assessment and were informed of the process during the first visit by the students (inclusiveness and informing). A form designed by the committee was used to record the progress and there were indicators for each activity which was used to assess what was done and the results (monitoring, evaluation and documentation). All forms were filed in the document folder that was kept by one of the students acting as a project secretary. The recipients of services, meaning the elderlies of the village, were also interviewed to comment on the services received. Most indicated that the students helped to explain their chronic conditions, which improved their understanding (relevancy). Some also indicated that they were happy because at least someone cares about older people and recognises that they need help. They also expressed their appreciation for the fact that they were asked to suggest what they need to be helped with, and they also contributed to the design of the plan (active participation). Another elderly expressed that she felt that she was part of the health team (belongingness), and the fact that students came to see them at their village allowed them to continue working in their gardens during morning hours and only meet the student nurses in the afternoon (flexibility). The fact that there was a plan on how often the students would be visiting also indicated regular follow-ups and continuity of the service (sustainability),
unlike some outreach services that are provided once. At the end of the second visit, the students gave pamphlets to young and middle-aged people explaining the problems experienced by the elderlies and how they can be assisted. They also gave a schedule of their visits to share with the elderlies as the days were approaching, in order to remind them about the visit as some had dementia (promoting awareness about activities). Young people who accompanied their grandmothers to the community gathering hall and also a middle-aged woman who took care of her 96-year-old mother was visited by the students in their homes; they indicated that although the visit of the students targeted the elderlies, it really helped them with their elderlies and gave them the courage to continue caring for them. It helped them understand the value of older people in their society and it really contributed to the welfare of the society at large; most specifically their interpersonal and psychosocial aspects (civic importance).

The students’ visits to the elderlies not only benefitted them and the people in the village alone. As it stands, there have not been any outreaches of health services to the village due to a lack of transport and a shortage of nursing personnel. The community health extension worker allocated to the village was relocated to another area which was identified as a health priority by the Ministry of Health and Social Services. The students thus became a point of contact between the community members and the primary health care (PHC) service providers. This means they also report significant challenges which the university cannot handle, and as a result, help the ministry in the implementation of the health services to the public.

In addition, students were able to relate what they are taught in class with what they observed and did during the visit (more effective programmes). The university contribution was noted by the community members and PHC service providers. The students submitted reflective reports on every visit, which were written according to Gibbs’ reflective cycle (Debowski, 2013: 2). As indicated in their reflections, at the beginning of the project most students did not know how to care for older people in the community and home environment as they were only used to caring for them in the hospital context. The hospital care was easy for them as there is equipment and clinical instruments to assist; as for home and community care, this was something new to them, and now they were more comfortable in handling elderlies (improved skills). One student wrote how she used to be scared of older people at her village because she grew up without any grandparents. She perceived them as aggressive.
and demanding people, yet she realised she was wrong and needed to change her mindset since it could affect the care she provides to elderlies in future (reflective). After working with the group from the village they visited, she saw that they are friendly and caring people who just want to have conversations with young people. The visit changed her perceptions and she realised she was too paranoid (improved behaviour). Another student mentioned that they were now able to come up with strategies and many ideas on how to deal with the health issues of elderlies, which incorporate what they were taught in theory and what they observed in the village (students are capacitated and innovative).

3.2.5 Identify borderline, related, contrary, invented and illegitimate cases (additional cases)

Table 3.2 presents the defining attributes and related connotations of the concept ‘community engagement’ in the categories produced after analysis, synthesis and derivations. The borderline, related and contrary cases to community engagement are described next in order to help readers understand its relevancy and use in the context of health science education. On the other hand, the researcher did not describe the invented and illegitimate cases as the model case developed in the study was descriptive enough to understand the defining attributes of community engagement. Not describing the invented and illegitimate cases in this study is not unusual because most concept analysis reports are likely not to report on them, especially in nursing science (Nuopponen, 2010: 10; Schiller, 2018: 252).

- **Borderline case**: this refers to cases of examples or occurrences that had some but not all of the defining attributes of the concept under study (Walker & Avant, 2014: 170; Schiller, 2018: 252). In the context of this study, examples of cases related to community engagement would include a promise, appointment, employment, booking, community-based health care, community-based learning, research data collection in community, community meetings and university open days.

- **Related case**: According to Walker and Avant (2014: 171), related cases help readers know how the concept under study links to the group of concepts surrounding it. In this study, those are concepts that mimic community engagement but, when examined carefully, some differences might be found (Schiller, 2018: 252). Therefore, a close examination was necessary to ensure that the defining attributes of community
engagement were found in order not to confuse it with its related cases. Related cases of community engagement are; participation, involvement, interaction, empowerment, development, sharing, extension and outreach.

Contrary case: this refers to cases that clearly reveal an absence of community engagement, which means an absence of the defining attributes of community engagement identified by the researcher (Walker & Avant, 2014: 172). In this study, contrary cases of community engagement were activities involving non-engagement between service providers, stakeholders and recipients, and withdrawal from arranged activities that show an absence of engagement.

3.2.6 Identify antecedents and consequences

Antecedents and consequences are significant in the concept analysis process because they alert researchers of the relevancy of the concept in the context in which it is usually used. In addition, they are also useful in redefining the attributes identified by the researcher (Walker & Avant, 2014: 173).

Antecedents are defined as occasions or instances that must happen or be in place before the existence of the concept under study (Walker & Avant, 2014: 173). Consequences are defined as occasions or instances that happen as a result of the existence of the concept under study. In other words, it refers to the outcomes of the concept (Walker & Avant, 2014: 173). Therefore, in this study, the consequences of community engagement were referred to as outcomes of community engagement. Both antecedents and consequences were identified by the researcher during the analysis process, specifically during concept derivations of content in column two (as shown in Annexure A) and findings were presented and described in step four.
3.2.7 Identify empirical referents

Empirical referents indicate the presence or existence of actual phenomena that demonstrate the occurrences of the concept itself. In a majority of concept analysis findings, the defining attributes identified are identical to the empirical referents (Walker & Avant, 2014: 174). In this study, the majority of empirical referents are identical to defining attributes of community engagement because they need to be directly linked to the characteristics of the concept. According to Walker and Avant (2014: 174), empirical referents are not only instruments to measure the concept, but are means by which you can recognise or measure the defining attributes of the concept under study. In this study, the researcher approached this step by reading through the definitions and uses of community engagement recorded in column one of Annexure A in order to pick the empirical references. In addition, the researcher searched for any instrument or tool to measure identified empirical referents of community engagement. From the concept analysis, social responsiveness, service-learning, capacity building, partnership and participatory action research emerged as empirical referents of community engagement, and these are briefly discussed in the section that follows.

a) Social responsiveness

Social responsiveness was discussed under step four, determining the defining attributes. Social responsiveness indicates how socially responsible the corporate company is. In order to assess the presence of social responsiveness in community engagement processes, different models and frameworks are used. Birim (2016: 72) proposed four indicators of corporate social responsiveness that may also be considered when assessing its presence. These are programmes to develop workers’ talents, environmental responsibility, social responsive supply chain management, and stakeholder engagement. Moreover, Chen and Donaldson (2015: 172) developed a University Social Responsibility (USR) framework that can be used to assess components such as Social, Sub-Social, Cognitive, Organizational, Philanthropic, Economic, and Ethic (SCOPE). The researcher found it relevant in assessing the social responsiveness of a higher education institution.
b) Service-learning

Service-learning allows students to work with a prearranged service agency to attend to an identified local challenging situation or need. This gives students an opportunity to provide services needed in the process of addressing the need. At the same time, students are afforded learning opportunities as they observe situations in the community and practice solving such challenges (Thomas & Smith, 2017: 63). Students thus learn in the process of service provision. Service-learning is linked to the students’ course content and learning outcomes, therefore reflection is one of its important components. According to Clayton, Bringle and Hatcher (2013: 2), through reflection, students can make connections between the services they provide and other activities, including theoretical aspects they are supposed to learn. Service-learning, as a pedagogical approach is underpinned by John Dewey’s philosophical foundation, because of his belief that reflection has a role in linking theory with practice (Pacho, 2015: 9). Reflection in service-learning helps students develop a new understanding of different situations and how to approach them in future. According to Flecky (2011: 1), the principle of service-learning is founded on the philosophy of learning and service that takes place through experiences, reflecting on the experience, and engagement of people in the community. However, this is not achieved by the students and teachers alone, but should be guided by the spirit of collaborative relationship with community partners.

The Association of American Colleges and Universities (AACU) developed a civic engagement value assessment tool which is used for service-learning projects. This consists of criteria suited for use in self-administered questionnaires to clients or community partners and also by the students and educators (AACU, 2019: n.p). Another is the self-assessment tool for service-learning developed by the Community-Campus Partnership for Health (CCPH). This tool is specifically designed for higher education institutions to improve their service-learning efforts, therefore is not for use by community members (CCPH, 2011: 1).

c) Capacity building

According to Strom and Whiteford (2013: 74), knowledge and practice do not only move between the community and the university, but also within the community members in order to strengthen it further and enhance their abilities. This process should be facilitated through capacity building. Capacity building is defined as an “evidence-driven process of
strengthening the abilities of individuals, organizations, and systems to perform core functions sustainably and to continue to improve and develop over time” (PEPFAR, 2012: 3). At institutions of higher education, capacity building for academics is frequently conducted through training programmes in research, experiential teaching and learning. While capacity-building activities for external communities in areas they need to improve in terms of knowledge and skills are conducted in partnership with government departments and other stakeholders (Daniels & Adonis, 2017: 5-6). PEPFAR (2012: 19) has developed eight open and close-ended questions that can be used to measure capacity building. At Menzies School of Health Research, Brimblecombe (2014) developed an assessment tool for capacity building. Other capacity-building assessment tools available are the Organizational Capacity Assessment Tool (OCAT):2.0 by McKinsey and Company (2013); the Core Capacity Assessment Tool (CCAT); Marguerite Casey Foundation Organizational Capacity Assessment Tool and Pact's Organizational Capacity Assessment (OCA) tool.

d) Partnership

Partnership was identified as one of the values promoting community engagement, therefore it was discussed under determining defining attributes. In this section, the researcher only focused on the available measurement tools for partnership, which include the 10-item partnership assessment tool designed at the Centre for Disease Control (CDC) (Ladd, 2012: 6); PAT developed by the Canadian Coalition for Global Health Research (Afsana, Habte, Hatfield, Murphy, & Neufeld, 2010: 15); the partnership self-assessment tool designed by the Center for the Advancement of Collaborative Strategies in Health, which is located at the New York Academy of Medicine (CACSH, 2018: 1); measuring partnerships for impact tool by Pehar and Taneja (2015: 2), and the partnership assessment form designed for use by WHO projects (WHO, 2016: 1).

e) Participatory action research

One of the routes used for community engagement scholarship is action research (Vargas et al., 2012:22). Participatory action research may be suitable in community engagement because of its participatory character and interactive form of knowledge production. It may be used to study social issues that put pressure on individual lives, to expand current practices, and evaluation and assessment (Maree, 2016: 134). According to Odugleh-kolev
and Parrish-sprowl (2018: 660), the term ‘community engagement’ arose from the field of health research and refers to the intentional incorporation of communities into the planning and execution of research activities. Therefore, participatory action research is an indicator for community engagement because it emphasises equal collaboration and empowering community members as participants, in order to identify challenges and find solutions to pressing issues in the communities and family settings (Vargas et al., 2012:26).

Evidence of measurement initiatives available for action research include the 20-question action research evaluation framework proposed by Khan and Tzortzopoulos (2016: 120); the wheel chart for reviewing the state of affairs, processes and outcomes of the participation in action research (Loewenson, Laurell, Hogstedt, D’Ambruoso, & Shroff, 2014: 58); the participatory action research skills audit, this includes the organisational, interpersonal and counselling, community work, group work, research skills (O’Regan & Crane, 2010: 51). Lastly, there is also a checklist for participatory action research, which is suitable for use before implementation and to evaluate the project after completion (O’Regan & Crane, 2010: 62).

In conclusion, the findings of concept analysis of community engagement revealed three categories, defining attributes and their related connotations. The categories are antecedents, process and outcomes, as displayed in Table 3.2.
Table 3.2: Findings of the concept analysis of community engagement

<table>
<thead>
<tr>
<th>Category (Walker &amp; Avant, 2014)</th>
<th>Defining attributes and their related connotations</th>
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</table>
| Antecedents                      | Community challenges  
Health inequalities  
Societal needs  
Need for a social responsive approach in education, research and services |
| Process                          | **Phase One**: Knowledge of societal needs, community issues and developmental challenges requiring attention. (triggered by university public good notion, requests and knowledge and skills possession)  
**Phase Two**: Community engagement is a university societal role, scholarly activity and experiential approach that involves:  
- Volunteering and service-learning  
- Capacity building, creative activities and community-building projects  
- Work-based learning and internship  
- Social responsive research and curriculum  
- Place-building practices and socially beneficial strategies  
- Consultancy and engagement through meetings; interviews; academic, business and recreational events and reviewing  
- Transactional, transitional, transformational strategies |

Phase Three: The above processes are
<table>
<thead>
<tr>
<th>Category (Walker &amp; Avant, 2014)</th>
<th>Defining attributes and their related connotations promoted by:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Commitment</td>
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<td></td>
<td>• Partnership and reciprocity</td>
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<td></td>
<td>• Inclusiveness and informing</td>
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<td>• Relevancy and belongingness</td>
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<td>• Quality</td>
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<td>• Flexibility and sustainability</td>
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<td>• Connectivity and efficient communication</td>
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<td>• Monitoring and evaluation</td>
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<td>• Active participation</td>
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<td>• Promoting awareness about activities</td>
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<td>• Civic importance</td>
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**Outcome**

More effective programmes; collaborations; developed communities and people; integrated teaching, research and services; it benefits students by improving their skills and behaviour; leading to capacitated, reflective and innovative graduates.

### 3.3 CYCLICAL PROCESS

Community engagement is a cyclical process because it is not a once-off activity but goes through phases. An academic staff member and students need to go through phases, as explained, in order to perform community engagement. Thereafter, they are required to re-start the process once one of the antecedents identified in this study is experienced in the community. The conceptual map of community engagement is shown in Figure 3.1.
3.4 THEORETICAL DEFINITION

The objective of Phase One of this study was to explore and describe the meaning of community engagement within the context of the FHS. The meaning was given in the form of a theoretical definition. A theoretical or connotative definition is more comprehensive than a dictionary definition because it comprises associated meanings of the concept and is constructed through the process of concept analysis, concept synthesis and concept derivation (Grove et al., 2013: 118). Theoretical definitions regularly function as a compressed summary or outline of a certain theory (Copi, Cohen & McMahon, 2014: 88). In this study, the researcher analysed, synthesised and derived the defining attributes of community engagement from findings of the literature review conducted in order to determine its theoretical definition.
Figure 3.1: A conceptual map of community engagement
Furthermore, the researcher was guided by the following rules of defining a concept in order to come up with the theoretical definition of community engagement (Coetzee & Klopper, 2018: 351; Copi et al., 2014: 99-101):

- The definition must show the distinctive identifying attributes of the concept.
- The definition must not be circular.
- The definition must not be too general or include too many attributes, and it must not be too narrow or include too few attributes.
- The definition should not use ambiguous, vague or figurative language.
- The definition should be formulated affirmatively.
- The definition should be free of emotional words or phrases.

In observation of the rules listed above, the findings of concept analysis conducted in this study defined community engagement as follows:

“Community engagement is a core academic function influenced by community challenges, health inequalities, societal needs and the social responsiveness approach in education and research. It is triggered by the university's public good notion, requests, knowledge and skills possession, bringing about scholarly and experiential learning activities by the students, faculty members, community members and partners. It results in more effective programmes; collaborations; developed communities and people; integrated teaching, research and services; improved students’ skills and behaviour; leading to capacitated, reflective and innovative graduates.”

3.5 THEORETICAL VALIDITY

According to Cohen, Manion and Morrison (2011: 181), theoretical validity is the degree to which the researcher clarifies the phenomenon. This includes the theoretical constructions that the researcher brings to the research. Therefore, it should be linked to the theoretical meaning or definition of a concept (Coetzee & Klopper, 2018: 350).

To ensure theoretical validity in this study, the researcher followed the two processes as suggested by Coetzee and Klopper (2018: 350), namely concept analysis and conceptualisation. Concept analysis is a strategy that finds a set of characteristics important
to the connotative meaning of a concept (Grove et al., 2013: 119). The concept analysis framework followed in this study is the eight steps of Walker and Avant (2014: 164-167), and were explained in detail in the previous sections. Conceptualisation is a “general process within the empiric pattern that focuses on identifying, defining, and creating meaning for concepts within theory” (Chinn & Kramer, 2018: 184). This contains, but is not restricted to, the procedure of creating conceptual meanings. To ensure theoretical validity in defining the concept ‘community engagement’, the researcher extensively explored the uses, connotations and definitions of ‘community engagement’ from literature. This exercise revealed 225 (N = 225) uses, connotations and definitions.

3.6 SUMMARY

An overview of the concept analysis utilised in this study was done according to Walker and Avant’s (2014: 163-175) model. The model has eight steps: select a concept, determine the aims or purposes of analysis, identify all uses of the concept that you can discover, determining the defining attributes, identify model a case, identify borderline, related, contrary, invented and illegitimate cases (additional cases), identify antecedents and consequences, and lastly identify empirical referents.

The findings of concept analysis on community engagement revealed three categories, which are antecedents, process and outcomes, and their sub-categories which include the defining attributes. The antecedents were identified as community challenges, health inequalities, societal needs, need for a socially responsive approach in education, research and services.

The process of community engagement was divided into three phases: Phase One: knowledge of societal needs, community issues and developmental challenges requiring attention, which is triggered by the university’s public good notion, requests, knowledge and skills possession. Phase Two: community engagement is a university’s societal role, scholarly activity and experiential approach that involves, volunteering and service-learning capacity building, creative activities and community-building projects, work-based learning and internship, social responsive research and curriculum, place-building practices and socially beneficial strategies, consultancy and engagement through meetings, interviews, academic, business and recreational events and reviewing and transactional, transitional, transformational strategies. Phase Three: The above processes are promoted by commitment, partnership and reciprocity.
inclusiveness and informing, relevancy and belongingness, quality, flexibility and sustainability, connectivity and efficient communication, documentation, monitoring and evaluation, active participation, promoting awareness about activities and civic importance. The outcomes of community engagement are more effective programmes; collaborations; developed communities and people; integrated teaching, research and services; it benefits students by improving their skills and behaviour; leads to capacitated, reflective and innovative graduates. Figure 3.1 presented a conceptual map which displays the relationship between antecedents, the process and outcomes of community engagement.

A theoretical definition of community engagement was described based on the findings of concept analysis. The theoretical validity was ensured by the researcher following the two processes as suggested by Coetzee and Klopper (2018: 350), namely analysis and conceptualisation.

The next chapter will present the findings of Phase Two, which explored the perceptions of academic staff in the FHS on how community engagement should be facilitated.
CHAPTER FOUR  
DESCRIPTION OF THE FINDINGS OF ACADEMIC STAFF’S 
PERCEPTIONS ON THE FACILITATION OF COMMUNITY 
ENGAGEMENT

4.1 INTRODUCTION

Chapter Three provided a description and presentation of the findings of Phase One, which involved analysing the concept ‘community engagement’. In this chapter, the findings of Phase Two, which was conducted to explore and describe academic staff’s perceptions on how community engagement can be facilitated are described.

The participants responded to the following questions on how community engagement can be facilitated in the FHS:

❖ How can community engagement be facilitated in the Faculty of Health Sciences?
  o How can research-based activities facilitate community engagement?
  o How can curriculum-based activities facilitate community engagement?
  o How can clinical practice/work-based learning facilitate community engagement?
  o How can university (faculty) services and volunteering facilitate community engagement?

Table 4.1 presents the themes and sub-themes obtained from Phase Two of this study.

Table 4.1: Findings of academic staff’s perception of how community engagement should be facilitated in the Faculty of Health Science

<table>
<thead>
<tr>
<th>Questions</th>
<th>Themes</th>
<th>Sub-themes</th>
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<td>Question 1 How can community engagement be facilitated in the Faculty of Health Sciences</td>
<td>1. Facilitation of community engagement through communication, marketing and external relations</td>
<td>1.1. Marketing of community engagement activities</td>
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<td></td>
<td>1.2. Meetings</td>
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<td></td>
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<td>1.3. Training, inducting and mentoring academic staff</td>
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<tr>
<td>Questions</td>
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<td><strong>Question 2</strong> How can research-based activities facilitate community engagement?</td>
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<td><strong>Question 3</strong> How can curriculum-based activities facilitate community engagement?</td>
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<td><strong>Question 5</strong> How can university (faculty) services and volunteering facilitate community engagement?</td>
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4.2 DESCRIPTION OF FINDINGS

The academic staff identified and described their perceptions of how community engagement can be facilitated in the FHS. The findings to be presented in this section include the themes, sub-themes and direct quotes from the participants, which are indicated in italic. Letters FGP, followed by a number, represents the code allocated to the participant; the small letter represents the focus group discussion number, for example, FGP1a or FGP2b. In addition to
what is described by participants, information from the researcher’s field notes is also presented, as indicated by bolded italic words, for example (*sounding confident*).

### 4.2.1 Theme 1: Facilitation of community engagement through communication, marketing and external relations

The participants indicated key activities in the facilitation of community engagement in the FHS. These activities were described as actions through which the academic staff in the FHS engage with the community but are not linked to curriculum, clinical practice, research and the university services. The sub-themes that emerged included marketing community engagement activities; meetings; training, inducting and mentoring academic staff; stakeholders’ engagement and partnership; community participation; community entry process; appointment of community engagement focal person/convener; and attitudes and characteristics of academic staff.

#### 4.2.1.1 Sub-theme 1.1: Marketing of community engagement activities

The participants suggested that marketing is a tool that should be used to facilitate community engagement by creating awareness and promoting activities and services conducted by academic staff. The academic staff member, as a facilitator of the community engagement process, needs to make community members aware of all activities planned within the faculty. This is evidenced by the following quotes from the participants;

“*From my side, awareness raising will be the first thing because there is no way one can participate without knowing something and then, we usually do it by going to them, do some talk, visit them and you can even post some leaflet talking about the faculty*” FGP1a

“Yes, to add on that, we can also promote activities and services of the university so that the community will know” FGP5a

“We are promoting services through marketing also to talk about what we do, we can go on air to inform people what we do here, some can be through graduation ceremonies and when our graduates go out to the communities, we can ask
community members to give us feedback on what they see in them and how they view them, what can I say yaa, something like that” FGP3c

4.2.1.2 Sub-theme 1.2: Meetings

The participants indicated that community engagement in the FHS could be facilitated through meetings, where academic staff can share information on planned activities and those conducted as community engagement. Moreover, participants also indicated that meetings could be used as a communication platform between academic staff in the faculty and community members outside the university. This was mentioned by one participant:

“we can call meetings like to inform people, to inform people what we do here” FGP2a

Another participant added:

“In our staff meetings, we do not really talk much about community engagement, yes.... what I mean, ooo.......... (long silence).........(continued) I feel it should of meeting agenda and people should discuss in a more official platforms such as meetings” FGP2c

4.2.1.3 Sub-theme 1.3: Training, inducting and mentoring academic staff

The participants indicated that staff members in the FHS need to be trained for them to facilitate the process of community engagement. Training will help staff members to understand community engagement, what the processes involve, and what is required from academic staff. It may be conducted in the form of workshops and in-service training, that could be facilitated by another academic staff member with some expertise in community engagement; any staff member with an interest may guide other colleagues. For new academic staff, the participants in this study suggested that community engagement should be included in the induction programme and thereafter it should be done through mentoring. Participants shared:
“...maybe we can conduct trainings for academic to understand the mission and vision statements of the university itself and it will promote them to engage if they understand our mission and vision and it will improve their interest” FGP2a

“maybe we need to sit like this and discuss what is community engagement, what does it entails? So we need to share with colleagues but first we need to understand in order to know the gap to be filled” FGP5b

“The other way to facilitate community engagement is through mentorship. New staff in the faculty should go through mentoring, which should also include community engagement so that they really know how it should be done. So, from there, they will really know how to facilitate the process because that’s the main issue the school has. You just came in and swim” (demonstrating with hands) FGP7b

The participants also indicated the need to tap into previous experience to inform the training of new staff members. This is what was mentioned:

“The other colleague mentioned earlier about programmes that were there before, perhaps we should retrieve this information and use to train others, especially new staff members through the induction programme” FGP4b

4.2.1.4 Sub-theme 1.4: Stakeholders’ engagement and partnership

It was revealed that there is a need to consult, engage and involve stakeholders in the core activities of the higher education institution. The stakeholders include private companies, local municipalities, government ministries, business owners, community members and their representatives, as well as hospitals and clinics where health science students are placed for clinical practice. Consultations and engagement may take place through regular meetings with the stakeholders. The participants also stressed the need for academic staff to work closely with the Ministry of Health and Social Services as it is the main stakeholders for the FHS. The following was mentioned:

“So we can also beside inviting community members to be part of our meeting, we can also do engage, for them to give their views for example based on our products
and I don’t know whether we can refer to our partners for example organizations where our students are being placed so that we can also hear or involve them as part of our community and get their input since they are part of the community and they supervise them when they are placed” FGP2a

Another participant added:

“Just to add on what has been said earlier about engaging with stakeholders, we need to come together and discuss and tell everyone what we are doing, we really need to come together for each stakeholder to know what is exactly done. We can say this is what we are doing, this are our challenges” FGP4a

The participants indicated that partnership is important in the process of facilitating community engagement. As an FHS, it is beneficial to partner with the Ministry of Health and Social Services as well as non-governmental organisations to tackle health-related issues. A participant mentioned:

(interjecting) “The other thing is for academic staff to partner with stakeholders such as Ministry of Health because we work with health issues, we need to work hand in hand with them” FGP4b

Another participant explained:

“Academic staff may also initiate partnership with NGOs and other institutions of higher education in order to facilitate community engagement. I think that can be very useful” FGP7b

4.2.1.5 Sub-theme 1.5: Community participation

This study revealed that for academic staff members to facilitate community engagement, there is a need for community members to participate in university activities. Community members may serve as members of the university committee which advises on various issues such as security and the development of physical infrastructures. The academic staff members facilitate this by informing people of activities planned at faculties or school levels,
and invite them to participate in issues requiring community members’ actions. This study also revealed that an academic staff member might use influential people in the community, such as community and political leaders, pastors, community development committee members and the local councils. This is what was said:

“Yaa, even political leaders should be included in the university activities because they are influential in the community. People like the regional councillors, the regional governors, town councillors, they should be included to influence the community” (nodding head) FGP4a

Another participant added:

“We can allow community members to serve as committee members because they are the ones who know the community better and are involved in activities happening in community settings” FGP1a

4.2.1.6 Sub-theme 1.6: Community entry process

Participants shared the process of gaining access to community members during a community engagement activity. Academic staff members in this study perceived the community entry process as a successful way of reaching the community. In addition, it facilitates the community engagement process and creates awareness among the community members. Participants shared:

“Community engagement is a process, One will not just wake up and say I am going to do community engagement. There is an entry process to the community, one need to know the community structure and once you know it, you then know where to start. Communities have structures like headman, community development committee, also known as CDC, there is a school committee. One may then use these committees because they are existing structures and already recognised by members of the community...” (demonstrating with hands) FGP4b

“During community health module, students are taught the process of entering the community, therefore if this is not followed properly community members might reject
people who come through other means. What I am trying to say here is that community entry process must be followed” FGP4c

4.2.1.7 Sub-theme 1.7: Appointment of community engagement focal person/convener

The participants believed that for the community engagement process to be facilitated efficiently in the faculty, there is a need to select a person who will act as a focal person or a convener. This person will oversee and coordinate activities and liaise with the community members in terms of community engagement activities between the faculty and the community. The following was mentioned:

“There is always this belief that someone must be in charge and call us together, it’s always good to have a convener, someone who keep things together” (speaking calmly) FGP2c

In addition, another perception was:

“There must be a focal person to lead community engagement activities in the school, we shouldn’t just leave it hanging there without a responsible person (demonstrating with hands). (Pause and continued) We need someone to spearhead the process, what I mean is we need a focal person, to steer the whole process and be in touch with the community members” FGP3b

4.2.1.8 Sub-theme 1.8: Attitudes and characteristics of academic staff

The participants mentioned some attitudes that academic staff need to portray in order to facilitate community engagement. The attitudes mentioned by participants included a commitment to community engagement activities as well as a passion for it. The following is evidence from the participants:

“I also think that before we think how we can get the faculty on board with community engagement, we need to have commitment and passion. If these elements are not there even if we have it (community engagement) as a requirement or within our areas of
Moreover, participants indicated that creativity is needed to facilitate the process of community engagement. A participant stated:

“We really need to be creative to effectively facilitate community engagement”

FGP5b

4.2.2 Theme 2: Facilitation of community engagement through research-based activities

According to participants, research-based activities may be used by academic staff to facilitate community engagement. They further indicated that research allows academic staff to engage with community members in the community settings and involve them in solving pressing and challenging issues at the community level. This engagement with the community members through research enhances collaboration between the university and community members. The sub-themes that emerged in this theme are: community-based collaborative research; research ethics; incentives and recognition of academic staff.

4.2.2.1 Sub-theme 2.1: Community-based collaborative research

The participants mentioned that research is the key to facilitating community engagement in the FHS. Research was described as a process through which the academic staff member learns about existing knowledge gaps in the community and create a platform to rectify the identified problems. The participants suggested that research by academic staff members should be conducted within the community and with the community members. Academic staff need to go to the community to collect data, analyse the data, and at the same time give feedback to the community. Participants explained:

“...When we are conducting research, we go in the community and gather information from them, after analysing data, we need to go back to give them feedback and if there’s training needed, we can come up with a programme to rectify
problems that have identified after carrying out research in the community” FGP3a
(pointing at the window)

(interjecting) “I think it will be good to integrate it (community engagement) with research because then you can go to the community, do something like an intervention, do research to see whether your effort really have any improvement in the community and publish the results…” FGP3b

The participants stressed the need for community members to be part of the research team, not merely as research participants but in the capacity of co-researchers. This would mean that as co-researcher, they will be involved in the process of finding solutions to the identified problem. Participatory action research emerged as one of the activities to facilitate community engagement in the FHS because it has a significant influence in strengthening the links between the community and the faculty. The evidence is as follows:

“Some community members should serve as co-researchers because they are the one who knows the areas and some can serve as participants we know very well that research activities are costing money, may be some community member can donate, all we need to do is to identify problems together, plan together and develop research proposals with them” FGP1a

Another participant stated:

“regarding conducting research in community, well automatically it facilitates community engagement if participants are from the community, people will feel that they are part of the team finding solutions to their own problems and will be proud that they have participated to find solutions and on other hand it will strengthen their links with the Faculty of Health Sciences” FGP4a

4.2.2.2 Sub-theme 2.2: Research ethics

It was revealed that there is a need for academic staff members and students to maintain ethical issues such as confidentiality. When confidentiality is maintained in the research
process, it promotes community members openly participating in research and giving reliable information. This was indicated as follows:

“I am just wondering how we can maintain confidentiality? How can community members trust us to give us all their information or how can we encourage them to be open, it’s my worry (shaking head) (pause). We need to strictly adhere to the principle of confidentiality or else who will be open to participate in our research? Who will give us truthful and reliable information”? FGP2a

In addition, it was also mentioned that:

“When conducting research in the community, especially when students are involved, as academic staff we have to be careful not to allow students to expose information to the general public. This is especially if we make use of junior students, we make sure they keep SENSITIVE INFORMATION within the research team” (speaking slowly) FGP5c

4.2.2.3 Sub-theme 2.3: Incentives and recognition of academic staff

The study revealed that for academic staff members to facilitate community engagement, their efforts should be recognised. At times, staff participate in community activities only to learn later when activities are submitted to their heads of department that it is not community engagement, therefore they did not feel recognised. The participants also raised the need to give incentives to the staff members as a way to encourage them to participate in community engagement activities. This is what was said:

“As far as I know, there are no consequences for us not doing community services. May be in the new policy there will be consequences. I know we are having financial constraints, I think if people get some incentives or more recognition people will start participating in community engagement. I think that it will be a good idea to try to promote it. (continued) Oom (thinking), I do feel that’s really something extra, so something must be done to encourage staff....” FGP3c
“We go out to the community with students and we follow-up women who delivered after six weeks as part of our research project, at some points I was told that’s part of community engagement but now I am hearing it’s not part of community engagement? (appearing surprised) … our efforts are not recognised. If the university management can at least recognise, people will be encouraged, as for now, staff are not in the mood …” FGP7b

4.2.3 Theme 3: Facilitation of community engagement through curriculum-based activities

In expressing their perceptions of how academic staff members may facilitate community engagement in the FHS, the curriculum was identified as one of the key modes in the facilitation process. The participants mentioned issues that surround the development of the curriculum, how assessment facilitates community engagement, and how students should be involved in the community engagement process. The curriculum-based activities are discussed under the following sub-themes: students’ assessment; the use of community experts; curriculum development process; and students’ involvement

4.2.3.1 Sub-theme 3.1: Students’ assessment

Assessment was described as one of the curriculum-based activities that may facilitate community engagement in the faculty. Participants felt that when students are assessed on specific objectives, it assists them in exploring and learning more about it than when they are not assessed. One participant mentioned:

“These objectives done under community engagement activities should also be included in the exams although it was done by the students themselves. If no assessment, I believe no learning take place, we all know that our students only read more or practice further if a topic is examinable” FGP2a (sounding concerned)

In addition, the following was said on assessment:

“I encourage that students who participate in community engagement should be assessed and allocated marks, if not they may not participate at all” FGP1c
4.2.3.2 Sub-theme 3.2: Use of community experts

The community has individuals who are capable of giving inputs to the curricula of health science programmes and may also be involved in teaching some topics, depending on their areas of expertise. Participants in this study indicated that training health science students should not only be left in the hands of academic staff at the university but also with members of the public who have a responsibility to give their input. Therefore, academic staff should afford community experts opportunities to do so; this activity also facilitates community engagement. This was indicated as follows:

“I also think our curriculum should allow community experts to teach some topics or give public lecture where our students may attend”. FGP3a

“Members of the public also have responsibilities to give input in the curriculum so we should allow them to do it. By having knowledge of our curriculum, community members will support our initiatives and work well together with the university” FGP6a

4.2.3.3 Sub-theme 3.3: Curriculum development processes

The participants discussed the role played by the curriculum development process in the facilitation of community engagement. As revealed by participants, when designing any health science curriculum, an academic staff member should ensure that it is practically oriented and should address current developmental issues challenging the communities. In that way, the curriculum will be responsive to the needs of the community.

“I was thinking the curriculum should address current issues or latest developmental challenging issues in the community because it will promote community members to be interested in what we are doing. When community members see that the health science people from the university are dealing with pressing issues of the community, they will be interested to participate in the engagement activities” FGP2a
Another participant added:

“Our curriculum need to be more practical oriented, we should really do more practical for example when we are teaching conflict management, we need to think where we can take students to see how conflicts are managed. Let’s allow them to experience, learn and reflect on what they have learnt. We can say this is more like our rural placement programme but we need to strengthen it (sounding concerned). If we are talking about sanitation in the curriculum, let’s take our students to the factories where they can observe at companies such as Coca-Cola” FGP4a

In addition, participants expressed that community engagement activities should be incorporated into the curriculum for an academic staff member to facilitate it. It was also stressed that for activities that are already incorporated in the curriculum, the academic staff members are urged to strengthen them by allowing adequate time for such activities.

“Activities like home-based projects and community development projects that involve both faculty members and the community. That’s what I mean should be incorporated in the curriculum, because at the end all will be mandated to do it due to credit allocated” FGP1c

Another participant added:

“I may say the same for midwifery curriculum because community engagement component is already incorporated, perhaps we just need to strengthen it. We have a follow-up of the mother after delivery, we follow them first week and second week (counting on fingers), third week is difficult because they are mobile. Most come to get babies in here and they go back to places where they come from, and its mostly in villages, so there these follow-ups do not materialize (seemingly concerned). But the first week is the critical one because that’s where most things can go wrong. All I can say is that we already have something in the curriculum but we do not go out with the students, they go on their own. If we have resources, we’ll go and show the students other things around the household and the whole community because we don’t only focus on women alone. We really want to go beyond the woman and her baby, maybe there are children under five, yes we also want to focus on them so we have something as a follow-up. That’s what I mean that we should strengthen it” FGP5c
Participants also felt that after curricula have been developed or reviewed, they should be shared with the stakeholders as it is perceived that it will facilitate their involvement and assistance in the academic institution.

“Also, I don’t know how this one will fit but by sharing the content of our curriculum with key stakeholders, they will know how our programme are structured for them to assist in some objectives” **FGP6a**

### 4.2.3.4 Sub-theme 3.4: Students’ involvement

The participants felt that another way for academic staff to facilitate community engagement is to involve the students. The evidence is as follow:

“we need to actively involve the students because tomorrow they will become lecturers and come to sit down like us asking themselves what is community engagement because they were never involved but they will be expected to do community engagement as lecturers” **FGP5b**

Another participant added:

“Students should be recognized as knowledgeable community members and therefore should be given an opportunity to train others as well as members of the outside community. This is only possible when we recognize their knowledge” **FGP2a**

Academic staff seemed to recognise students as part of the teams in clinical practice and therefore suggested they should be involved in giving information to clients in clinical settings. The following was mentioned:

“We also have to make students be involved for example allow them to give presentations on the equipment or give information because students know the departments very well” (*nodding head*). **FGP3c**
4.2.4 Theme 4: Facilitation of community engagement through clinical practice and work-based learning

In expressing their perceptions of how community engagement may be facilitated via clinical practice and work-based learning, participants maintained that students should be allowed to conduct home visits and be placed in health facilities that are more rural-based. In addition, it was also indicated that there is a need for students to be introduced to inter-professionalism in their clinical practice. After data analysis, sub-themes that emerged under this theme included home visits; rural clinical placements; and interprofessional education and practice.

4.2.4.1 Sub-theme 4.1: Home visits

The participants explained how the clinical practice for the nursing programme included activities that require students to conduct home visits for problem identification in the home environment and produce a report thereafter. The participants felt that it is not enough to have home visit activities in the curriculum; for it to make an impact and render engagement opportunity, the academic staff are also urged to participate. This was explained as follows:

“As we are speaking now, our curriculum has got provision for students to visit clients in their home environment and identify problem. What I want to say is that, at least our curriculum has included some practices whereby they need to go out, students also write reports after visiting clients. It’s now for us educators to emphasize more on this and also participate not just to leave the whole activity to the students. These really give us opportunity to engage with our community” FGP5a (sounding confident)

“Home visit is a common community-based learning activity required in most modules, perhaps it can be used to facilitate community engagement in the faculty since students are already expected to go out” FGP6c

4.2.4.2 Sub-theme 4.2: Rural clinical placements

Despite challenges such as a lack of transport and accommodation for students, participants felt that there is really a need to place students in rural-based health facilities rather than just
focusing on urban settings. The rationale given was that participants perceived there are more challenges in rural areas than urban settings; these areas therefore need interventions and create more opportunities for students to learn how to handle such challenges. It was also mentioned that when students are placed in rural-based settings, it facilitates the process of community engagement due to opportunities to deal with challenges. This was expressed as follows:

“I,... I was more of ... you know we have a lot of health facilitates deep in the rural areas. That means that’s where we expect a lot of challenges, we should try to have students placed in far deep rural facilities. One would like to see students placed in more rural-based facilities than town based facilities. We are aware of the challenges like in terms of transport and accommodation but we need to have them more rural context (pause)... In rural areas, it’s where we have a lot of challenges like lack of clean water supply, no electricity and many others. Students and educators need to be exposed to more of these so that they come up with projects such as how to purify water and so forth. What I am saying here is that we need more of rural practice in order to facilitate engagement”FGP4a (speaking softly)

4.2.4.3 Sub-theme 4.3: Interprofessional education and practice

The participants viewed community engagement as a team-based activity rather than an individual activity. They perceived that it could be facilitated when staff members work in teams that either consist of staff members from different professions but within the FHS, or it may be facilitated by forming teams within the same profession but among different disciplines. This is what was mentioned;

“... within the school there is a need for integrated team with representatives from different disciplines and they need to work together to head community engagement. The problem identification and objectives should be identified by this team. It’s important that this team is under leadership of someone who really have experience of the community entry process in order to engage the community” FGP1b
Another participant added:

“Yes, it’s actually a good idea, we will have an interprofessional team, a nurse has role a medical doctor has a role etc (counting on fingers). As an interprofessional team, there is a person for everything, even when you go to the community, this is a complete team, they have corrected information available from every profession. It will be nice because even in the hospital, we work as a team for us to reach one goal, why should we separate? we must learn from the university that working in a team is important, not only starting to the hospital. From there we have to learn to collaborate for example if they build a health centre at the School of Medicine, the nursing students can also practice there, there must be collaboration from here already” … (pointing on table) FGP5c

4.2.5 Theme 5: Facilitation of community engagement through university/ faculty services and volunteering

According to participants, the university or faculty services and volunteering facilitate community engagement. They further indicated that university or faculty services and volunteering should not only be done by academic staff but should involve students as they are also part of the university. The sub-themes that emerged under this theme are volunteering and donations; disease outbreak response; participation in health and social events; planning of community engagement activities; and community call centres.

4.2.5.1 Sub-theme 5.1: Volunteering and donations

The participants in this study pointed to the link between the act of volunteering and the university service. Therefore, it was seen that there is a need for university staff to volunteer as an activity to facilitate community engagement. The quote below provides evidence of this:

“Is like us university staff volunteering ourselves to provide services to a certain community, isn’t it?... You cannot talk about community service without volunteering, that means we need to volunteer in order to promote engagement” (demonstrating with hands) FGP3a
However, there was another view that volunteerism should not only be expected from academic staff, but students should also be fully involved. This is what was said:

“From my side when we talk about volunteerism, it doesn’t only apply to academic staff. Students are also part of the faculty and here we’re talking about community engagement in the faculty, for me I feel staff members should also encourage students to volunteer in terms of offering services through applying knowledge they learn at university. That way, they are facilitating community engagement in the faculty”

FGP4c

In line with the institution of higher education’s budgeting, some participants felt that another way to source financial resources is to involve the business community to donate towards community engagement activities. It was also perceived that if there are businesses who give donations, this practice should be strengthened by encouraging more donations and more communities to appreciate this gesture.

“...or maybe strengthen or ask business people in the community to donate” (raising voice) FGP2a

“We perhaps need to donate what can be given to the community, not always in terms of money donation but it can be old clothes or items we do not use anymore” FGP6c

4.2.5.2 Sub-theme 5.2: Disease outbreak response

According to the study participants, academic staff’s response to disease outbreak is a way of facilitating community engagement in the FHS. Participants expressed that academic staff should partake in low-risk activities such as community education, investigation and vaccination. In this study, no reference was made in terms of health facility-based management of disease outbreaks. The participants stated:

“I was thinking the university staff should assist in terms of outbreak response, for example if there’s a cholera outbreak, we need to go and educate the community on
methods of spread, prevention and other relevant information needed to contain the outbreak. This way we facilitate community engagement via services” FGP5a

“We need to work closely with the ministry of health because sometimes they have shortage of staff during outbreaks, we can give them hands in terms of investigation, management and vaccinations” FGP3b

4.2.5.3 Sub-theme 5.3: Participation in health and social events

Participants believed one way to facilitate community engagement via service is to afford opportunities for students and staff to participate in the events arranged by the Ministry of Health and Social Services. Such events may be a commemoration of health days or immunisation campaigns. The institution of higher education is therefore urged to consider routinely participating in health events to facilitate community engagement. The statement below indicates this:

“I think it should be made a routine for our students to participate in health events of the ministry such as on TB days, malaria days, immunization campaign. We need to work closely with the ministry of health to help the community through service, through volunteering, that way we can promote engagement” (nodding head) FGD4a

Moreover, social events were also pointed out as another way through which academic staff and students may facilitate community engagement via services. Community members attend sports events, and at the same time, health assessments are made available by the higher education institution’s academic staff. A participant explained:

“Let me say previous time we went to a sport event and we were having a stall where we checked people’s blood pressure and glucose, and refer them for further investigation where need identified. For me I feel when we provide service, we are encouraging engagement. You cannot talk about community service without volunteering, that means we need to volunteer in order to promote engagement” (demonstrating with hands) FGP3a
4.2.5.4 Sub-theme 5.4: Planning of community engagement activities

Participants acknowledged the fact that university staff and students contribute a lot towards community engagement activities. As a way of facilitating community engagement via services, the university is requested to have a budget for activities to be conducted. The academic staff’s perceptions of the facilitation of community engagement revealed that university staff members are tired of making financial contributions towards engagement activities. They further expressed that the availability of a budget will relieve pressure on academic staff as it lessens their commitment towards financial contributions. This was expressed as follows:

“With what will I go to Havana location, we are always told there is no transport, it seems there is no transport for anything at all but to what extend should we volunteer? The university need to commit financially” FGP5b

Another participant added:

“I noticed that staff and students really make a lot of contributions, I was thinking if university can have a small budget to assist the faculty in this regard so that we do not feel drained or may be strengthen or ask business people in the community to donate (raising voice).” FGP2a

As another way of facilitating community engagement via services and volunteering, academic staff expressed the need for year plans and schedules for community engagement activities:

“There I mean departments to come up with yearly plans or schedule of what community engagement activities to be conducted, when, by whom and the cost implications. It is just to indicate what is going to happen during a specific time period” FGP5c
“I support the idea of planning but we should not just have plans on papers, implementation is more important” (raising voice) FGP3c

4.2.5.5 Sub-theme 5.5: Community call centres

The study findings revealed that one way to engage with the community is to make sure there is open and sustainable communication between the university and the community members. Therefore, academic staff suggested setting up a call centre at the university. This should also act as a link for community members to get advice when the health facilities are not reachable; mostly in an emergency situation. It will also help in ensuring there is delegation and shared responsibilities of tasks between healthcare workers at the health facilities and the health professionals based at an institution of higher education.

This was mentioned:

“If you’re not there physically and there is an emergency, there must be an open system for people to reach you as their partners, you see what I mean? That relationship is stabilized, and that is what I want. The community is suffering, they call the hospital, they wait long on the lines, if they are answered they are referred from one line to another without any assistance or proper answer up until their calling credit is all consumed. You see what I mean” FGP2c (seemingly concerned)

“This is a link with the community, you see what I mean? (Sounding convinced) it’s like a police in the country, there is a toll free number which you call when you see a crime happening. This one will be to our faculty, we want to expand quality of care to them, we want to create access, we want equity, for now it’s not there, there is no link, how we will do it, we will create a link, so at the moment they do not see us (pointing at self), they do not see us as helpful, we as the university” FGP2c

Another participant added:

“We don’t create a sustainable relationship with our clients and with our community (seemingly worried). We go in! we do what we want to do! and we finish! (long silence). (continued) If we really want community engagement to happen, there must
be a sustainable relationship and then we ensure shared responsibility, which is sustainable to me. May be this can be done in a form of a call service, this will be an open communication platform where community members may request for information and advise, in other way we also get feedback of what we do for the community” FGP5c

4.3 SUMMARY

The findings of the academic staff’s perceptions on how community engagement should be facilitated in the FHS revealed five themes, namely the facilitation of community engagement through communication, marketing and external relations; the facilitation of community engagement through research-based activities; the facilitation of community engagement through curriculum-based activities; the facilitation of community engagement through clinical practice and work-based learning; and the facilitation of community engagement through university/faculty services and volunteering. For each theme, a description was given as well as sub-themes and participants’ quotes to illustrate what was mentioned. The next chapter presents the conceptualisation of findings of the academic staff’s perceptions of community engagement in the FHS within the relevant literature. This was conducted following the six-element practice theory as proposed by Dickoff et al. (1968: 415-435).
5.1 INTRODUCTION

Chapter Four provided a description and presentation of the findings of Phase Two, which was conducted to explore academic staff’s perceptions on how community engagement can be facilitated. The purpose of Chapter Five is to present the findings of Phase Three, which was conducted to conceptualise the empirical findings of the perceptions of academic staff on how community engagement should be facilitated, within the relevant literature and theoretical frameworks. The researcher will discuss the findings to give meaning and present concluding remarks regarding each conceptualised element using deductive analysis and synthesis as her reasoning strategy.

5.2 CONCEPTUALISATION OF THE FINDINGS

Conceptualisation refers to the process of identifying, defining and creating meanings for concepts within the theory or in a study (Chinn & Kramer, 2018: 288). It is the mental process of making concepts more specific and precise (Babbie, 2013: 166). Therefore, it involves the process of adding conceptual meaning to the study.

Conceptualisation was conducted following a six-element practice theory as proposed by Dickoff et al. (1968: 415-435). The six elements of the practice theory are indicated as follows, and each is accompanied by a question through which the element was addressed. The bold concepts indicate the elements identified through the process of conceptualisation in this study.

1) Who or what performs the activity? – agent (Academic staff)
2) Who or what is the recipient of the activity? – Patency or recipiency (Community members)
3) In what context is the activity performed? – Framework or context (community context and legislative framework)
4) What is the endpoint of the activity? – Terminus (Effective programme; collaborations; community development; integration of teaching, research and services; improved students’ skills and behaviour; and capacitated, reflective and innovative students)

5) What is the guiding procedure, technique or protocol of the activity? – Procedure (facilitation of community engagement through communication, marketing and external relations; facilitation of community engagement through research-based activities; facilitation of community engagement through curriculum-based activities; facilitation of community engagement through clinical practice and work-based learning; facilitation of community engagement through university/faculty services and volunteering)

6) What is the energy source of the activity, whether physical, biological, mechanical or psychological? – Dynamic (Commitment, flexibility and active participation)

The section below will offer a detailed explanation of the identified elements, and the following sequence will be followed: context/framework; agent; recipient; dynamic; procedure and terminus.

5.2.1 Context/framework: Legislative frameworks and community context

According to Dickoff et al. (1968: 423), the agent produces an activity within the specified frameworks or context. The framework or context of an activity encompasses both physical and non-physical structures, such as policies, regulations, location, time and space. The process of community engagement takes place in the community setting, which includes the internal community within the higher education institution, and the external community outside the higher education institution. Community engagement in higher education occurs at international, regional, national, provincial/state, and local levels (Jacob et al., 2015: 2). In this study, the context identified as physical structures in the facilitation of community engagement is the higher education institution (internal community) and the external community. Moreover, non-physical structures (frameworks) to assist academic staff in the facilitation of community engagement are as follows:
The constitution of the Republic of Namibia
The Higher Education Act (No. 26 of 2003)
The Namibia Qualification Authority Act (No. 29 of 1996)
The regulations of the Health Professions Council of Namibia (HPCNA)
National policy on community-based health care

The physical and non-physical structures are described individually in the sections that follow.

5.2.1.1 The higher education institution community (internal community)

The higher education institution refers to a college, university and other institution that offers and delivers higher education. These educational institutions admit students with certificates from secondary schools and are legally authorised according to the country’s legislative frameworks (IGI Global, 2019:n.p). In Namibia, higher education institutions are established and registered as private or public higher education institutions under Act No. 26 of 2003 (Republic of Namibia, 2003: 2). One of the aims of the Act is to provide for the registration, deregistration and closure of private higher education institutions. It also provides for the funding of public higher education institutions. Moreover, higher education institutions may be funded by the state or fully funded from private sources, and are also considered as communities.

A community is defined as an entity with its own missions, goals, and perspectives that influence the interactions of people within it and the activities conducted within the entity (Mcdonald & Dominguez, 2015: 53). The higher education institution is a community because it also has a vision, mission statements and strategic plans shared with all members of the community. Also, there are policy documents, guidelines and procedure manuals that guide the operations within the community in order to create a unified culture and standards in daily operations. In this study, the concept ‘internal community’ is used to refer to the people within the higher education institution to differentiate them from people outside the institution.

Mcdonald and Dominguez (2015: 53) further stated that the community might be defined in several ways; for example, a city is considered a large, diverse community. At the same time,
individual agencies within that city form their own types of communities. Many dimensions within a broader community segregate people, either socially or spatially, so they form their own small communities within the broader community (Ramsbottom, O’Brien, Ciotti & Takacs, 2017: 413).

In this context, the higher education institution is part of the broader community, which is the region of the country, but it exists as a small community within the region. Furthermore, within a small community, one still expects to see smaller communities formed by different individuals, such as age-defined groups and health agencies. In the institution of higher education, smaller communities are formed by students who reside in the university residences, academic staff in a faculty, students in a particular programme, student societies, a community formed by students and staff with unique interests, age-defined and religious-affiliated community groups. The students in higher education form a community and act as members of the process of learning (Daniel, 2014: 17). The author further argued that the students and faculty members should form a community with the ultimate goal to reach and improve teaching, learning and services for the students in higher education.

As revealed in the concept analysis of this study, community engagement may be conducted when a challenging situation is observed in the community; based on health inequalities in the community; a need for attention and a socially responsive approach in education, research and services. In this context, these antecedents are observed by an academic staff member within the internal community who responds accordingly. The second context for community engagement is the external community, as described next.

5.2.1.2 The external community

The concept ‘community’ may refer to a group of individuals that is spatially or socially isolated or individuals who share properties such as residences, cultural practices and beliefs (Ramsbottom et al., 2017: 414). It is often regarded as a neighbourhood or a geographically located area, a social or cultural group with specific, common characteristics that are used to identify members (Cherrington et al., 2018: 2). In this study, the external community is any community not within the higher education institution where this study was conducted. It can be another higher education institution, a private or public institution, a group of health professionals and a group of people with specific needs.
The antecedents of community engagement identified in the internal community are also applicable to the external community. However, the external communities have different needs from the internal community; for example, there might be an outbreak of specific diseases or destruction due to natural disasters that could pose health risks to the residents. The academic staff in the FHS may identify the needs of the external communities and respond via different forms of community engagement that may be used in higher education. In addition, the external communities are mostly sites for service-learning activities for students, outreach services, volunteerism and university services. Therefore, an external community is one of the contexts needed for an academic staff member to facilitate community engagement. The next sub-section discusses the legal frameworks that facilitate community engagement.

5.2.1.3 The frameworks to support the facilitation of community engagement

The frameworks to support community engagement include the professional, regulatory frameworks and guiding policy documents designed to be used at national, regional and institutional levels or operational levels.

a) The Constitution of the Republic of Namibia

The constitution of the Republic of Namibia is an overall legislative framework that guides all other frameworks pertaining to daily activities within the country. It therefore lays a foundation on which the state, private entities and individuals base their legal frameworks and strategic plans; this also includes the institutions of higher education. The constitution is designed in a manner that promotes the unity and integrity of the nation. It ensures that individuals within the country have rights to life, dignity, privacy, freedom and education (Republic of Namibia, 1990: VII).

Chapter Three of the constitution deals with fundamental human rights and freedom. In the facilitation of community engagement in the FHS, the academic staff must consider fundamental rights such as health, equality, respect, privacy and freedom from discrimination of all sorts, as indicated in Chapter Three. That means all community engagement activities should be designed within these legal parameters. The recipients and people involved in
community engagement must not at any point feel that their fundamental rights are infringed upon or that they have no right to freedom stipulated in the constitution as it will hinder the success of the process. The other framework to facilitate community engagement is the Higher Education Act 26 of 2003, as described next.

b) **The Higher Education Act (No. 26 of 2003)**

The Higher Education Act 26 of 2003 was established to regulate higher education in the Republic of Namibia. This same Act also gives power for the establishment of the National Council for Higher Education (NCHE). Through the NCHE, the Act regulates higher education by making sure there is a coordinated higher education system, access and quality assurance in higher education. In addition, the council advises on the allocation of funds to public higher education institutions (Republic of Namibia, 2003: 5).

The NCHE is responsible for accrediting programmes offered at the higher education institutions. Also, they are responsible for monitoring quality assurance mechanisms at these institutions. The two main functions of the NCHE are sometimes indicated as two systems, namely programme accreditation and institutional audit. The programme accreditation is conducted concurrently with the accreditation process of the Namibia Qualifications Authority (NQA), and the outcome is only valid for a stipulated period.

The NCHE impacts on the training of health professionals because they are also part of the programmes offered by institutions of higher education. As indicated by NCHE (2009: 9), the accreditation process all programmes are expected to undergo is divided into seven thematic areas as follows; aims and objectives, curriculum, assessment, staff, facilities and support, internal quality assurance and financial resources. The seven themes are further divided into sub-areas, each with the accreditation criteria stipulated. As seen in the thematic area, the quality of academic activities is the priority, and it determines the outcome of the accreditation process. In this view, community engagement as an academic activity is assessed through curriculum and assessment themes. Therefore, this forms one of the frameworks for an academic staff member to facilitate community engagement as part of her/his academic duty, in light of meeting quality outcomes as described by the criteria of the NCHE.
According to the NCHE (2009: 31), the institutional audit, as one of the functions of NCHE, focuses on the institutional policies, systems, strategies and resources for quality assurance of its academic activities; therefore different criteria are used in this process. The audit process is geared towards improving various aspects of an institution, and the following thematic areas are focused on:

- Theme one: Institutional vision, mission and goals; and general management processes
- Theme two: Teaching and learning
- Theme three: Research
- Theme four: Community engagement

An academic staff member is part of the higher education institution team, and this audit process mandates them to provide evidence for community engagement as one of the thematic areas in the institutional quality assurance mechanism. Thus, the institutional audit is recognised as a framework that impacts community engagement in a higher education institution. The other framework that impacts community engagement is the Namibia Qualification Act 29 of 1996, as described below.

c) The Namibia Qualification Authority Act (No. 29 of 1996)

The NQA Act 29 of 1996 aims to provide for the establishment and powers of the NQA (Republic of Namibia, 1996: 2). The NQA is a body responsible for setting up and administering a National Qualifications Framework (NQF) which is applied by all educational institutions when designing programmes. In addition, NQA also sets criteria used in accreditation for individuals, institutions and organisations that offer education and courses of instruction or training, and make sure they adhere to the minimum requirements (Republic of Namibia, 1996: 3).

According to the NQA (2006: 3), there are 10 levels of qualifications in the NQF, and each has descriptions to which institutions are expected to adhere. These descriptors help to match qualifications into categories, such as diploma and bachelor honours degrees. Moreover, the NQF consists of unit standards which the NQA also uses as registration quality. The NQF classification system consists of learning fields, subfields and domains as determined by the NQA council. The qualifications registered are developed by institutions or organisations
based on the NQF credits. A qualification’s NQF credits indicate the learning that students accumulate during the duration of the programme. It is determined by the notional learning time the student spent in programme-related activities, either as a directed activity or self-directed learning and assessment (NQA, 2006: 4). After an institution has designed a programme, it is submitted for registration on the NQF framework; after its implementation, the NQA commences the accreditation process. As with the NCHE accreditation, the NQA accreditation is also only valid for a specified period.

At the institution of higher education in Namibia where this study was conducted, all programmes from the FHS are designed by academic staff, with the assistance of external experts. All programmes are registered on the NQF; however, the accreditation process of all programmes is ongoing. To facilitate community engagement, with the assistance of NQA as one of the frameworks, an academic staff member should make sure that curricula are designed in such a way that students are allowed to participate in the community engagement activities. In addition, during the implementation of the curriculum, the FHS should be actively involved in community engagement activities, and evidence of such involvement should be recorded. This is because there is an expectation from NQA for higher education institutions to engage with their communities, as verified through the programmes’ accreditation.

d) The Regulations of the Health Professions Council of Namibia

The HPCNA is a professional regulatory body with a vision to protect the public through regulated education and practice (HPCNA, 2019: n.p). The HPCNA encompasses five councils, established by their respective acts. The nursing profession is regulated under Nursing Act No 8 of 2004 (Republic of Namibia, 2004). All councils within the HPCNA have a statutory mandate to regulate training issues within their professions. The councils have minimum requirements for registering each category of health professionals after obtaining a formal qualification from a higher education institution. Prior to setting up a training school for any of the professions represented in the Acts listed above, the representative from the training institution should notify the responsible council and submit their curriculum. After the first year of implementation, the training institution should apply to the council for assessment to be conducted to accredit the programme. The HPCNA has a
checklist that is used during assessments, which consists of criteria designed from thematic areas relevant to the training of health professionals.

The academic staff design a curriculum with consideration of the minimum requirements and the criteria within the thematic areas relevant to health professionals’ training as these should be met in order for the programme to be accredited. To facilitate community engagement using HPCNA as a framework, the academic staff should make sure students in the programme participate in community and outreach services, such as school health assessments, immunisations, home visits and community midwifery. In addition, an academic staff member also ensures that students in the programme get opportunities for clinical placement to allow for an integration of theory with practice. Regarding clinical placement, the academic staff make provision for attachment to settings such as old age nursing homes and children’s institutions that are located within the communities. These are some requirements of the HPCNA that may help the academic staff member to facilitate community engagement. Therefore, it is recognised as a framework which may help an agent (academic staff) to facilitate the process of community engagement. The next framework to be discussed is the community-based healthcare policy.

e) National Policy on community-based health care

The Ministry of Health and Social Services (MoHSS) has the statutory mandate to provide health care and social services to Namibian people. These services are planned and implemented at national, regional, district and clinic levels. Furthermore, there is also provision for health care and social services in the community and home environment, through the philosophy of PHC, which is an approach adopted by the Namibian government since 1990. The community-based health care (CBHC) was introduced as a strategy to enhance the participation and involvement of communities and civil societies in health and social-related activities (MoHSS, 2007: 3). This strategy makes provision for health professionals to design and implement health promotion programmes focusing on the community level. Furthermore, it makes provision for decentralisation and inter-sectoral collaboration in health care and social services (MoHSS, 2007: 3).

According to the MoHSS (2007: 36), the FHS at the institution of higher education is a significant stakeholder in the implementation of the CBHC policy. This is because it
integrates major programmes required in this policy, such as the community entry process, PHC, integrated management of childhood and infant illness, and health education. The FHS students and academic staff implement the CBHC policy through curricula-based activities such as community midwifery, home visits, rural placements and environmental health projects. In addition, higher education institutions also assist in terms of staff and students volunteering during disease outbreaks and national campaigns. Higher education institutions are mandated to conduct research in response to the pressing issues of the society, and FHS, as a stakeholder in the implementation of the CBHC policy, may participate in research that focuses on and is conducted with the community. Therefore, CBHC is recognised as a framework for academic staff to facilitate community engagement through curricula-based activities, volunteerism, services and research. Figure 5.1 is a conceptual framework illustrating the context in which community engagement should be facilitated.

![Figure 5.1: The context for community engagement](image-url)
5.2.1.4 Concluding remarks

Community engagement occurs within the internal community, external community and is facilitated by legislative frameworks. The legislative framework provides the legal mandate and guidance for academic staff to facilitate community engagement. The frameworks to support community engagement include the professional, regulatory frameworks and guiding policy documents that are designed for use at the national, regional, institutional or operational level. These frameworks are the constitution of the Republic of Namibia, Higher Education Act (No 26 of 2003), NQA Act (No. 29 of 1996), regulations of the HPCNA, and National policy on CBHC. The constitution of the Republic of Namibia lays a foundation on which the state, private entities and individuals base their legal frameworks and strategic plans. The Higher Education Act (No. 26 of 2003) gives power for the establishment of the NCHE, which is responsible for programme accreditation and institutional audits. The National Qualification Authority (NQA) sets the criteria that are used in the accreditation of individuals, institutions and organisations. The HPCNA has a statutory mandate to regulate any training issues among all health professionals. Lastly, CBHC is a strategy to enhance the participation and involvement of communities and civil societies in health and social-related activities.

5.2.2 Agent: Academic staff in the Faculty of Health Science

The academic staff in the FHS are also known as health science educators or health professions educators. Community engagement is one of the core functions of higher education and therefore is also one of the roles of academic staff at the institutions of higher education. There is an expectation of academic staff in the FHS to possess knowledge, skills and correct attitude to facilitate community engagement, yet this may be hindered due to the unavailability of guiding directives in the institution of higher education. An academic staff member is a whole person with mind, body and spirit, who must interact with community members within an external and internal environment to facilitate community engagement. The individual academic needs to exhibit specific characteristics in order to facilitate community engagement.
5.2.2.1 Characteristics of an agent

Dickoff et al. (1968: 426) stated that there are internal and external resources that the agent contributes to the theory or model; these are agent factors that are significant to the theory or model. The internal resources of an agent include the skills, techniques, policies and routines available through or to the agent. External resources include aspects available for maintaining, supporting, developing, protecting or extending the agent’s capacity, power and flexibility in performing his/her actions. In this study, the researcher conducted a literature review to identify the agent’s resources, in this case, presented as characteristics of the academic staff in the FHS. The characteristics included: being a good facilitator, research skills, good subject knowledge, a positive attitude and creativity. The characteristics of academic staff are displayed in Table 5.1, and each is discussed in the sub-section to follow.

Table 5.1: The characteristics of an academic staff member (an agent)

<table>
<thead>
<tr>
<th>A good facilitator</th>
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<tbody>
<tr>
<td>Research skills</td>
</tr>
<tr>
<td>Good subject knowledge</td>
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<tr>
<td>Positive attitude</td>
</tr>
<tr>
<td>Creativity</td>
</tr>
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a) A good facilitator

Being a good facilitator emerged as one of the characteristics an academic staff member should possess to facilitate community engagement. Facilitation refers to the act of assisting, making the process easier or improving something (WordNet, 2018: n.p). It also refers to the process of helping members of a group to work together more effectively and achieve their objectives (Hughes & Quinn, 2013: 540). In an educational context, the academic staff member is viewed as a facilitator of learning, rather than a transmitter of information. Therefore she/he is required to set up a conducive environment for learning and make sure the environment is non-threatening for students as well as the educators (Hughes & Quinn, 2013: 117). This will also be applicable to the process of community engagement; the academic staff need to play the role of a facilitator to help members of the community and the staff of the higher education institution to work together.
The characteristic of an academic staff member as a facilitator, led to the notion of student-centred approaches which calls for a move from a focus on teaching to a focus on learning (Case, 2019: 644). The introduction of student-centred approaches, such as problem-based learning, enables the conversion of roles of educators as information providers to that of facilitators. The changing role of an educator as a facilitator also gave rise to a variety of constructivism approaches, with most requiring students to construct their own knowledge within the community settings. Being a good facilitator may help an academic staff member to facilitate community engagement successfully. As indicated by Hughes and Quinn (2013: 19), Carl Rogers is one of the theorists who has influenced the role of an educator as a facilitator. He proposed the following qualities as being required in a facilitator:

- Genuineness
- Trust
- Acceptance
- Empathetic understanding

According to Bruce and Klopper (2017: 75), facilitating, as an action of an educator, is implied in their teaching role. Therefore, it is possible to apply it to the community engagement role of an academic staff member. Furthermore, there are some actions that educators need to perform for facilitation to take place:

- Demonstrate respect for the students and community members, and the process in which he/she is involved
- Establish a climate of trust with the students and community members
- Identify, through active listening, the community needs in relation to written and practical work
- Use strategies which are congruent with students’ and communities’ needs
- Encourage students and community members to use this initiative and to accept or reject proposals according to their relevance and appropriateness to their needs and interests
- Encourage all members to reflect on their own and others’ verbal and non-verbal behaviour and to bring meaning into the situation
- Challenge the students’ and community members’ behaviour, beliefs or attitudes when these appear to be disenabling
- Encourage community members and students to release or act out their feelings
The facilitator works towards the overall goal of the team by acting as a mentor, directing the group towards a goal and helping in its overall development (Cardoso & Fernandes, 2018: 4371). These qualities will help an academic staff member to facilitate the community engagement process.

b) Research skills

Research is defined as any type of inquiry and a variety of activities conducted to generate knowledge (Arries, 2018: 296). Grove et al. (2013: 1) commented that research involves the “diligent, systematic inquiry or investigation to validate and refine existing knowledge and generate new knowledge”. Research in healthcare settings is vital to advance and strengthen an evidence-based practice and provide proper directives for the effective delivery of services to clients (Arries, 2018: 293). The health settings experience many challenges, such as new disease profiles and increased demands on accountability among healthcare professionals for the delivery of health care in a resource-constrained environment. This situation needs regular monitoring and thus requires the involvement of health professionals in research.

However, the involvement of healthcare service providers in research is not limited to healthcare facility-based staff members, but academic staff and students at institutions of higher education are also required to participate as an academic activity. Research activities contribute to the staff’s continuing professional development and are carried out as an ongoing activity throughout the academic year. Alternatively, research activities are conducted during annual leave or at any other time outside the staff’s workload (Hughes & Quinn, 2013: 505). An educator is required to possess research skills because she/he is responsible for conducting, participating and assisting in formal studies such as research conducted for educational qualifications and developmental projects. In addition, they also provide research-related consultations to colleagues (Bruce & Klopper, 2017: 74). According to Hughes and Quinn (2013: 506), other research and scholarly activities conducted by academic staff include;

- Undertaking research projects
- Writing journal papers
- Conference presentation
- Book chapter contribution
Writing textbooks
Developing learning study materials

The academic staff member, as an agent to facilitate community engagement, needs to possess research skills to investigate community problems, plan and participate in community-based research. According to Mtawa et al. (2016: 127), collaborative research between universities and communities promotes community engagement. The academic staff member has to focus on research in the community, on the community, and with the community in order to facilitate the engagement process.

c) Good subject knowledge

Knowledge is information that is acquired in a variety of ways. It is expected to be an accurate reflection of reality and is incorporated and used to direct the person’s actions (Grove & Gray, 2019: 506). According to Chinn and Kramer (2018: 4), knowledge denotes to knowing that is conveyed in a form that can be shared or communicated with others. The knowledge of a discipline has been collectively judged by criteria shared by members of the disciplinary community and is taken to be a lawful and truthful understanding of elements and features that comprise the discipline. At higher education institutions, academic staff members acquire knowledge through informal and formal training, reading subject-related books, journals, encyclopaedia, policies, guidelines and academic blogs. They also attend conferences, symposia and participate in clinical case discussions. In seeking new knowledge for everyday use, individuals are not confined to accept all details revealed in the process; they should engage in debates before making conclusions as to whether or not that knowledge is probable or true. Such debates are generally based on cause and effect (causal law), scientific theories, probability testing and analogies (Copi et al., 2014: 487).

Ideally, an academic staff member at a higher education institution should be an expert in their own subject or the subject area they are expected to teach. The possession of sound knowledge of a subject is what makes academic staff effective in their roles (Singh, Pai, Sinha, Kaur, Soe & Barua, 2013: 3). In the context of health science, an academic staff member is also expected to be clinically competent in addition to having theoretical knowledge, to enable the integration of theory with practice and produce competent health science graduates. As Cardoso and Fernandes (2018: 4371) revealed, an academically
oriented staff member needs not only give students theoretical knowledge but should follow a practical approach in teaching, assessment and learning activities of students. Good subject knowledge is a fundamental characteristic of an educator because they are expected to share what they know with the students. Moreover, their knowledge should not only be used to explain subject content but also to relate what goes on in the world and relate to topics under discussion (Bruce & Klopper, 2017: 72). This ability indicates the presence of good knowledge since knowledge is expressed in the form of principles of practice, artefact, ideas and theories (Chinn & Kramer, 2018: 4). These are revealed through daily actions and practices.

Practices through which community engagement is conducted in the context of higher education include community-based research, participatory action research and service-learning (Esau, 2015: 69; Ross & Stoecker, 2017: 7). In addition, other practices include distance education, internships, outreach and professional community services. All those require the involvement of an academic staff member as an expert in their subject area, which implies that they need to possess excellent subject knowledge. Some routes of community engagement, such as service-learning that are curricula-based, do benefit not only the community members but also the university community in terms of gaining experience (Thomas & Smith, 2017: 63). The academic staff at the forefront of delivering the curriculum will identify which subject content is appropriate for the service-learning project. An academic staff member’s good subject knowledge, as an agent of community engagement, is required to ensure effective community assessment in order to plan, implement and evaluate engagement activities.

The community engagement process requires the participation and involvement of community members as well as academic staff. For all to be involved and participate in the proposed community engagement activities, they need to be confident that the proposed activity will work. As Copi et al. (2014: 131) indicated, without the knowledge that something is workable and safe, people are reluctant to adopt the proposed change due to uncertainty concerning the safety and procedures required to carry out activities. Good subject knowledge is necessary to make the team understand and have confidence in the activities.
d) Positive attitude

An academic staff member is a person who not only teaches but is influential to the students in many ways. He/she directs, mentors, provides career counselling, coaches and provides feedback in order to mould students’ personality (Cardoso & Fernandes, 2018: 4371). All these deeds require the academic staff member to portray a positive attitude. Attitude refers to a complex mental state, which encompasses feelings, beliefs, values and disposition to act in a certain way (WordNet, 2018: n.p). Attitude has an influence on every aspect of a person’s life, including their work. Attitude helps people interpret situations, circumstances, and how other people act; it does not only focus on how people see the world around them (Fritz, 2018: 3). An attitude is positive when the person has a mental outlook of optimism and expects good things to happen. People who portray a positive attitude get along with others easily, they are happy, and share joy with these around them (Sasson, 2018: n.p). According to Fritz (2018: 5), a positive attitude leads to:

- Alertness
- Showing enthusiasm and appreciation to others
- Thoroughness
- Planning ahead
- Conscientiousness
- Work efficiency

The health professions require professionals to be competent, which includes them having sound reasoning and judgement, as well as conducting technical skills. In addition, they should also show a willingness to be with the human being to whom they provide service. The willingness to be with the person is the affective domain, which must also be included in their training (Ondrejka, 2014: 5). According to Zaidi (2015: 19), the affective domain is also referred to as mannerism and behaviour. This prepares an individual to mature in emotional areas and feelings. Attitudes constitute the mannerism in which various members of the team handles themselves and is fundamental to maintaining a degree of distinction of who is the client and who is a care provider (Zaidi, 2015: 138). Attitude includes not only ethical issues but also characteristics such as leadership qualities, communication skills, body language and fairness in life (Zaidi, 2015: 20).
The academic staff member in the FHS facilitates the development of the affective domain in students by portraying a positive attitude. Participants indicated that when entering community settings for engagement activities, an academic staff member, as an agent of this process, needs to show a positive attitude to act as a role model to the students who are going to participate as part of their learning process. Positive attitude in the field is also required to make community members embrace the partnership, collaborate and participate in the activities because they will view or perceive this staff member as an easy person to work with due to their friendly, warm and disciplined appearance (Cardoso & Fernandes, 2018: 4371).

e) Creativity

As a result of changes in social, technological and economic aspects, creativity has become a basic survival factor and an indicator of success in society (Kiili, Kiili, Ott & Jönkkäri, 2011: 250). In the higher education context, there is also an expectation for educators to be creative in their teaching, research and community engagement activities. Creativity refers to the ability to create something original and different from what is already available. In addition, it also includes how individuals present themselves when solving problems that were not solved before. It entails giving different suggestions or solutions to a problem that was solved in the past in a different way (Alexander & Shoshani, 2015: 25). Creativity thus entails novelty and appropriateness in problem-solving (Newton & Newton, 2014: 566). Henriksen, Mishra and Fisser (2016: 29) noted that creativity is associated with wholeness, effectiveness and novelty. The factors leading to creativity are cognitive strengths and styles, fundamental skills, self-beliefs, motivations, knowledge and personality traits. These factors are different for each domain or discipline (Kaufman, Gläveanu & Baer, 2017: 4).

Compton (as cited by Newton & Newton 2014: 566) identified six components that are essential for creativity to manifest:

- Enquiry
- Evaluation
- Ideation
- Innovation
- Problem-solving
Creativity encompasses approaches to thinking rather than knowledge that can be imparted to another person. It is recognised as a thinking skill, therefore, in accordance with how skills are learned, it should be learned by practising or learning in action (Henriksen et al., 2016: 30). In the educational context, an educator employs creative pedagogy by allowing an interplay of creative teaching, creative learning and teaching for creativity. The educator practices creative teaching when he/she uses innovative approaches and practices that are imaginative and dynamic in nature (Kiili et al., 2011: 251). The teaching is creative when an educator has the capability to construct engaging learning activities that are perceived by students as interesting and motivating (Newton & Newton, 2014: 578). Teaching with creativity places creativity in the teaching action itself, rather than placing it as the subject matter or an outcome of the teaching (Beghetto, 2019: 557). The creative educator portrays preparedness to experiment with new ideas, give real-world assignments to students, and allow interdisciplinary approaches in learning and teaching (Henriksen & Mishra, 2015: 30). When real-world assignments are given, it means students get opportunities to be engaged with their communities. These engaging learning activities do not necessarily have to be conducted at the university premises but also include activities conducted in the community settings such as service-learning, community outreach and services. It indicates that the academic staff member has to be creative in order to facilitate community engagement. Even though educators are encouraged to practice creative teaching, it still does not warrant that students will become creative; this necessitates the notion of teaching for creativity, which is the second leg of creative pedagogy.

The primary focus of teaching for creativity is not the ability of the educator to be innovative but rather their ability to boost the students’ creativity (Newton & Newton, 2014: 578). According to Kiili et al. (2011: 251), teaching for creativity involves identifying students’ creativity abilities and providing the necessary support to further develop identified abilities. The third leg of the creative pedagogy is creative learning, which entails activities that support the student to be a co-creator of knowledge, encouraging deep learning approaches such as questioning, experimenting and exploration to seek more information. The student is encouraged to think of all possibilities and provoke their curiosity, which encourages them to learn more (Kiili et al., 2011: 252). Although teaching for creativity and creative learning mainly focuses on the student, a creative educator is needed to drive the process and ensure students are fully involved. As most teaching for creativity and creative learning activities may take place in community settings, it requires a creative academic staff member to drive
the process through community engagement. Figure 5.2 is a conceptual framework illustrating the agent for facilitating community engagement.

![Diagram of community engagement agents](image)

**Figure 5.2:** The agent for community engagement

### 5.2.2.2 Concluding remarks on the agent for community engagement

There is an expectation of academic staff members in the FHS to possess knowledge, skills and the correct attitude to facilitate community engagement. However, this may be hindered due to the unavailability of guiding directives from an institution of higher education.

### 5.2.3 Recipients – community members

The recipiency or patency includes all those persons who receive action from an agent under the theory (Dickoff et al., 1968: 427). The recipient interacts with an agent in a specified context in order for an activity or process to take place. In this case, the academic staff member facilitates community engagement, which is conducted for both external and internal community members. Therefore, in this study, community members are considered the recipients of community engagement.
5.2.3.1 Characteristics of a recipient (community members)

The recipient possesses characteristics that make them receptive the activities that are carried out by a certain agent, and it leads to a specified output (Dickoff et al., 1968: 427). The community members are identified with characteristics such as a sense of place; sharing of common interests and perspectives; joint actions; and social ties. The characteristics of a community member are presented in Table 5.2.

Table 5.2: The characteristics of a recipient (community member)

<table>
<thead>
<tr>
<th>Sense of place</th>
<th>Sharing of common interests and perspectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint actions</td>
<td></td>
</tr>
<tr>
<td>Social ties</td>
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</table>

a) Sense of place

People who live and work in a particular community are known to have a sense of place or community, which is a strong facilitating factor in the process of community engagement (Kulig, Townshend, Kosteniuk, Kārunanayake, Labrecque & MacLeod, 2018: 61). A sense of place refers to the general conscious awareness of a place of living. It is about the feeling that arises from a place as a mixture of the physical environment and the social construct of people, thus producing the feeling about a place. It emphasises the importance of physical, social and emotional closeness between individuals within a specific place (Apo, Lindsey, Stender, Maxwell, Taum & Kaupu, 2016: 9). According to Apo et al. (2016: 9), a sense of place is a space or place in which we are comfortable. This is a physical and psychological environment in which individuals are pleasant, safe, socially comfortable and enjoyable, therefore a sense of place may also be referred to as a state of mind.

A sense of place describes an individual’s relationship with places, expressed in different dimensions of human life. The different dimensions expressing a sense of place are people’s imaginations, emotions, biographies, life stories and personal experiences (Adams, Greenwood, Thomashow & Russ, 2016: n.p). A sense of place entails an understanding of who you are and from where you originate. It also honours the past by enhancing the
treasures that have been passed from generation to generation, by ensuring they function in the present to form a strong foundation for the upcoming generation (Apo et al., 2016: 9). According to Adams et al. (2016: n.p), a sense of place also describes how individuals perceive a place. An individual experiencing a sense of place feels at home and has a feeling of belongingness. This feeling is associated with an individual’s place of birth, a place we live in and have had significant experience in (Bergstén & Keskitalo, 2018: 186). The opposite of a sense of place results in the individual having a feeling of placelessness, which is associated with being an outsider and without having a significant place (Bergstén & Keskitalo, 2018: 186). The importance of a sense of place lies within the interlinkages between the social and physical aspects affecting an individual (Eisenhart, Crews Meyer, King & Young, 2018: 110). The sense of place goes along with a feeling of security, connection and belonging to a community or neighbourhood, and it contributes significantly to the personal identity of an individual (Getz & Lev-Ari, 2017: 934). The feeling of a sense of place characterises a community member who is a recipient of community engagement activities facilitated by an academic staff member.

b) Sharing of common interests and perspectives

Interest refers to a sense of curiosity and concern about something or someone, while perspectives refer to a way of regarding topics or situations (WordNet, 2018: n.p). Members of the same community are expected to share common interests and perspectives. This is because common interests can stimulate the formation of communities and association among members who reside or interact with one another (Xiao, Li, Zhou, Ji, Liu, Hou & Guo, 2018: 737). Common interests play a significant role in the establishment of relations within the members of the community (Ji, Liu, Hou & Guo, 2015: 2), since individuals are more likely to connect with others who have more commonalities with them rather than discorded individuals. Being residents of the same place is not reason enough for individuals to interact when common interests are absent because it becomes challenging to have topics on which to communicate, and the formation of internal associations become impossible (Xiao et al., 2018: 737). For example, within the university community, students make friends with people who share common interests and perspectives with them. Sharing common interests and perspectives among community members is a characteristic that will help them participate and be receptive to the community engagement activities facilitated by an academic staff member.
c) **Joint actions**

One of the characteristics of community members is joint actions. It implies that community members practice what is called ‘shared intentional activities’ or ‘shared intentionality’ (Butterfill, 2012: 23). According to Bowden (2016: 440), other concepts used for shared intentionality are collective intentions or ‘we-intentions’. Shared intentionality is an essential component of human development and the occurrence of complex cultural traditions (Mogan, Bulbulia & Fischer, 2019: 2). Shared intentionality denotes that community members have shared goals, which are displayed via joint action. In joint actions, individuals share the same goal and have intentions to act together and coordinate their actions to achieve their shared goal (Bowden, 2016: 441). It involves two or more people coordinating their actions in space and time in order to achieve a shared goal (McEllin, Knoblich & Sebanz, 2018: 343). Joint action also refers to togetherness or a shared commitment (Rachar, 2018: 835). It is common in our daily life and is an essential component of social interactions (Fiebich & Gallagher, 2013: 571).

According to Tuomela and Miller (cited in Bowden, 2016: 441), an individual portrays joint action when doing the following:

- He/she is willing to do their part of the joint action
- He/she has a belief that achieving the joint action is possible and that others intend to do their parts in the joint action
- He/she is confident that there is a mutual belief among members of the group that accomplishing the joint action is possible and that others intend to do their parts in the joint action.

In addition to the above requirement, Fiebich and Gallagher (2013: 573) identified cognitive mechanisms such as action observation, action coordination, task sharing and joint attention as a requirement for successful joint action. Moreover, imitating others and learning from others play an essential role in joint action (McEllin et al., 2018: 343).

Joint action seems to be sufficient to stimulate positive social and affective effects among individuals taking part (Mogan et al., 2019: 4). In addition, it enhances creative thinking in
individuals who are part of the joint action. This is because individuals are able to put ideas together to come up with new thinking. According to Paternotte (2015: 70), in joint action, there is some link between individuals. Although it is known that individuals participate in joint action to achieve a shared goal, in some instances, individuals participate in joint actions automatically without knowing the goal beforehand or knowing who else will participate but still produce a collective outcome. This may be due to shared motivation, which is one of the essential characters in joint action.

Joint actions lead individuals to solve problems and perform tasks together. It is thus primarily problem-solving and cooperative in nature (Godman, 2013: 589). For activities to take place smoothly in a joint action, there must be coordination between individuals, they must be socially motivated and socially bonded (Godman, 2013: 590). As recipients of community engagement, community members need to possess these characteristics.

d) Social ties

Social relations among community members cause them to be friendly or unfriendly to one another due to social ties. Social ties denote the connections among individuals and are used for distribution of information, knowledge, practices and sharing of feelings. It also refers to relationships between individuals and these relationships may be work-related ties or expressive ties, such as friendship (IGI Global, 2019b: n.p). Negative social ties create antagonistic relationships between community members, while positive social ties lead to the formation of friendship (Isakov, Fowler, Airoldi & Christakis, 2019: 200). Although negative and positive social ties have different social effects on people, they both share many structural characteristics. Isakov et al. (2019: 200) indicated that it is crucial to note social ties among community members as it has an impact on their abilities to accept new public health-related practices or maintain community resources. In addition, social ties may determine and influence neighbourhood level factors such as the provision of service, participation in activities and volunteer services (Huang, Liu, Xue, Li & Shi, 2018: 201). Therefore, in the process of facilitating community engagement, the academic staff should take note of the characteristics of community members who are the recipients of the activities.
Policastro and Daigle (2019: 1659) defined social ties as an individual’s bonds to others in their social network. These include family members, friends, neighbours and work colleagues. Social ties also include an individual’s connections to social institutions such as school, work, and religious institutions. Huang et al. (2018: 204) divide social ties into two groups: the interactive social ties and supportive social ties. Interactive social ties include the broad social relations of individuals’ interactions with each other. The supportive social ties include the social relations of people seeking material and emotional support from others. Social ties may act as a basis of informal social control and influence individuals’ involvement in deviant behaviours and put others at risk of one’s victimisation (Policastro & Daigle, 2019: 1659). As a result, it may be the reason an academic staff member engages with community members. Figure 5.3 is a conceptual framework illustrating the recipients of community engagement.

![Figure 5.3: Recipient of community engagement](image)

**Figure 5.3:** Recipient of community engagement

### 5.2.3.2 Concluding remarks on the recipient of community engagement

The recipient (community member) interacts with an agent (academic staff) in a specified context (community setting) in order for an activity or process to take place. In this case, the
academic staff member facilitates community engagement processes which are conducted for both external and internal communities. The community members are identified with characteristics such as a sense of place; sharing of common interests and perspectives; joint actions; and social ties.

5.2.4 Dynamic: commitment, flexibility and active participation

Dynamic is the power sources of an activity (Dickoff et al., 1968: 431). The power source is needed for any person to function as an agent, recipient and also by any framework to operate in order to realise a certain goal. The possible power source may be of chemical, physical, biological and psychological origins and act as a motivational, goal-oriented driver of an activity to be carried out (Dickoff et al., 1968: 431). However, this section focuses on the psychological power source required to conduct community engagement.

According to Dickoff et al. (1968: 432), an agent may be knowledgeable, skilled and is physically energetic to performing an activity leading to the attainment of a specific goal; however, what may be lacking is the service motivation. The service motivation is a power source, which is of a psychological origin. It is vital in carrying out nursing activities because it involves the aspiration to service mankind. It is associated with a positive attitude, energetic, whole-heartedness, lack of dislike towards the idea of supporting and attending to ill and disabled individuals. Therefore, a reliable power source of an activity should be strong enough to create desire, fulfilment, contentment and good intentions as well as being geared towards the visualised terminus or goals. From concept analysis, commitment, flexibility and active participation were identified as dynamics through which community engagement may be facilitated in the FHS.

a) Commitment

Commitment is defined as a “willingness to give your time and energy to something that you believe in, or a promise or firm decision to do something” (Cambridge English Dictionary, 2017: n.p). According to the Oxford Advanced Learner’s Dictionary (2018: n.p), commitment is the state or quality of being dedicated to a cause or an activity. It is known as an obligation or a pledge that controls freedom of actions. Commitment, in general, is identified as a psychological state (Top, Akdere & Tarcan, 2015: 1263). There is a link
between commitment and engagement because they are both central concepts to models of management of human resources, specifically to those used to enhancing workers welfare and improving the organisational performance (Sutherland, 2018: 23). Commitment creates a psychological bond between employees and their organisation (Sutherland, 2018: 24; Yalabik, Swart, Kinnie & van Rossenberg, 2017: 418). It is associated with an employee’s link to the goals and values of the organisation. However, the probability that the employee will be committed may vary as it depends on their personal characteristics, organisational culture, nature of the job, and management style (Sutherland, 2018: 26). The employees within an organisation are known to be committed to their profession, organisation, clients and the team; these are known as the foci of commitment (Yalabik et al., 2017: 419). Moreover, employees have a commitment to other aspects such as unions, supervisors, projects and goals (Meyer & Morin, 2016: 594). The foci of commitment provide essential contexts for the employees to conduct their work (Yalabik et al., 2017: 419). That implies that an academic staff member has a commitment to the health science professions (profession), higher education institution (organisation), students (clients) and faculty members and university administrative staff (team).

Professional commitment denotes the confidence in and acceptance of the values of the profession practiced by an individual person, the effort to portray these values, aspiration to develop him/herself, and willpower to uphold membership in that profession (Benligiray & Sönmez, 2014: 28). Academic staff may be committed to both their professions and their universities (organisation) (Becker, Kernan, Clark & Klein, 2018: 1206). In an educational context, the two forms of commitment are collectively known as “commitment to professional teaching and commitment to the institution” (Xiao & Wilkins, 2015: 101). However, for them to facilitate community engagement, there is a need to commit to the organisation, the team, clients and their professions. The person committed to their profession is dedicated and immersed in their work (Yalabik, Rossenberg, Kinnie & Swart, 2015: 1613). According to Becker et al. (2018: 1206), when an academic is committed to their profession, the following will take place:

- It creates an opportunity to develop challenging new skills and abilities,
- He or she cooperates meaningfully with other professionals,
- He or she receives recognition from respected professional peers, and
- It satisfies one’s curiosity by learning more about interesting topics.
Although the standards of care expected from health professions vary from country to country, they all have duties to attend to the health needs of the citizens, irrespective of whether they work as academic staff or are based at healthcare facilities. For example in nursing, nurses have a duty and obligation to care for others, which implies that they have a commitment to care for patients and protect them from harm (Water, Rasmussen, Neufeld, Gerrard & Ford, 2017: 13). Water et al. (2017: 19) further argued that a high standard of care is achieved through commitment by all nurses in order to fulfil their duty to care. They should also be well-versed via ongoing learning and reflection. However, it should be noted that health professionals’ commitment to their professions and organisations are negatively influenced by aspects such as burnout, job stress and job satisfaction (Hos & Oksay, 2015: 5). The community members expect a high standard of care from an academic staff member in the FHS, and through community engagement they are able to do what is necessary when they are committed to the duty to care.

The organisational commitment denotes the relation of an employee’s involvement in and identification with a particular organisation (Top et al., 2015: 1263). According to Meyer and Allen’s three-component model of organisational commitment (as cited in Meyer & Morin, 2016: 585), the commitment mindset of employees is identified by affective, normative and continuance characteristics. An employee’s commitment to an organisation is effective when it is experienced as an emotional attachment to the organisation and their involvement in the activities. It is an attitudinal process that involves the relationship of an employee to the organisation in conjunction with its values and goals. Normative commitment is described as a sense of obligation to the organisation. Lastly, the continuance commitment is associated with mindfulness of the costs involved when an employee leaves the organisation; committed employees are more likely to stay in the organisation than those who are uncommitted (Top et al., 2015: 1263). According to Mastrangelo, Benitez and Cruz-Ros (2017: 445), the three antecedents to commitment are communication, active listening, and attitude. Moreover, committed employees are identified via the presence of a positive attitude and communication.

According to Becker et al. (2018: 1206), an academic staff member who is committed to the organisation (university) gains the following benefits:
Contingent financial rewards

External rewards for research include promotions, tenure, public recognition, course reductions, desirable committee assignments

Other favours from administrators

The employee who is committed to the team is recognised by two dimensions of work engagement, namely vigour and absorption (Yalabik et al., 2015: 1613). When the employee is committed to the team, profession and organisation, there is a high probability that they will be committed to their clients; it therefore depends on the presence of these three components. The student is a client at the higher education institution and an academic staff member as a service provider should be committed to their learning and wellbeing. This is portrayed through academic staff’s dedication to help students with difficulties, regardless of their social background. Help offered by academic staff may be in the form of community engagement activities. Nevertheless, students must receive value for their money through guidance and support to achieve their goals (Xiao & Wilkins, 2015: 106). In conclusion, commitment is a power source for community engagement because it drives the academic staff to be dedicated, focused and energised to conduct their activities.

b) Flexibility

Flexibility is the ability to be effortlessly modified or a willingness to accept amendment or compromise (Oxford Advanced Learner’s Dictionary, 2018: n.p). It refers to the ability to change or be changed easily according to the situation (Cambridge English Dictionary, 2017:n.p). According to Cañibano (2019: 464), being flexible contributes positively towards the functioning of the organisation where an individual is employed. It is described as an evolution from the industrialised working regime to a post-industrial working-time regime (Anttila, Oinas, Tammelin & Nätti, 2015: 713). The post-industrial regime is associated with employees working flexibly in terms of time and place. An academic staff member who acts as an agent for community engagement requires workplace flexibility as a power source to facilitate community engagement. This is because some community engagement activities may be conducted outside the university, outside working hours, and staff should be allowed to be flexible to manage their duties. They should also be flexible to manage their research,
teaching and community engagement activities in their schedule to avoid burnout and exhaustion.

Flexibility has the potential to stimulate a number of important work-related attitudes and behaviours (Baeza, Gonzalez & Wang, 2018: 921). It is required for an employee to arrange their daily lives to successfully meet work and family-related demands (Anttila et al., 2015: 721). The same is required for academic staff to facilitate community engagement in the FHS.

Flexibility is one of the constituents of an effective workplace (Galinsky, Matos & Sakai-O’Neill, 2013: 295), and is a main antecedent to job satisfaction (Baeza et al., 2018: 930). As argued by Cañibano (2019: 445), flexibility in the workplace is a central part of the employment relationship, which entails the practice of going beyond what is in the human resource policies and approved procedures. The study conducted by Cañibano (2019: 455) on employees’ experiences of workplace flexibility revealed the following benefits:

- Flexibility permits employees to experience autonomy and judgement of their choices.
- Flexibility positively contributes to the quality of work by letting employees work overtime; choices on work starting and ending times; and it allows employees to participate in work-related business trips.
- Flexibility makes employees reachable and open to attend to work issues at any time.
- Flexibility is a ‘work inducement’ because it allows employees to work from home or make choices as to when and where they can work.

Despite these benefits, the majority of employees perceive flexibility as a personal issue and are hesitant to fully engage the organisation (Galinsky et al., 2013: 294). This is because they merely understand it as flexitime and a flexi place, with no account of how it benefits the organisation. Therefore, Galinsky et al. (2013: 294) suggested options for how employees may work flexibly:

- Choices in managing time: this includes, but is not limited to, control over work schedules;
- Flexitime and places: include working from their comfort zone such as home; compressing work weeks and working shifts;
- Reduced time: includes part-time working and part-year work;
Time off: employees should be entitled to leave benefits and take time for activities such as volunteering;

Flex careers: allow for sabbaticals, phasing into retirements and external practical exposure;

Dealing with overtime: there must be a clear boundary between work-life and personal life;

Culture of flexibility: there must be overall support when work-life issues arise.

These measures to work flexibly may also help academic staff in the FHS to facilitate community engagement activities.

c) Active participation

People who are active are characterised by being energetic in an activity or engaged in continuous activities (WordNet, 2018: n.p). Moreover, participation is defined by the Cambridge English Dictionary (2019: n.p) as the act of partaking in an activity or an event. Active participation is a form of social behaviour, referring to the act of being involved in one’s own governance and other activities. Individuals participate actively in order to exert influence on activities or events (EIONET, 2019: 1). Active participation is a central concept to many social aspects but is predominantly used in education and health. It is broadly recognised as a person’s right to participate in the activities that are affecting their daily living. However, for participation to have an influence on activities, it must be active. According to Edexcel (2019: n.p), active participation is underpinned by the rights of the individual and the autonomy or independence of an individual. This is because participation is associated with the freedom to express oneself and one’s own opinion, which is one of the fundamental rights emphasised in the constitution (Republic of Namibia, 1990).

Active participation depends on the effective communication skills of team members. Therefore, when it is found to be lacking, training on communication skills is recommended to enhance active participation (D’Agostino, Atkinson, Latella, Rogers, Morrisey, DeRosa, et al., 2017: 1255). According to Bergmark and Westman (2018: 1356), participation is associated with the feeling of belongingness and being important or valued and included. This creates engagement and motivation for learning among students. Moreover, in the
educational context, participation is promoted by teachers who are more open, flexible, connected to the student, able to build relationships and willing to help.

Active participation is one of the elements required for community engagement to take place (Caie, 2012: 661). As a dynamic power source for the community engagement process, the active participation of an academic staff member and community members is required to create a conducive environment and ensure the success of community engagement activities. Active participation should be the driving force to help academic staff members reach the goal of the planned activities.

In summary, the academic staff member needs commitment, flexibility and active participation as an energy source to facilitate community engagement in the FHS. Figure 5.4 is a conceptual framework illustrating the dynamics of community engagement.

Figure 5.4: The dynamics of community engagement
5.2.4.1 Concluding remarks on the dynamics of community engagement

Commitment, flexibility and active participation are power sources of community engagement. The academic staff member, who is an agent of community engagement, needs to be committed, flexible and participate actively to facilitate community engagement in the internal and external community. In addition, commitment, flexibility and active participation as driving forces for community engagement are also required by recipients for planned community activities to reach intended goals.

5.2.5 Procedure for facilitating community engagement

Procedure proposes the steps to be followed towards the execution of an activity and may even suggest the proper equipment, arena, or situation for carrying out an activity. It may stipulate a rule or protocol for reaching the specified outcomes of an activity (Dickoff et al., 1968: 431). It provides detailed information for the implementation of the activity to be carried out; this information is needed by an agent, recipient, and organisation involved in the activity. The procedure could be more or less detailed, but there are general rules or instructions whose function is to offer guides, safeguards and economies with respect to the activity (Dickoff et al., 1968: 431). From Phase Two of this study, the following emerged as procedures to facilitate community engagement: facilitation of community engagement through communication, marketing and external relations; research-based activities; curriculum-based activities; clinical practice and work-based learning; university/faculty services and volunteering. The conceptualisation of these procedures is given below:

5.2.5.1 Facilitation of community engagement through communication, marketing and external relations

Participants indicated that communication, marketing and external relations might be used to facilitate community engagement in the faculty. Communication refers to the sharing of information through behaviour, signs and words (Merriam-Webster Dictionary, 2019: n.p). It is an essential requirement through which an organisation achieves its goals since the coordination and control of all plans and programmes are made possible through communication. Moreover, communication is also necessary for consultation and active participation among the individuals in the organisation to achieve the projected objectives.
It is necessary to build stronger and better relations among employees as well as customers and work out differences to avoid conflicts (Janke & Dumlao, 2019: 37). In the case of facilitating community engagement, customers are community members. As a significant factor in teamwork, communication is considered to be an important strategy of working towards one direction and targeting the same goals (Diaz, Mantilla & Abad, 2016: 99). Communication, as a managerial tool, can be used for decision making, and to evaluate and implement changes (Botez, 2019: 145). It is a central component required to form and maintain sound interactions, associations and cooperation, which are all critical aspects of professional practice (Du Plessis, Joordaan & Jali, 2018: 229).

In most institutions, marketing and communication-related issues are operated through an integrated system called ‘integrated marketing communication’. This is also the case in the higher education institution where this study was conducted. The integrated marketing communication system is responsible for market penetration, loyalty formation, maximising profit, increasing advertising, product recognition and creating a positive company image (Pykharev, Stephen, Alan, Michael, Donald, Wood, et al., 2018: 39). According to Batra and Keller (2016: 131), marketing and communication create awareness and salience; convey detailed information to the public and also within the institution; create imagery and personality; build trust; elicit emotions; inspire actions; and instil loyalty and connect people.

The external relation is defined as communication between entities, organisations or institutions, through which the objectives, essential activities, products, services and data about the company are exchanged (Kaufmane & Smilgaine, 2017: 92). In general, the term ‘external relations’ is used as a synonym to public relations, international relations and foreign affairs; it refers to relations between the institution and outside world (Moser, 2016: 197). Communication has a significant influence on external relations in the way that if employees have a good understanding of business operations, aims and strategy of the organisation, they can send more detailed and accurate facts to the clients and stakeholders (Kaufmane & Smilgaine, 2017: 92). The external relations, as a department in an organisation, contributes to its operations through improving its image; improving communication with stakeholders; helping employees to gain a better understanding of their job descriptions, that of others, and the organisation’s objectives. This leads to an increase in demand, profit or export (Kaufmane & Smilgaine, 2017: 97).
The sub-themes that emerged under the theme ‘facilitation of community engagement through communication, marketing and external relations’ are conceptualised next.

a) **Sub-Theme 1.1: Marketing of community engagement activities**

Participants indicated that community engagement could be facilitated through the marketing of activities. They expressed that marketing will help create awareness and promote services as well as activities conducted by academic staff. The American Association of Marketing defined ‘marketing’ as processes and activities for generating, communicating, delivering, and exchanging offerings that are valuable to customers, clients, partners, and the whole society (Liu, 2017: 1). Marketing is thus not only directed to the customers or clients but also targets the general population.

Marketing entails all strategies and sets of activities designed to deliver products into the reach of prospective customers (Contreras & Ramos, 2016: 55). According to Contreras and Ramos (2016: 55), marketing is defined using the four constructs of the strategic, tactical, sales and promotion/communication functions. As defined by the same authors, the strategic functioning of marketing are those functions associated with segmentation, target marketing, and positioning of an organisation within the community. The tactical function entails the management of the marketing mix (4Ps), which are the product, price, promotion, and place (Contreras & Ramos, 2016: 55); people, processes and physical evidence are the latest editions to the marketing mix (Manea, 2018: 918). The sales function entails activities for satisfying customer requirements, and the promotion or communication functions involve efforts created by the organisation to influence, create needs, and connect with consumers seeking to meet the same need, but done in an innovative way and adding value to the products (Contreras & Ramos, 2016: 57).

Marketing is viewed as a beneficial societal tool because it works for society by satisfying the needs and wants of customers through the efficient use of resources (Gaski, 2013: 8). Therefore, actions such as swindling, deceiving, and using coercion on customers are not considered marketing. Marketing is a jointly beneficial exchange strategy that entails giving others what they want in order for the giver to receive what she or he wants (Gaski, 2013: 9).
Educational institutions, as agents of marketing activities, make proposals, support the education-related services on the market and deliver educational services to clients (Lapin, Kirnesenko & Vannik, 2014: 209). Also, the marketing activities of higher education institutions include community engagement. Traditionally, communication modalities used for marketing were broadcast television and radio advertisements, outdoor advertisements, and the use of printed advertisements in newspapers and magazines. The frequently mailed newsletters and catalogue were used mostly to build long-term relationships and loyalty. As technology advanced, in addition to the traditional modalities, marketing is being conducted through Facebook advertisements, banners or displays and advertisements on websites. In addition, short-term promotions are conveyed through Tweets (Batra & Keller, 2016: 122). According to Pizarro Milian and Davidson (2018: 148), strategies used by higher education institutions to market their activities are generic marketing tactics which involve standardised tactics of displaying admission criteria and tuition fees on their websites. Another generic market strategy used by institutions is posting images of smiling students to display a positive image. The institutions also market through the use of websites by posting faculty and institutional achievements, such as university rankings, major scholarly works undertaken, donations received or given. Moreover, social events in the form of event calendars are displayed to build an appealing image and organisational identity for the institution (Pizarro Milian & Davidson, 2018: 151). In most cases, through marketing, community engagement activities such as donations, stakeholder consultations and cleaning campaigns by higher education institutions are displayed on their websites, media advertisement newsletters and social media pages. Additionally, other marketing strategies for higher education institutions identified by Mocan and Maniu (2015: 92) are short messaging, search engines and web designs. The use of current students is another effective marketing strategy because they helps attract prospective candidates by providing a more realistic image of the higher education institution. The academic staff use the higher education marketing strategies proposed in this section to facilitate community engagement.

b) Sub-Theme 1.2: Meetings

Participants stated that to facilitate community engagement in the FHS, there is a need to conduct meetings. Meetings may be within the faculty for the staff members and the students or between the students, academic staff and members of internal or internal communities. They view meetings as a platform where academic staff and community members may
discuss community engagement activities. Meetings are significant gathering for the strategic management process and form an essential part of the life of every organisation (Çalışkan & Özdemir, 2018: 113); meetings are seen as an opportunity for communication and are therefore controlled by a shared labour agreement (Bergman, Dellve & Skagert, 2016: 534). A meeting is defined as a formal or non-formal purposeful gathering of individuals called to discuss specific issues and problems, and to take decisions. Formal meetings are conducted at a confirmed time, place, and generally for a definite duration to follow an approved agenda (Business Dictionary, 2019: n.p). It refers to a process of dialogue on specific topics in which people meet to seek solutions for current problems, or it is a discussion guided by an agenda (Çalışkan & Özdemir, 2018: 113). An agenda is a topical schedule distributed to all team members to ensure main topics to be addressed at the meeting are known to all; also known as a meeting guide (Mueller & Vick, 2019: 75). Meeting agendas are typically prepared by an administrator, manager, or clerk. Agendas are advisory, and only become binding general orders of the assembly when they are formally adopted by one member and seconded by a second person (Moriarty, 2019: 53). Prior to each meeting, the invited members get an opportunity to suggest topics for the agenda (Bergman et al., 2016: 534). At academic institutions, the administrators who prepare a meeting agenda are faculty officers, while managers are deans, associate deans, unit directors, deputy directors, head of departments and project coordinators/conveners.

According to Çalışkan and Özdemir (2018: 122), meetings are a managerial tool employed for communication purposes to ensure effectiveness in decisions made, to create and develop an organisational culture, and incorporate many features such as motivation, education and solidarity. This, in the end, will lead to productivity of work, strengthening of support structures at work, and creates a spirit of unity in the workplace. In the same vein, the facilitation of community engagement through meetings will also lead to success and effectiveness of activities planned by the academic staff.

The Business Dictionary (2019: n.p) has identified two main types of meetings that are associated with the corporate setting, namely organisational and operational meetings. The organisational meeting is a regular meeting involving management and shareholders, such as a board meeting and annual general meeting. At the institution of higher education, this might be comparable to stakeholder consultation meetings and university council meetings. Moreover, there are also other organisational meetings that do not involve individuals outside
the institutions, like the senate meeting, the academic planning committee and other planned committee meetings. The operational meeting may be regular or a meeting conducted on ad hoc basis, usually involving management and employees, such as planning and sales meetings. At the institution of higher education, examples of operational meetings include faculty board and school board meetings, as well as other committees’ meetings. The physical organisation varies between the meetings, as meetings take place in tea rooms, boardrooms, conference rooms, or in an office (Bergman et al., 2016: 536).

A meeting is generally led by a chairperson, who is usually the manager, and is also responsible for sending out invitations to members (Bergman et al., 2016: 536). The meeting and its discussions are recorded in a written form called minutes (Business Dictionary, 2019: n.p). The duration of the meeting depends on the number and depth of discussions for agenda items, but is varied from half an hour to two and a half hours; the frequency may be once a week to once a month (Bergman et al., 2016: 536). To keep order during the meetings, there are norms, which are behavioural expectations set for members to adhere to. They may vary from meeting to meeting, and examples are to keep mobile phones on silent, to avoid side conversations, to communicate clearly, to listen attentively, to respect other members’ views, to be open to new ideas, to contribute ideas willingly and ask to be excused by the team if you have to leave the meeting before it is completed (Mueller & Vick, 2019: 75).

Meetings are a unique context, which is different from group work in a sense that it has implications for how individuals within organisations execute their roles and develop attitudes towards the organisation, co-workers, and the job itself (Mroz, Allen, Verhoeven & Shuffler, 2018: 485). Meetings are used for various purposes and therefore has a great impact in building organisational culture and community (Allen, Beck, Scott & Rogelberg, 2014: 792). The following are primary purposes of the meetings in an organisation (Mroz et al., 2018: 485), including higher education institutions to;

- disseminate information
- attend to problems and find solutions based on decisions made by members
- create and implement organisational strategy
- provide feedback to the team after a performance episode
In addition to the primary purposes of meetings given above, Allen et al. (2014: 799) suggested more general purposes for conducting meetings to discuss:

- Changes introduced in terms of new products or services
- A client’s needs or wants
- Productivity, quality, efficiencies and policies
- An ongoing project
- Employee benefits and employment contract issues
- Capacity and workload issues
- Technology or system concerns
- An employee’s performance
- Educate or train associates

In higher education institutions, discussions in meetings are in accordance with issues related to teaching, research and community engagement, as those are the functions of higher education. However, human-resource-related issues may also be incorporated into some discussions. In light of the purposes of the proposed meetings, these can be used to facilitate community engagement because it generally allows a variety of issues to be discussed as well as significant decisions to be made. Moreover, it allows for engagement to take place between members and therefore facilitates the involvement and participation of agents and recipients.

c) Sub-Theme 1.3: Training, inducting and mentoring academic staff

Participants stated that to facilitate community engagement the academic staff members should be trained, inducted and mentored in their work. The participants viewed community engagement as a new concept to the academic staff and they therefore need guidance in the form of training, induction and mentoring for them to facilitate the process. According to Shawkat (2019: n.p), training encompasses the change of skills, knowledge, attitudes, or behaviour among staff members. It is more present-day oriented, focuses on the job at hand, which means it is intended to make staff members more effective in their current work. Training is a set of activities that allow employees to gain new skills and qualifications (Olejniczak-Szuster & Łukasik, 2018: 14). It is a process of teaching and developing particular workers so that they have the competency and understanding required to cope in future positions (Diksha, 2019: n.p).
Training is significant to expand the capabilities and performances of employees (Khan, Khan, & Khan, 2011: 63; Taufek & Mustafa, 2018: 778). Therefore, it has become the most important factor in business as it has a positive effect on the efficiency and the effectiveness of both employees and the organisation. Organisations need to train employees to improve their performance and achieve desired goals, as well as to prepare them for new tasks and optimise their potential (Taufek & Mustafa, 2018: 778). Moreover, training increases work productivity and employee engagement (Olejniczak-Szuster & Łukasik, 2018: 14).

Participants also indicated that the induction of academic staff could be used to facilitate community engagement. Induction is one of the practises which assist new workers to understand and perform their role within the higher education institution (King, Roed & Wilson, 2018: 471), which also includes community engagement as a function of higher education. Induction has been defined as a process whereby employees adapt to their work and working environment. It helps the employees adapt because the process involves gaining awareness about the institution and what is expected from them, and helps them find their place within it (Pacios, 2013: 191). According to Mullins (as cited in King et al., 2018: 471), induction must include orientation to rules and regulations, adjustment with the culture and operational procedures, training and development needs of an individual employee. Moreover, it must include orientation to organisational values, its structure and the reporting lines, expected working hours, breaks and descriptions of tasks they are expected to perform. In general, good induction should assist a new employee to be socialised and inspired to make positive contributions to the organisation (Pacios, 2013: 191). Other purposes of induction are to familiarise and build confidence among new employees, manage their cultural shocks, enable them to start getting involved, and avoid problems such as absenteeism and unnecessary mistakes made by new employees (Arachchige, 2014: 11).

Regardless of the size of the organisation, the exercise of familiarising new employees is crucial for them to become more functional members of the team (Arachchige, 2014: 7). Ideally, induction should be conducted within the first six months of recruitment of an employee and within the work context. Induction is underpinned by an assumption that any professional learning process that will lead to competence will require experience within the respective practical context (Geiben, Grollmann, & Wolfgarten, 2015: 16). Various induction strategies are used by different organisations. For example, in the educational context,
induction strategies such as mentoring, observing veteran teachers, training courses, workshops, orientation and supervision are used (Alhamad, 2018: 60).

Participants in this study were of the opinion that mentoring is one of the strategies that can be used to facilitate community engagement. Mentoring is an interdependent relationship that occurs in different environments, inclusive of academia, corporations and civic organisations (Harris, 2016: 41). Anafarta and Apaydin (2016: 22) also noted that mentoring is a significant part of higher education. Mentoring in higher education contexts denotes the guidance offered by an experienced professor or associate professor to a less experienced faculty member on issues relating to institutional values, academic resources and traditions. Therefore, a mentor is someone who acts as a role model, assists, teaches, and provides time, dynamism and material support as a source of motivation to a less experienced faculty member (Anafarta & Apaydin, 2016: 25).

Mentoring refers to informal or formal acts of attending to, concerning, working together, listening, and trusting in a person (mentor) who is well informed and can provide guidance. A mentor can be a person of any age or stage of life; what matters is that he/she is an expert in the area of mentoring (Mathipa & Matlabe, 2016: 41). An effective mentoring programme benefits the mentor, mentee, and the institution. In the context of higher education institutions, community members also benefit from mentoring through the service provided by mentees in the community since mentees gained experience and skills which they use to engage with the community members. For the mentees, it helps them adjust to the institution, broadens their professional network, increases their feeling of belongingness and increases professional satisfaction. In addition, it also supports their career development and joins available projects (Eret, Guneri & Aydin, 2018: 534). The mentees benefit from mentorship because they become motivated, develop self-confidence and maximum utilisation of available resources (Hughes & Quinn 2013: 374). For the mentors, mentoring benefits them by affording them an opportunity to learn about the new generation, perspectives, practices and ideas. They benefit by sharing their own ideas and experiences (Eret et al., 2018: 537), which includes community engagement activities. In addition, mentors get recognition, improved job satisfaction and improved communication with other staff (Hughes & Quinn, 2013: 374). The institution benefits by recognising the skills of staff and ensures they are placed in the right job. It increases motivation among staff, improves motivation of staff and helps institutions to attract high calibre staff (Hughes & Quinn, 2013: 374).
Mentoring in a university setting is broadly displayed through faculty members who provide help to graduate students or colleagues. Two main domains of mentoring identified are psychosocial and career mentoring. The psychosocial mentoring includes offering counselling, role-modelling, acceptance and confirmation and friendship, while career mentoring encompasses coaching, protection, exposure and visibility, giving challenging assignments and sponsorship (Anafarta & Apaydin, 2016: 27). It can be summarised that the main components of mentoring are nurturing, role-modelling, and professional development of the mentee, including community engagement. Generally, mentoring is used to support the development of skills and knowledge in an authentic workplace rather than classroom or simulated settings (Naweed & Ambrosetti, 2015: 4). In addition, mentoring helps to sustain a caring relationship over time (Kerry & Mayes, 2014: 7).

According to Hughes and Quinn (2013: 371), mentoring is viewed as a long-term relationship, and a good mentor should pose the following characteristics:

- Approachable
- Knowledgeable and motivated to teach
- Good listener and trustworthy
- Supportive
- Patient and friendly
- Committed
- Demonstrate interests in the mentees
- Experienced and enthusiastic

A poor mentor is characterised by a lack of time for mentees, intimidating mentees, being unapproachable, poor communicators, promise-breakers, lacking knowledge and expertise (Hughes & Quinn, 2013: 371). As revealed in the current study, community engagement is one of the contents that should be included in the academic staff’s mentoring programme.

d) **Sub-Theme 1.4: Stakeholders engagement and partnership**

Participants indicated that to facilitate community engagement in the FHS, there is a need for stakeholder engagement and partnership. The Cambridge English Dictionary (2019:n.p)
defined a stakeholder as a person who is involved with an organisation and has accountabilities and interests in its success. Such a person may be a member of the external community involved with an organisation in society, a client, customer or an employee of the organisation. A stakeholder refers to a person, group of people or another organisation with special interests in the organisation (Business Dictionary, 2019: n.p). The stakeholders for the higher education institutions are academic staff, administrative staff, current students, alumni, members of the external community, institutions such as healthcare facilities and schools. Other stakeholders are faith-based organisations, donor agencies, other institutions of higher education (international and local), and corporate companies with interests in the operations of the institution. Moreover, those stakeholders are clustered into two main groups, which are internal or external to the organisation (Ferrero-Ferrero, Fernández-Izquierdo, Muñoz-Torres, & Bellés-Colomer, 2017: 317).

Stakeholder engagement indicates the extent to which several stakeholders are involved in a task and how their varied viewpoints are acknowledged (Ferrero-Ferrero et al., 2017: 314). According to Harland, Stewart and Bruce (2019: 324), the concept ‘engagement’ integrates ideas or expressions such as to liaise, to promote, to build relationships and to collaborate. Stakeholder engagement is a process utilised by an organisation to involve critical stakeholders for the purpose of achieving outcomes (Ferrero-Ferrero et al., 2017: 314). Furthermore, Felsen and Nastanski (2017: 660) noted that stakeholder engagement comprised the process of designing objectives, identifying priorities, deciding on methods for engagement and aligning those to the strategic goals.

Stakeholders are an essential part of an organisation’s operations because they can affect or be affected by the organisation’s policies, operations and objectives (Business Dictionary, 2019: n.p). Therefore, a critical phase in the process of stakeholder engagement is to find and categorise stakeholders that will be interested in meeting the needs and expectations of an organisation and its clients (Ferrero-Ferrero et al., 2017: 316). The process of stakeholder engagement empowers the organisation in finding what the needs of stakeholders are and those needs may be met. On the other hand, the organisation promotes its operations and preserves its relevance (Harland et al., 2019: 324).

There are various strategies used in the process of stakeholder engagement. For example, one way is to establish an advisory council that is formed by members from different stakeholder
groups. This is identified as a suitable stakeholder engagement strategy in higher education, specifically in sourcing ideas for innovative projects and initiatives that will be used to the benefit of faculty members and students (Felsen & Nastanski, 2017: 656). Other engagement strategies may include surveys, public meetings, focus groups, individual interviews and community advisory groups (Harland et al., 2019: 328). Additionally, Herremans, Nazari and Mahmoudian (2016: 426) identified three stakeholder engagement strategies, which are informing, responding and involving. Informing is one-way communication which includes feedback to the stakeholders, mostly in the form of meetings, reports and announcements. Responding as an engagement strategy is described by actions of organisation provoked by societal needs, and there is two-way communication with those involved. In involving strategies, organisations actively involve the stakeholders in decision making and performance indicators are subject to external audits.

In most cases, the process of stakeholder engagement is intertwined with partnership. Therefore, in the current study, participants felt that community engagement could be facilitated with stakeholder engagement as well as partnership. Partnership is an affiliation in which two or more people, organisations, or countries work together as partners (Collins Dictionary, 2019: n.p). It also refers to an arrangement between organisations or people who agree to work together (Cambridge English Dictionary, 2019: n.p). Additionally, López, Turley and Stevens (2015: 9) defined ‘partnership’ as a form of agreement which involves two or more people or a group of people working together to accomplish a goal. Partnership can refer to a scope of interrelationships ranging from the most shallow to the most complex (Farah, 2019: 74). Since community engagement takes place in higher education for community members to interact with academic staff, there is a need to form partnerships. This forms a link that joins the students, academic staff and community partners or facilitates them working together in areas of research, seeking solutions to problems affecting community members, and contributing to community projects (McMillan, Goodman & Schmid, 2016: 19). Partnerships include meeting the identified needs, providing services, exchanging items, sharing resources for the purpose of achieving separate goals, or achieving shared goals, values, and products (Farah, 2019: 74).

To ensure successful stakeholder partnership between the community and the academic institution, the following factors are applied:
❖ Develop a common vision and realistic goals
❖ Focus on product and market synergies first
❖ Make sure everyone has ‘skin in the game’
❖ Establish a governance structure that works for both parties
❖ Ensure both clinical and administrative leadership stay engaged
❖ Create a sustainable economic business model
❖ Expect conflict and manage it to ensure success (Fairchild & Wesslund, 2018: 4).

These steps will help the academic staff members to facilitate community engagement in the FHS by forming partnerships with the stakeholders.

e) Sub-Theme 1.5: Community participation

Community participation was mentioned by this study’s participants as one of the methods through which community engagement could be facilitated in the FHS. Community participation has taken on diverse forms and definitions depending on the context in which it is applied (Rouhani, 2017: 31). Community participation is generally defined as a process that entails active involvement of citizens in all aspects of the development and implementation of strategic plans of projects and programmes (IGI Global, 2019: n.p). Community participation in health refers to the involvement of community members in the organisation of primary care services, the process of making policies and exercising authority over the care being provided (Kroneman, Van Erp & Groenewegen, 2018: 1). The concept was introduced with the 1978 Alma Ata declaration, which enclosed the community as essential to the design, implementation and evaluation of primary healthcare services. It may refer to a practice whereby individuals are passively receiving benefits from health projects, to individuals actively making decisions about policies and activities. Moreover, community participation denotes a process of actively involving individuals in decision making and accountability for the project (Rifkin & Kangere, 2013: 41).

Haldane, Singh, Srivastava, Chuah, Koh, Seng Chia et al. (2019: 21) noted that community participation is a core component of an equitable and rights-based approach public health intervention. Globally, it is promoted as a critical element of fundamental rights to health (Ahuja, Kean, Marston, Hinton, Costello, Portela et al., 2016: 374). Additionally, it is a fundamental principle of democracy and involves freedom of expression. Community
participation is a strategy to engage community members to ensure more people use the services being provided and guarantee successful activities. The community members may be involved in defining community priorities and partake in implementing the solutions (Bath & Wakerman, 2015: 4). ‘Participation’ in community participation includes contributions to resources and involvement in designing, implementing and evaluating the projects (Rifkin & Kangere, 2013: 42). Therefore, to participate does not only include the provision of ideas but also being involved in the intervention (Bath & Wakerman, 2015: 3). It was necessary for this study to view community participation from the perspective of health because strategies to facilitate community engagement will be used in the FHS.

Enshassi, Shakalaith and AlKilani (2018: 110) indicated that community participation leads to improvement in socioeconomic conditions. This is because when they are involved in finding solutions to their own problems, some actions are income-generating and therefore improve socioeconomic status. The other reason could be that the idea of community participation entails trying to reach underserved community members (Ahuja et al., 2016: 376). Community participation is best understood on a continuum, because this illustrates the significance of the participation process, rather than just the end product. The continuum of community participation is information sharing to consultation, to collaboration, to empowerment (Rifkin & Kangere, 2013: 42). Irrespective of the activities used for community participation, the interaction between professionals and community members is vital to this process (Rifkin & Kangere, 2013: 41). In the process of community engagement, interaction here can be between the academic staff and members of the external and internal communities.

f) Sub-Theme 1.6: Community entry process

The study participants were of the opinion that for academic staff to facilitate community engagement, the process of community entry should be followed. The community entry process refers to the procedure of commencing, promoting, and sustaining appropriate relationships with community members to obtain and sustain people’s interest in the programme and all its aspects (Amu, 2016: 3). It includes the application of different techniques and tools of community mobilisation, identification and recognition of local leadership to establish harmonious working relationships and reach community members (Kimanthi, 2013: n.p). The process of community entry is carried out to gain access to the
communities and is a vital component of the entire project. Moreover, successful entry to the community can be a way of increasing participation and gaining access to under-researched residents (Ochocka, Moorlag, & Janzen, 2010: 3). Furthermore, the community entry process aids in observing protocols and ensuring that project objectives are met (Amu, 2016: 30).

Community entry is a sensitive process that calls for mindfulness and acceptance of communities, interpersonal relationships and group processes (Vermeulen, Bell, Amod, Cloete, Johannes & Williams, 2015: 52). This is because community members and professionals, such as academic staff, look at aspects in different ways. This typically leads to entry problems and lack of acceptance by the community members. Therefore, community entry processes help to create long-term relationships between external project members and community members (Ochocka et al., 2010: 3). The Peace Corps (2011: 10) recommends that to gain entry into the community, individuals should make themselves visible and familiar to people who know the community to act as local experts and mentors. They further recommend the importance of communication and observation of community people and activities conducted in the community. Thereafter, the guest to the community should participate in community activities to increase acceptance, knowledge sharing and trust by community members. Lastly, the Peace Corps (2011: 6) recommends that individuals should reflect on what they see, hear, feel, and smell, to facilitate an understanding of the community, resources and needs.

The community entry process is a systemic procedure with four steps to be followed:

- **Step 1:** Collect information and map out the community
- **Step 2:** Conduct a stakeholder analysis
- **Step 3:** Interact with key stakeholders identified
- **Step 4:** Conduct an open community meeting (Amu, 2016: 5)

In Step 1, the project leaders need to conduct a situational analysis by collecting statistics on how many people are in the community, how many are affected, and where they are located. After the situational analysis, there is a need to conduct a stakeholder analysis to identify the community leaders and other stakeholders in the proposed project, then establish the protocol to be followed in the project. Thirdly, the project leaders should invite the stakeholders, such as traditional leaders, local political councillors, school principals, church leaders and headmen. Kimanthi (2013: n.p) recommended that the community chief should be met first,
followed by meeting other leaders individually to explain the purpose and benefits of the proposed project, and expected timelines. Basically, this is to get their support to extend an invitation to the general population. The final step involves the general population attending an open meeting where information about the project is shared, and community members get an opportunity to ask questions (Amu, 2016: 21).

Community engagement in the FHS entails projects conducted by academic staff members and students in the external and internal community. The academic staff and students must follow a proper entry process to the community to facilitate the process of community engagement.

g) Sub-Theme 1.7: Appointment of a community engagement coordinator

Participants indicated that community engagement could be facilitated through the appointment of a coordinator. They expressed that activities are better facilitated when there is a person who is leading the process. In most higher education institutions, the individuals who act as focal persons and conveners of specific projects and programme are coordinators. The Cambridge English Dictionary (2019: n.p) defined a ‘coordinator’ as someone whose work is to make different people function together in an ordered way to achieve something. That means they are responsible for coordination. Coordination entails the integration and synchronisation of activities and control structures to ensure efficient utilisation of resources in achieving the specified objectives (Business Dictionary, 2019: n.p). It refers to working together or acting together effectively for the rational and efficient use of limitedly available resources (MoHSS, 2011: 3). Coordination is the act involving everyone in a plan or activity to work together in a synchronised way (Cambridge English Dictionary, 2019: n.p). Moreover, the Business Dictionary (2019: n.p) noted that coordination is one of the key functions of management.

Coordinators offer primary support and make many of the decisions surrounding the implementation and design of activities. They are responsible for liaising, collaborating and networking with others while maintaining and improving unit resources. In addition, they build supportive relationships with colleagues and seek advice from experienced leaders to build the team (Pepper & Roberts, 2016: 124). Nathan, Braithwaite and Stephenson (2013: 6) noted that coordinators help build skills and confidence among other staff members, involve
them in activities and advocate for staff. Therefore, they should be viewed as integral in the approval, interpretation, and implementation of any new policies or standards in all functional areas of higher education, including community engagement (Whitworth, Maeng, Wheeler & Chiu, 2017: 932).

At the higher education institutions, coordination is an essential administrative function which is required from all units. The appointment of a coordinator ensures there is accountability for activities and resources used, adherence to strategic plans, and assurance that all deadlines are met. The coordinators are viewed as network hubs within an institution because of their involvement with external stakeholders. Their role in the facilitation of community engagement is significant because they will be a link between the faculty and the community members, either externally or internally. Zutshi, Creed, Roger and Osborne (2013: 59) identified leadership as a critical attribute of the coordinator, along with credibility and enthusiasm. Coordination is a leadership function which is required at all units in the institution. Therefore, leadership, as an attribute, is required because coordinators function as team leaders who are expected to be at the forefront of all activities within their units. Activities within the units entail teaching, research and community engagement.

h) Sub-Theme 1.8: Attitudes and characteristics of academic staff

Participants stated that the attitudes and the characteristics of academic staff also facilitate community engagement within the FHS. In this chapter, the attitudes and characteristics of academic staff were conceptualised under the agent of community engagement.

5.2.5.2 Facilitation of community engagement through research-based activities

The study revealed that research-based activities could be used to facilitate community engagement in the FHS. Research is known as one of the core functions of higher education, alongside teaching and community engagement. The concept ‘research’ refers to the act of searching again or examining carefully (Grove et al., 2013: 1; Grove & Gray, 2019: 2). Chinn and Kramer (2018: 298) defined ‘research’ as “an application of formalized methods of obtaining confirmable and valid knowledge about empiric experience”. It is the diligent, systematic investigation or inquiry to validate and refine existing knowledge and generate new knowledge. That means it is a process that involves planning and organisation (Grove et
al., 2013: 2). The final goal of research is the creation and advancement of an empirical body of knowledge for a discipline or profession (Grove & Gray, 2019: 3). A broad definition suggests that research is any type of inquiry that generates knowledge and may include a variety of activities (Arries, 2018: 296).

In general, activities are research-based when they depend on practices and applications demonstrated to be effective through research. It implies that such activities depend on research or can be conducted through research in order to prove that it is possible or useful for the specific reason for which it is implemented. The facilitation of community engagement through research-based activities will be described under three sub-themes in the sections that follow.

a) **Sub-Theme 2.1: Community-based research**

Participants indicated that community engagement could be facilitated through community-based research. That means academic staff have to participate in community-based research as one of the community engagement activities in the faculty. Community-based research refers to a form of action research that includes research partnerships between community members and university-based academics (Tandon, Hall, Lepore & Singh, 2016: 1). Ross, Brown, Chambers, Heath, Lindsay, Roche et al. (2016: 5) identified other concepts to refer to community-based research such as “participatory research”, “community-based participatory research”, and “participatory action research”. Those research designs are based on the identified needs, challenging issues, concerns, and strategies of communities and the organisations they serve. That means it is conceived from the needs and concerns of specific communities (Burns, Cooke & Schweidler, 2011: 5; Demange, Henry & Préau, 2012: 18). Community-based research is dynamic in nature because it considers the roles played by community members in the research process. Therefore, the process involves the integration of scientific principles with the efforts of communities in order to address pressing community issues (Ross et al., 2016: 4). In community-based research, research evidence is generated and changes are established by using the community as members of the teams creating knowledge. This leads to a strengthening of community capacities and generating new practical fields of intervention (Demange et al., 2012: 18).
Community-based research is a transformative model of research based on principles of community empowerment, collaboration, and social change. The community members participate as collaborators and agents of change, instead of being study participants in the research process (AccessAlliance, 2012: 3). Community-based research transforms the community when it is guided by the principle ‘partnership’ (Roche, 2013: 10). Other vital pillars and principles of community-based research identified by the Access Alliance (2012: 12) are community relevancy; capacity building; inclusion and equity; sound ethical practices; bottom-up approach; social action/policy outcomes; and shared ownership of research and research data. In community-based research, the target is to share power with study participants, and it is therefore guided by collaborative relationships and equal partnership between researchers and community members and organisations or stakeholders (Walton, Zraly & Mugengana, 2015: 48). Each research partner brings their own expertise, and they share responsibilities among the team (Demange et al., 2012: 18); thus bringing together different stakeholders to work together and promote holistic societal development.

Community-based research includes research conducted by community groups and is conducted in the community context; that means it can be done with or without the involvement of the university. As far as research approaches are concerned, community-based research may incorporate both quantitative and qualitative methods; what is important is the collaboration and partnership with the community members in the process. Badiee, Wang and Creswell (2012: 42) noted that in the health science field, community-based research is embedded in social justice and advocacy for underserved individuals and communities. Therefore, it is an ideal approach to understanding phenomena and problems affecting marginalised communities.

In higher education, community-based research is one of the vehicles for community engagement because it facilitates the process of partnership between the university and community. It does this by bringing the two together to achieve mutually beneficial goals and shared interests. Being action-oriented and community-focused, community-based research allows universities to engage with communities and conduct research which has societal relevance and academic validation (Tandon et al., 2016: 5). In addition, community-based research supports experiential learning and promotes the use of multiple methods of knowledge discovery and dissemination. It supports community-engaged teaching by
enhancing students’ motivation, developing their sense of self-efficacy to inspire them to be change agents at the community level (Lucero, Evers, Roark & Parker, 2017: 263).

In community-based research, the main focus is on collaboration, rather than focusing on knowledge or research expertise. The prolonged engagement of participants helps to build relationships, which are based on a commitment to democratic and life-improving values. Community-based research also incorporates ongoing critical reflection by all members, and it helps them improve capacity (Wood, 2016: 685). Another essential quality that facilitates community-based research is flexibility, since it allows for deviance from the initial research plan and accommodates each other. This leads to a more successful research process and results in positive social change (Dunbar, Terlecki, Watterson & Ratmansky, 2013: 129).

b) Sub-Theme 2.2: Research ethics

Participants indicated research ethics as one way to facilitate community engagement in the FHS. According to Bless, Higson-Smith and Sithole (2013: 28), an ethical issue is concerned with whether the behaviour follows accepted codes or principles. These codes and principles are not based on professions, religious or beliefs but on the principles of reciprocity, which means researchers should treat others as they would like to be treated. All research with human beings are guided by ethical principles (Polit & Beck, 2017: 15) since researchers usually have more authority than participants in their research projects, putting participants at risk of their rights being violated (Bless et al., 2013: 25). It is against this background that codes of ethics were developed to protect participants and ensure the research process is conducted ethically. During the research project’s planning and design phase, the researcher should think of ethical issues that might be encountered during the project and plan how these issues should be addressed (Creswell, 2013: 56). Research ethics emphasise the compassionate and sensitive treatment of research participants, thereby preventing abuses and assisting researchers in understanding their responsibilities as ethical scholars (Bless et al., 2013: 28).

Research ethics entails moral values that are concerned with the degree to which research procedures adhere to professional, legal, and social obligations to the research participants (Polit & Beck, 2017: 727). These serve as standards and the basis upon which each researcher should evaluate their own conduct (De Vos et al., 2011: 115). Historically, the Nuremberg
Code was the first set of guidelines aimed at protecting the rights of research participants. The other internationally recognised ethical guidelines are Declaration of Helsinki, which was published in 1964 and amended by the World Medical Association in 2013 (Brink, van der Walt & van Rensburg, 2018: 28). The Belmont Report, which was issued by the National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research in the United States of America, has been the foundation for many ethical guidelines accepted internationally. Most disciplines have since established their own ethical guidelines which are accepted worldwide (Polit & Beck, 2017: 151). Many countries and councils have also adopted the principles suggested by the pioneers in the establishment of ethical issues in research.

Polit and Beck (2017: 152) identified the three broad principles from the Nuremberg Codes on which standards of ethical conduct are based, namely beneficence, respect for human dignity and justice. These are considered as fundamental ethical principles which guide researchers. A brief description of these principles is given below:

- **Beneficence**
  The principle of beneficence implies that researchers should do good and above all, not cause harm to participants (Grove et al., 2013: 162; Grove & Gray, 2019: 98) This principle indicates that the participants must not be harmed in the research process and should ideally benefit from it (Babbie, 2013: 34). Polit and Beck (2017: 152) noted that beneficence imposes a duty on researchers to minimise harm and maximise benefits. In the context of this study, beneficence implies that community-based research activities conducted as community engagement should not harm or cause injury to any community member. The researcher is ethically obliged to change certain aspect of their research that are potentially dangerous to the participants rather than exposing them to physical and emotional harm of which they may be aware (De Vos et al., 2011: 116). Ideally, research participants should have the right to freedom from any discomfort and should be protected from any form of exploitation as one of the duties of researchers.

- **Respect for human dignity**
  Respect for human dignity also refers to the principle of respect for persons. This entails the right to self-determination and the right to full disclosure (Polit & Beck, 2017: 154). The same authors noted that self-determination means that potential participants can voluntarily...
choose whether to take part in a study or not, without risks of prejudicial treatment. Participants are therefore entitled to ask questions, not to give some information, and to withdraw from the study at any time. The right to self-determination is based on the idea that human beings are capable of controlling their own destinies, therefore should be treated as autonomous agents who have the freedom to conduct their lives as they wish without external control (Grove et al., 2013: 164). In community-based research activities, the researcher should ensure all potential participants are well informed about the details of the study and those who agree to participate have given written informed consent. Their participation in research should not be consented by community leaders or other influential people as it infringes on their right to make their own decisions.

According to Polit and Beck (2017: 154), full disclosure means that the researcher gives full descriptions of the study, the potential participants’ right to refuse, their responsibilities as well as benefits and risks. The researcher gives honest and truthful information about the study, therefore avoiding the use of coercion and deception (Grove et al., 2013: 168). The right to self-determination and the right to full disclosure are two elements on which the issue of informed consent is based. Informed consent is one of the indications of adherence to the principle of respect for human dignity or respect for persons. Informed consent is a voluntary and reasoned decision to participate in the study, which is based on accurate and complete information about the details of the study (De Vos et al., 2011: 117). Moreover, Polit and Beck (2017: 157) indicated that informed consent is given when participants have adequate information about the study, understand the information and have the capacity to voluntarily consent or decline participation in the study. Babbie (2013: 33) noted that consent is based on understanding what the research entails and is usually given in writing by signing the study consent form. Special arrangements are made in case research projects involving minors and those who lack complete autonomy, such as mentally unstable persons. In such cases, their guardians or next of kin give informed consent on their behalf.

**Justice**

Justice means that “the burdens and benefits of research should be shared fairly within the society” (Babbie, 2013: 34). It implies that the study participants should have the right to fair treatment and privacy (Polit & Beck, 2017: 155). Right to fair treatment implies that the researcher should select participants based on criteria set up during the study’s design and at all times avoid choosing people due to their vulnerability, such as terminally ill clients,
prisoners and poor people. As an obligation to fair treatment, the researcher should not show bad treatment to people who refuse to participate or withdraw from the study. There is fair treatment when people receive what they are owed or receive similar treatment to other persons in the same situation (Grove & Gray, 2019: 105).

Another element of the principle of justice is the right to privacy. Grove et al. (2013: 169) noted that the right to privacy is an individual’s right to decide on the time, extent and general situations under which private information is shared with or withheld from others. The right to privacy entails that the researcher should not be more invasive than needed and that the participants’ privacy is maintained continuously (Polit & Beck, 2017: 156). The research participants’ right to privacy is maintained through confidentiality and anonymity. Confidentiality is adhered to in research when the researcher safely manages information or data shared by participants to ensure they are kept from others (Grove & Gray, 2019: 107). There is confidentiality when the researcher can identify a participant’s responses, but this is not done publicly (Babbie, 2013: 36). It involves the management of information in a confidential manner. Anonymity also means that the participant’s identity cannot be associated with his or her individual responses, even by the researcher (Grove et al., 2013: 172); the researcher cannot link participants to their data (Polit & Beck, 2017: 162). In community-based research, an academic staff member as a researcher should ensure fairness of all community members by treating them equally, and ensuring the identities of community members participating in research are protected through anonymity and confidentiality.

The research proposal is prepared in writing and is submitted to several ethics committees for review and approval to ensure that the research ethics principles will be adhered to. The review and approval is done prior to the data collection process. The committee issues ethical approval certificates with clearance numbers (Jooste, 2018: 309). The ethical certificate forms part of the application package to seek permission to collect data from relevant authorities. During the report writing process, the researcher reflects in their writing how the ethical principles were adhered to, what ethical issues they encountered, and how they were addressed.
Research ethics is a crucial component of the research process. Since that community engagement is also conducted through research, it is viewed that when research ethics is adhered to, academic staff will facilitate community engagement in the FHS.

c) **Sub-Theme 2.3: Incentives and recognition of academic staff**

Incentives and recognition of academic staff emerged as another way to facilitate community engagement in the FHS. They viewed incentives and recognition as motivators for academic staff to be engaged with the community. The Merriam-Webster Dictionary (2019: n.p) defined ‘incentives’ as something that incites or has the ability to incite to determination or action. It is the inducement or supplemental reward that works as a motivational means to a desired action or behaviour (Business Dictionary, 2019: n.p). Manyasi (2013: 97) noted that incentives are monetary or non-monetary in nature. The monetary incentives are also known as financial incentives, and includes salary increments, cash, payment of study fees and payment of subsistence expenses. Other financial incentives include discounts on gym memberships (Batorsky, Taylor, Huang, Liu & Mattke, 2016: 199). The non-monetary incentives are rewards, treats or gifts. It also includes vouchers and social activities such as sports tickets, cinema tickets, day trips, and meals/drinks out (Crossland, Thomson, Morgan, Dombrowski & Hoddinott, 2015: 13). Events such as trips to theme parks, bowling, and ice skating are some of the non-monetary incentives offered to individuals (Sibieta, Greaves & Sianesi, 2014: 12). Moreover, the non-monetary incentives entail employees’ promotion and increment in their responsibilities (Manyasi, 2013: 97).

Munyengabe, He and Yiyi (2016: 194) stressed that it is crucial to motivate staff members by giving them incentives and both monetary and non-monetary incentives are given by organisations to raise the morale of the staff to partake in activities. Lazear (2018: 195) agreed that incentives are required as part of inducing the effort of staff and therefore have a positive contribution to the economy. In institutions of higher education, academic staff members may get incentives depending on the number of courses taught and their outputs, which means they are encouraged to put more efforts into teaching and learning activities. Other forms of incentives in higher education institutions include allocating money for publications in accredited journals (Müller, 2017: 63). Similarly, incentives may be given to academic staff who obtained high scores in community engagement activities during the annual appraisal system. This implies that more staff members will strive to conduct
community engagement activities to get incentives, therefore incentives serve as a promoter of community engagement. It is believed that a better outcome is obtained by giving the academic staff member acceptable incentives to become engaged in processes (Nguyen & Hansen, 2017: 316). In addition, staff members viewed receiving incentives as being more relevant compared to the work they do (Munyengabe et al., 2016: 194).

The recognition of academic staff in higher education institutions comes in forms of giving them awards and certificates. The academic staff are recognised for outstanding performances in specified areas of their jobs during a specified academic year. Community engagement is one of the areas of performance for academic staff, therefore, by giving those incentives and being recognised for participation, they will be encouraged to engage with their communities.

5.2.5.3 Facilitation of community engagement through curriculum-based activities

The curriculum-based activities emerged as one of the ways to facilitate community engagement in the FHS. Hughes and Quinn (2013: 100) indicated that the curriculum is a concept that describes a plan or design on which educational provision is based. It consists of a series or a set of courses which a student takes during the programme’s duration (Staykova, 2013: 74). In nursing education, the curriculum follows the prescriptions of the nursing school, the national qualification authority body as well as the nursing council. Ideally, the curriculum addresses the following questions:

- Who is to be taught? (Who will learn?)
- What is to be taught or learned?
- Why is it to be taught or learned?
- Where is it to be taught or learned?
- When is it to be taught or learned? (Hughes & Quinn, 2013: 102)

The curriculum also refers to a statement of the anticipated aims and objectives, content, experiences, outcomes and processes of an educational programme (Grant, 2010: 3). Therefore, it consists of the following components:

- Learning outcomes
• Teaching and learning processes
• Subject matter
• Assessment (Hughes & Quinn, 2013: 103).

Community engagement may be incorporated in any of the four components listed above. The curriculum can be seen as a framework with six interconnected items that exist simultaneously. It is for this reason that the curriculum can be described as a structure, as a process, as content, as a teaching and learning process, and as an activity (Hussain, Conner & Mayo, 2014: 60).

Nursing education has two categories of education, for which different curricula are designed, namely pre-registration and post-registration education. The pre-registration education is also known as pre-service, and it caters for candidates with no prior experience in nursing and those who have never registered with the nursing council before. In most cases, candidates entering nursing pre-service training have recently completed their secondary education or come from other fields of study. The post-registration education is for candidates already registered with nursing councils and joining the training to upgrade their qualifications. The post-registration educational training may be offered at an undergraduate level, such as nursing bridging courses, or it may be as a postgraduate qualification. The pre-service training is mostly offered on a full-time basis but also on a part-time basis in some countries, while post-registration training is largely part-time, or open and distance in some settings (Hughes & Quinn, 2013: 117). Community engagement may be conducted through curriculum-based activities in pre- and post-registration nursing education.

According to Du Preez and Simmonds (2014: 4), the curriculum is viewed as a policy artefact, a term used to refer to policy documents endorsed by specified authorities. The whole curriculum includes the philosophical and social issues as applied to the educational programme, and therefore it is planned at different levels. Nursing education has three levels; the macro-curriculum, the meso-curriculum, and the micro-curriculum. The macro-curriculum is national and is constructed by the nursing council within the framework of the national qualification authority. The meso-curriculum is designed by the nursing schools within the national qualification frameworks and based on the macro-curriculum. The micro-curriculum is designed by an individual academic staff member within the specific subject context (Bruce & Klopper, 2017: 84).
In this study, the curriculum-based activities include all undertakings that are prescribed in the curriculum followed for a specific programme. The facilitation of community engagement through curriculum-based activities is described according to four sub-themes below:

a) **Sub-theme 3.1: Students’ assessment**

Assessment is defined as strategies set in place to monitor the progress of students in achieving the objectives of a course (Kulasegaram & Rangachari, 2018: 5). Moreover, the concept ‘assessment’ in the educational context can be used to refer to certification procedures, evaluative or any feedback action. Any formal and purposeful acquisition of information about the competency and performance of a student is regarded as an assessment (Schuwirth & van der Vleuten, 2010: 195). The participants in this study were of the opinion that to facilitate community engagement in the FHS, it should form part of student assessment. This means there should be constructive alignment, which implies that assessment should include what needs to be achieved (Hays, Hamlin & Crane, 2015: 434). For example, if community engagement projects are to involve students, ideally academic staff should incorporate assessments since students are unlikely to take part in activities unless there is a grade or reward for doing so (Wass, Harland, Mclean, Miller & Sim, 2016: 1325). Assessments that transform students to become experts in their fields require them to do more than just replicate what was taught in the classroom (Kulasegaram & Rangachari, 2018: 8). Consequently, assessments must include community engagement because it gives students an opportunity to be assessed.

Stuart (2013: 1) acknowledged that assessment is part of our daily social life, evidenced by how we make judgements on things, ideas, people, events, and on values as part of the process of making sense of the world around us and where we stand in any given situation. However, in the educational context, assessment is formalised and controlled. In general, assessments in higher education are conducted to facilitate and direct students’ learning (Thomas, Moore, Rundle, Emery, Riele & Kowaluk, 2019: 546). Schuwirth and van der Vleuten (2010: 195) asserted that assessment is never carried out without a purpose. It is therefore conducted for summative and formative purposes. Formative assessment involves the process of teachers providing information to students for the purpose of modifying their
understanding and regulating their own learning. It emphasises the idea that feedback is given to improve students’ self-regulated learning processes (López-pastor & Sicilia-Camacho, 2016: 78). Formative assessment aims to provide feedback to a student, and it focuses on improvements enabled by information on what has been understood and where flaws lie (Lok, Mcnaught & Young, 2016: 451). It is for this purpose that it can be concluded that formative assessment functions help teachers review and modify their teaching, and secondly, students see their progress (Chng & Lund, 2018: 30). The formative assessment is conducted continuously during the study period, and it is used interchangeably with the phrase ‘assessment for learning’. Overall, both formative and summative assessments of students are suitable to facilitate community engagement.

The ‘assessment for learning’ is a phrase used for any assessment that meets the following five criteria:

- It helps students define their positions in terms of meeting the objectives of a course
- It identifies what students need to do further
- It prepares students to transfer their knowledge and skills to novel situations
- It enables students to gain a deeper understanding of the course material
- It provides students with an opportunity to personalise their learning (Kulasegaram & Rangachari, 2018: 8).

The five criteria listed above can be met in all learning contexts, including the community context. In contrast, summative assessments are commonly applied at the end of a period of tuition to measure the outcome of student learning. Data from the summative assessment are used for certification, assessment of teaching effectiveness, and accreditation of the programme (Kibble, 2017: 110). Summative assessments are observed to have a more robust societal flavour, because it is the means through which the public sees that learning has occurred (Kulasegaram & Rangachari, 2018: 5). The members of the public may be interested in summative assessment because it provides them with scoring evidence that can be read and easily understood (Lok et al., 2016: 451).

Apart from the summative and formative purposes, assessment is conducted to select candidates for training. This is done by means of entry tests or examinations whereby applicants are screened to identify their abilities to complete the course and potential qualities
of being a professional in the profession to which they are applying. For students who are already registered in a specific programme, an assessment may be conducted for placement purposes, especially for language courses to identify the level at which to begin. Assessment also acts as a gatekeeper to professional registration, especially for health science graduates after completing a formal programme at the institutions of higher education (Stuart, 2013: 4).

It is stipulated in the Health Profession Councils of Namibia’s regulations that students should be exposed to teaching and learning in the community context, therefore, there is an expectation that assessments are conducted in the same context where teaching and learning take place.

In order for assessment to serve its purposes, there is a need to include multiple forms of assessment in the plan; this aids in integrating, synthesising and assimilating the theoretical component with clinical application and practical skills (Hughes & Quinn, 2013: 244). Kibble (2017: 112) identified different forms of assessments commonly used in health professions’ education. They are multiple-choice questions (MCQs), short answers, essay/reports, oral exams, direct observation, portfolio, practical/simulated examination, peer assessments and self-assessments. The reports include the reflective thesis and other reports on learning activities. However, practical examinations, direct observation, peer assessment, self-assessment and reflective reports are more suitable for use in a community context.

There are two approaches to assessment: the criterion-referenced and norm-referenced assessments. A criterion-referenced approach to assessment is when the teacher grades a student based on criteria. It reflects the progress of individual students during training. The focus here is on seeing how the student’s performance is connected to the content and expected outcome. The criterion-referenced approach seems suitable for use when community engagement is facilitated through student assessment. The norm-referenced assessment approach focuses on the performance of a group and discriminates the top achievers from low achievers. It makes use of numerical values in grading, and no criteria are used (Lok et al., 2016: 455).

Schuwirth and van der Vleuten (2010: 195) identified criteria that assessors should use when choosing a form of assessment for the course. These are reliability, validity, educational impact and cost-effectiveness. These are also known as principles of assessment. Reliability refers to the reproducibility of the measurement used in assessment (Kibble, 2017: 110). It
relates to how often the same result is obtained (Schuwirth & van der Vleuten, 2010: 196). Validity entails whether there is a coherent body of evidence supporting the use of the assessment results for their stated purpose, and it answers the question of whether the test measures what it is designed to measure (Kibble, 2017: 110). Validity is also interpreted as the degree to which the competence that the assessment is said to measure is actually being measured. For this purpose, it is important for the assessor to indicate the purpose of assessment before deciding on the form of assessment to use. Cost-effectiveness relates to how realistic tests are in the local context (Kibble, 2017: 110). The academic staff should choose a form of assessment that is feasible to carry out in their context. Educational impact relates to whether the assessment motivates students to prepare in ways that have educational benefits (Kibble, 2017: 110). This criterion looks at whether the proposed form of assessment has an influence on student learning and whether it makes students learn from the experience. The four criteria should guide the academic staff in deciding on the form of assessment to use for it to produce desirable results. To incorporate students’ assessment in community engagement, the academic staff member should consider forms of assessment that are suitable to carry out in the community context where community engagement is to take place, and also consider community engagement activities that are conducted in the faculty.

b) Sub-theme 3.2: Use of community experts

The participants indicated that community engagement could be facilitated in the FHS by using experts from the community. This is done by allocating experts tasks or activities that involve the teaching, facilitation of learning and community engagement activities. The Business Dictionary (2019: n.p) defined an ‘expert’ as a professional who has attained knowledge and skills via studying and practising in a particular field or subject, to the degree that their opinion is helpful in problem-solving, fact findings, or understanding a phenomenon. A person may be labelled as an expert when they have something different, rather than simply having specialised education or experience (Garrett & Mitchell, 2018: 903). Therefore, to be an expert not only depends on credentials or work experience but may also be based on the performance of tasks. Experts thus include people who are proficient in specific tasks or who are more knowledgeable in a certain subject. Other concepts used to refer to experts are clever, geeks, artisans and champions (Holtskog, 2017: 1028).
Because experts are extraordinarily capable, they are expected to have an epistemic authority (Hardoš, 2018: 270). They should find social practices of obtaining and sharing knowledge with other community members. It is for this reason that academic staff at institutions of higher education identify experts in the community and involve them in the educational processes. The higher education institution is part of the broader community, and as a societal norm, people turn to community experts when they want to find correct answers to questions. It is also known that the experts occupy high social strata and have more influence in society. Hardoš (2018: 272) emphasised that experts are not merely defined by their possession of information other people do not have, but also by their situational ability to acquire new information quickly. That means even a lay-person who is not educated have the potential to become an expert in a certain area. The experts are also known to have a higher capacity for learning in comparison to non-experts. Hardoš (2018: 272) identified two types of expertise, namely skills experts and intellectual experts. The skills experts possess a high ability to perform certain skills, while intellectual expertise has high thinking capacity and therefore the ability to apply critical thinking in problem-solving. Van de Wiel (2017: 113) noted that experts have the ability to act beyond mastery and give their creative ideas and innovations to the task at hand. That ability is not merely gained through years of practice and experience, but it requires an ongoing circular process. This process includes understanding different aspects through reflection, finding solutions to issues at hand, reformulating own knowledge by reading, writing and sharing practices with others (Asaba, 2018: 6). Moreover, seeking feedback is also necessary in order to identify aspects that need to be improved.

Objective measures that are used to define experts are degrees, job titles, licences, experience, status, prizes won, peer judgments, referrals and advice seeking. However, to identify experts, one should look beyond those measures and consider aspects such as possession of coherent and rich knowledge. This is evidenced by individuals’ immediate access to the relevant knowledge, strategies, skills, and control mechanisms in their fields (van de Wiel, 2017: 116). Other characteristics of experts are commitment, a connection to others, being hands-on, showing creativity, and having instant access and organisational savvy (Holtskog, 2017: 1029).

The community experts in this study refer to experts from the community context, which means they are not employed by the higher education institution. For academic staff to
facilitate community engagement, they need to identify the community experts and involve them in the process.

c) **Sub-theme 3.3: Curriculum development processes**

Participants stated that curriculum development processes are one of the ways to facilitate community engagement in the FHS. The curriculum development is a general concept that covers all the processes involved in the construction and implementation of a curriculum. It commences with the initial idea of introducing a programme, through to monitoring and reviewing of the programme (Hughes & Quinn, 2013: 117). Print (cited in Hurlimann, March & Robins 2013: 640) defined ‘curriculum development’ as a process involving the planning, constructing, implementing and evaluating of learning experiences anticipated to yield desired changes in students. According to Hughes and Quinn (2013: 122), the curriculum development process consists of the following stages: exploratory, design, implementation, monitoring and review. Each of these stages is described below.

**The exploratory stage**

At this stage, the higher education institution conducts market research to discover views of potential employers and statutory bodies regarding the introduction of a new programme. This is because it is essential that the developed programme should meet the needs based on the gaps identified. The higher education institution should also conduct an exploration of the availability of resources needed in order to perceive the feasibility of introducing a new programme. At this stage, the team that will work on the curriculum is selected (Hughes & Quinn, 2013: 122).

This stage includes the situational analysis of the health and learning needs of the students to be catered for by the curriculum, and also facilities that will be needed. This stage should explore present-day issues and the view of the future that is affecting the health professions. A needs assessment is the foundation of the curriculum development process since it affords an opportunity to identify the competency standards by which students should be assessed, and it gives a clue on how the curriculum should be implemented (Gonsalves, Ajjawi, Rodger & Varpio, 2014: 422). In the exploratory phase, a situational analysis may also reveal issues in the community that should be addressed via community engagement as part of the curriculum.
Curriculum design stage
Hughes and Quinn (2013: 117) defined the curriculum design as a focused activity dealing with issues of structure, content and processes of the programme. During the curriculum design stage, the key elements of the curriculum, such as content, teaching and learning strategies, assessment and evaluation processes are defined and organised (Dogra, Bhatti, Ertubey, Kelly, Rowlands, Singh et al., 2016: 326). At this stage, forms and methods of community engagement to be included in the curriculum should be identified and noted. The FHS proceeds to this stage only if the decision to offer a new programme is granted by the university’s senate committee, external stakeholders and statutory bodies.

The curriculum design stage prepares the curriculum for validation and implementation stages. The design is done by a team consisting of academic staff, representatives from different clinical settings and, in some cases, students. It is crucial to include the students and listen to their experiences because of the dynamic nature of the curriculum development process (Roulston & Davies, 2019: 460). The curriculum design team establishes deadlines for significant aspects of curriculum development, made in the form of a critical path analysis. Other activities conducted at this stage include approval of statements of intent for the curriculum, incorporation of statutory bodies guidelines, writing validation submission documents, submitting the curriculum for internal and external validation, writing curriculum rationale and model, organising and sequencing content (Hughes & Quinn, 2013: 123).

Curriculum implementation stage
The implemented curriculum refers to the curriculum that is put into practice (Severiens, Wolff, & van Herpen, 2014: 301). At this stage, the students are recruited, and the curriculum is fully operational. However, there are continuous course evaluations to determine quality, immediate feedback and usefulness of what is offered (Hughes & Quinn, 2013: 122). At the implementation stage of the curriculum, this involves conducting community engagement or putting what was proposed in the design stage into action.

Curriculum monitoring and review stage
The monitoring and review stage of the curriculum development process entails the evaluation and validation by the higher education institution and accrediting bodies after the curriculum is implemented (Hughes & Quinn, 2013: 122). It also involves other activities, such as curriculum mapping and benchmarking. After final approval of the curriculum is
granted, the schedule for programme review is proposed. The accreditation or validation by professional bodies is a strong driving force in the curriculum development process because the accreditation process enhances the higher education institutions ability to provide updated curricula and ensure learning experiences offered to the students is relevant to the profession (Hurlimann et al., 2013: 649). The curriculum should be reviewed regularly to ensure it is comprehensive, well-structured, and reflective of current practices (Herrmann & Leggett, 2019: 530).

Curriculum evaluation involves assessing the value, impact and nature of curricula through the systemic gathering of evidence, analysis and interpretation of that data to make a decision. A variety of methods, such as questionnaires and interviews, are used to collect information during the curriculum evaluation process (Hall, 2014: 344). Schug (2012: 302) noted that during the curriculum evaluation activities, the course coordinators are responsible for inviting other faculty members to the meetings, and the programme director is responsible for delegating work to staff members. Moreover, Goodwin, Chittle, Dixon and Andrews (2018: 863) stated that external stakeholders might also be invited to the curriculum review meetings. Ideally, curriculum evaluation meetings take place in venues selected to promote a positive atmosphere, community building, and reflective thinking. The meeting and discussion concludes with a celebration of work well done to acknowledge faculty contributions and commitment. Upon completion of the exercise, the report is shared with other staff members of the higher education institution and stakeholders. Schug (2012: 304) further noted that a curriculum is evaluated based on the criteria set by accrediting bodies, which may differ from country to country. Goodwin et al. (2018: 864) asserted that frequent evaluation is needed to track pedagogical practices and other activities in the faculty, therefore this could also be used as an opportunity to evaluate community engagement activities.

Curriculum mapping has been defined as a process of evaluating the constituents of a curriculum for the aim of determining cohesiveness, proper sequencing, and achievement of goals (Buchanan, Webb, Houk & Tingelstad, 2015: 95). It is also defined as a curricular assessment process, which, in the end, indicates how outcomes match the teaching content (Cheung, Zhou, Narendorf, & Mauldin, 2019: 24). Curriculum mapping leads to a visual depiction and analysis of the connection between courses in the programme and their learning outcomes (Herrmann & Leggett, 2019: 530). Fowler, Conner and Smith (2018: 440) noted
that curriculum mapping displays an outline of the programme, which includes the content and how it is assessed; this provides an organised approach to designing a curriculum and applying quality improvement. It is for this purpose that curriculum mapping output is presented in the form of a grid, a matrix or sometimes a concept map. This visualisation allows for a well-considered selection of courses in the programme and suitable assessment activities (Cheung et al., 2019: 23). Curriculum mapping is suitable to use in curricula for new and existing programmes.

As indicated by Harden (2001: 123), the curriculum mapping should include the content, areas of expertise addressed by the content, as well as learning outcomes. It should also include the learning resources, learning opportunities, timetable, the curriculum sequence and assessment. This makes it possible for higher education institutions to use curriculum mapping to exhibit their curricular and teaching quality to prospective students and attract new applicants (Wang, 2017: 1550).

In terms of using curriculum-based activities to facilitate community engagement, curriculum mapping helps match community engagement activities included in the curriculum with the learning outcomes achieved by such activities. The curriculum mapping helps academic staff to conduct programme assessments and re-organisation based on the results; it also serves as evidence for transparency in the curriculum (Buchanan et al., 2015: 96). Curriculum mapping helps the academic staff to integrate curriculum content with occupational competence. Therefore, this makes it a suitable tool for ensuring that content and assessment activities support students’ future employability. In addition, it makes it a suitable tool for higher education institutions to satisfy the needs of external stakeholders and meet requirements for national developmental economic initiatives (Wang, 2017: 1551). With this view, the academic staff may consider mapping curriculum, and findings will identify gaps that may be filled by community engagement activities.

The other activity of the curriculum monitoring and review stage is benchmarking. Benchmarking refers to something that works as a standard on which other items may be measured or judged (Merriam-Webster Dictionary, 2019: n.p). In the educational context, benchmarking entails the process of identifying a reference point, standards or criteria against which the quality of others is measured, judged and evaluated (Hall, 2014: 345). In most cases, benchmarking of curricula is done with national or international institutions that have
evidence of quality or high standards. In addition, the standards of external professional bodies are also considered during the process. For curriculum development processes to facilitate community engagement in the FHS, benchmarking as an activity in the curriculum review can be used to identify best practices and strategies used by other institutions.

Curriculum development processes play a central role in creating educational change (Gervedink, Nijhuis, Pieters, & Voogt, 2013: 225). Therefore, for the faculty to facilitate community engagement, it should be incorporated in different phases of the curriculum development process. The inclusion of community engagement in the curriculum process phases is also necessitated by the fact that the culture of people impacts this process, and if it is done without them, it may lead to culturally insensitive curricula.

d) Sub-theme 3.4: Students’ involvement

The academic staff members were of the opinion that the involvement of students in community engagement would facilitate it in the FHS. The Oxford Advanced Learner’s Dictionary (2019: n.p) defined ‘involvement’ as the act of being involved. This implies that to facilitate community engagement, the students in the faculty should also be involved or participate in activities. Considering that some activities in the community engagement are viewed as an experiential approach to learning, the academic staff will use them to involve students. Some approaches through which students can be involved in community engagement are service-learning, work-based learning, clinical practice and internships, community-based research, volunteerism, donations and participation in events. These approaches are not conceptualised in this section because they were described in Chapter Three and other sections of Chapter Five.

5.2.5.4 Facilitation of community engagement through clinical practice and work-based learning

Clinical practice and work-based learning emerged as one of the ways to facilitate community engagement in the FHS. The health professions training programme consists of theory and practical components. The teaching and learning of the theoretical component usually take place at the higher education institution’s premises, while the practical component occurs in clinical settings and other industrial placements. The clinical settings
where practice takes place are health facilities, including the primary healthcare clinics, health centres, various departments of the hospitals and also through community-based projects (Nuuyoma & Ashipala, 2018: 108). The clinical practice is associated with the practical component of the training and therefore entails the competent use of theory in the practical settings. The time spent in clinical practice is determined by the programme curricula and usually formulated based on recommendations from accrediting bodies. The clinical practice is an important aspect in the training of health professionals because it allows for the integration of theory learned in the classroom into practice (Hughes & Quinn, 2013: 367). Other professions, which do not have a clinical education component, generally undergo other industrial placements, especially in the form of work-based learning.

Boud and Salomon (cited in Abukari & Ahmed, 2019: 110) defined ‘work-based learning’ as a concept used to describe the relation between a university and work organisation, whereby the two agree to allow learning opportunities for students in workplaces. Work-based learning is among the concepts used to denote learning in the work environment or work experience linked to formal learning, along with the concepts of workplace learning, apprenticeships, practise-based learning, work-based learning, internships, work placement, and service-learning. Work-based learning is seen as a training opportunity rather than education, hence it allows for the practice of useful skills needed in the workplace (Basit, Eardley, Borup, Shah, Slack & Hughes, 2015: 1013). Work-based learning, as a pedagogy, has gradually become a significant feature of higher education in recent years (Dalrymple, Kemp & Smith, 2014: 74). This is likely due to the industrial revolution that requires higher education to transform their curricula, and work-based learning is seen as a pathway for students to gain the required skills. In addition, work-based learning is considered a source for research and development (Basit et al., 2015: 1013). Through this, academic staff get an opportunity to participate in research and other industrial activities that develop the community, consequently involving them in community engagement. Facilitation of community engagement through clinical practice and work-based learning is conceptualised below.

a) Sub-theme 4.1: Home visit

Participants indicated that a home visit is one of the ways to facilitate community engagement in the FHS. The Segen’s Medical Dictionary (2012: n.p) defined ‘home visits’ as
a visit made by health professionals to a patient’s or a client’s home, where they have face-to-face contact privately or involving family members. It is a family-focused intervention, which accommodates people of all age groups in their family homes (Peterson, Dooley & Fan, 2018: 37). Home visits are an essential component of health care because it provides an opportunity for assessment and interactions in the patient’s/client’s home environment (Pohl, Malin & Kennell, 2014: 696). In addition, it provides services in a family’s home environment, and this is one facet of a community-based structure of family support services (Wingate, Fifolt, Preskitt, Mulvihill, Pass, Wallace, et al., 2014: 1074). In a case where a home visit is conducted by a multidisciplinary team, the patient’s data are shared among different professionals to discuss care and future directions (Kusumoto, Makita, Nagai & Yamane, 2018: 801).

Theile, Kruschinski, Buck, Müller and Hummers-Pradier (2011: 3) identified three types of home visits conducted by health professionals; the supportive, routine and urgent home visits. Supportive home visits take place to provide companions for patients. The routine home visits are mostly for chronically ill and immobile or bed-ridden patients to notice changes in their health statuses, to monitor medicine usage, or to get an overview of the adequacy of the home situation. The urgent home visits are prompted by immediate needs, mostly identified by a triage, which is done telephonically.

The home visit is a skill that health profession students should learn during their training, and it is therefore incorporated in the form of community-based projects. This is because home visits are considered an important skill for future health professionals to be prepared to care for the population’s health requirements. Therefore, it is highly recommended that home visits be part of the health professionals’ training (José, Marin, Carlos, Junior, Regina, Nunes, et al., 2011: 4357). The students get an opportunity to practice more to improve their competence, empathy and also to reflect on their practice (Pitkälä, Finne-Soveri, Immonen, Lehti, Tiilikainen, Vesterinen, et al., 2018: 281). Since home visits allow interaction between community members and academic staff in a community context, it is seen as an opportunity to facilitate community engagement in the FHS.
b) Sub-theme 4.2: Rural clinical placements

The participants indicated that one way to facilitate community engagement in the FHS is to place students in rural settings for their clinical placement. An area is considered rural when it is sparsely populated, when it is outside of the boundaries of a city or town, or an area designated for commercial, industrial, or urban residential places (Business Dictionary, 2019: n.p). In general, a rural area refers to a space that can be mapped with boundaries clearly distinguishable from urban spaces (Brann-barrett, 2015: 763). Rural areas are commonly associated with open spaces, farms and vegetation. In addition, rural areas are identified as traditional rather than modern, agricultural rather than industrial, and stagnant rather than dynamic (Chigbu, 2013: 812). According to Chigbu (2013: 814), the rural area is characterised by the following:

- Cultural homogeneity
- Low economic activities
- More traditional lifestyle
- Fewer or no industrial zone
- Lower population
- Less infrastructural conveniences
- Sparse settlement pattern
- Faced with the loss of heritage challenges
- Low influence by globalisation
- Usually associated with poverty

As evidenced from the characteristics above, the rural area is described in terms of population, landscape and settlement structure (Brown & Schafft cited in Koziol, Arthur, Hawley, Bovaird, Bash & Welch, 2015: 2). In addition, Brann-Barrett (2015: 765) characterised the rural area as a geographically contained space which is described as safe, friendly, and a suitable place to raise a family. Moreover, rural communities are immersed in tradition and cultural symbolism (Oosterbroek, Yonge & Myrick, 2019: 148). This makes it a suitable context to allocate students as it provides an opportunity to practice trans-cultural and multi-cultural care as well as learning cultural norms, values and practices that may influence health.
The clinical placement is considered rural when students practice at healthcare facilities or do community-based projects in areas recognised as rural areas or settings. Daly, Roberts, Kumar and Perkins (2013: 360) noted that rural placements are usually situated within primary and community care settings. These settings include the rural and remote locations of the country. The authors further added that rural placements differ in duration and structure. The rural placements are part of the curricula for almost all health professional training. It is noted that most healthcare systems are challenged with finding and retaining healthcare professionals to serve in rural areas. The placement of students in rural areas thus increases their likelihood to pursue careers in these settings (Kitchener, Day, Faux, Hughes, Koppen, Manahan, et al., 2015: 174). This is because rural placements expose students to challenges and opportunities of rural practice and therefore promote preparedness to serve in rural settings (Oosterbroek et al., 2019: 150). The placement of students in rural settings also promote community engagement due to their interactions with community members, hence facilitating community engagement in the faculty.

c) **Sub-theme 4.3: Interprofessional education and practice**

The FHS at the higher education institution where this study was conducted offers programmes in nursing, public health, medicine, pharmacy, radiography, physiotherapy and dentistry. In addition, there is another faculty that offers a programme in social work and psychology. This context offers an opportunity for interprofessional education and practice, and academic staff thus identified it as one of the ways to facilitate community engagement in the FHS.

The term ‘interprofessional’ refers to a team of professionals from diverse disciplines working together (Bonello, Wright, Morris & Sadlo, 2018: 1). For example, in the health sector, it can be a group consisting of podiatrists, speech and language therapists, nurses, surgeons, medical doctors, dieticians, nutritionists, social workers, and many others. Interprofessional education occurs when students from two or more professions acquire knowledge about others, learn from and with each other to enable effective collaboration and better health outcomes (WHO, 2010: 14). They learn together and from one another to improve teamwork and quality of care (Barr & Low, 2013: 4). The students’ interactions are defined by integrating and understanding central principles and concepts of each contributing profession and having an awareness of basic language and mindsets of different professions.
Buring, Bhushan, Broseker, Conway, Nuncan-Hewitt, Hansen, et al. (2009: 1) noted that interprofessional education, as a pedagogical approach, plays a major role in preparing health profession students to render patient care in a collaborative team environment. This is because learning together can foster trust and respect, mutual awareness, countering ignorance, prejudice and rivalry, therefore leading to collaborative practice (Barr et al., 2017: 4). As the health sectors increasingly become multi-cultural institutions, interprofessional collaboration is one of the key aspects required for effective trans-cultural care for individuals across the world and among all age groups (Andrews & Boyle, 2019: 324). To create a workforce ready for interprofessional practice, students should develop knowledge, skills, attitudes, and behavioural traits to function effectively in team-based care environments. Ideally, students must be exposed to working together in interprofessional groups in real-life situations (Sevin, Hale, Brown & Mcauley, 2016: 1) to avoid resistant and soloed care practices after they graduate. There are other advantages associated with exposing students to interprofessional education, namely that it raises awareness among students on the roles of the other professions; it improves patient care planning; and it promotes students’ readiness for interprofessional collaborative practice (Soubra, Badr, Zahran & Aboul-Seoud, 2017: 324).

Barr et al. (2017: 4) indicated that academic staff allow opportunities for interprofessional education in the classroom, on clinical placement and in virtual learning environments. In addition, interprofessional education also takes place in the community context, as a form of community-engaged learning such as service-learning. This enables students to match and learn differences in their professions’ roles, responsibilities and also to learn how they relate to one another. Thistlethwaite (2015: 69) emphasised that a critical aspect is to define the common learning outcomes that should be attained by all students. El-Awaisi, Anderson, Barr, Wilby, Wilbur and Bainbridge (2016: 547) proposed 12 key steps that should be followed when introducing interprofessional education into health profession education.
programmes. These tips are also suitable for planning and implementing interprofessional community engagement activities. They are;

1. Get started
2. Adopt a definition, values and principles
3. Formulate outcomes
4. Decide who is going to participate and select the students and faculty
5. Select themes
6. Be collaborative in case and activity design and mix up learning methods
7. Determine levels and stages
8. Facilitate the learning
9. Strive to ensure a positive student experience and raise students’ expectations
10. Assess and utilise feedback
11. Evaluate the intervention
12. Share your experience

Moreover, since introducing interprofessional education has been experienced as challenging by most health profession educators (academic staff), more tips were developed to help them undertake effective activities with students (Hill, Morehead, Gurbutt & Gordon, 2019: 2). As with the previously listed tips, these are also suitable for effective community-engagement activities:

Tip 1: “Start networking
Tip 2: Pick a topic that different professionals engage in together in the real world
Tip 3: Focus on a topical or relevant issue
Tip 5: Do not try to include every profession
Tip 4: Look for ‘natural’ interprofessional education topics in curricula
Tip 6: Make sure it is interprofessional education and not merely shared learning
Tip 7: Consider the timing and the time needed
Tip 8: Offer it as an optional extra to begin with
Tip 9: Enable students to discuss and evaluate with each other outside of the activities
Tip 10: Manage professional identities appropriately
Tip 11: Consider resources
Tip 12: Seize any opportunities for support” (Hill et al., 2019: 2-6)
Three main strategies may be used for interprofessional education and care in clinical settings. These are: identify patients with complex healthcare needs and allow the interprofessional team that includes students to attend to them; secondly, allow day-to-day interprofessional interactions in clinic settings; and lastly, conduct case conferences across professions to discuss patients’ conditions and the care interventions for each profession to identify their roles (Bodenheimer, Knox & Syer, 2018: 1445). Although the three main strategies were designed for interprofessional education in clinical settings, the steps followed are also suitable for community members in community settings. Other strategies that may be used for interprofessional education are case discussions, simulations, clinical observations, clinical rotations, video conference discussions, interprofessional gaming, chat room discussions and service-learning (Barzansky, Borasky, Remondet, Vlasses, Zorek & Brandt, 2019: 15). The latter is a commonly used form of community engagement in higher education. As evidenced from the above interventions, interprofessional education is suitable to be delivered in the classroom environment, community settings and eLearning platforms. With that view, interprofessional education can facilitate community engagement via community-based interprofessional initiatives, which involve students working on a specific project in the community setting within teams consisting of students from other programmes (Illingworth & Chelvanayagam, 2017: 815).

The Interprofessional Education Collaborative (IPEC) stated when designing interprofessional education learning activities and outcomes, there are core competencies that should be considered. These competencies are required to move beyond profession-specific educational activities to expose students to different professions in an interactive learning environment with one another (IPEC, 2016: 3). The interactive environment does not necessarily have to be the classroom or clinical context, but the community context is also inclusive since it encompasses an environment where community engagement activities take place. The core competencies (also known as four domains) of interprofessional collaborative practice are given below.

**Competency one: values and ethics for interprofessional practice**

This pertains to values and ethics required to work with individuals of other professions to maintain mutual respect and shared values.
Competency two: roles and responsibilities for collaborative practice
Professionals apply the knowledge of their own professions’ roles and those of others to correctly assess and respond to the identified healthcare needs of patients with the purpose of promoting the health of the community members.

Competency three: interprofessional communication
This should reflect the professionals’ ability to communicate with colleagues in the health sector, patients, families, communities, in a respectful, responsible and responsive way that maintains a team approach to the provision of care.

Competency four: teams and teamwork
Professionals should apply relationship-building values and the principles of team dynamics to their actions within the team.

These competencies are achieved by students in the FHS when community engagement is facilitated through interprofessional education. As introduced earlier, interprofessional education prepares students for interprofessional practice. The Centre for Advancement of Interprofessional Education (CAIPE) noted that interprofessional practice happens when individuals from two or more professions work together with a common resolution, commitment and communal respect (Barr et al., 2017: 14). It also refers to a collaboration in practice between members of two or more professions (Barr & Low, 2013: 4). This occurs when multiple professionals from different professions work together with communities, families and stakeholders with the purpose to convey the maximum quality of care to those in need. Moreover, it allows health professionals to invite any person whose knowledge and skills are perceived to contribute to achieving local health goals (WHO, 2010: 6). The WHO (2010: 2) further stated that globally, interprofessional practice is widely acknowledged as one of the key approaches to address healthcare issues.

There is an African proverb that says “two heads are better than one”; in this context, when different professions team together they are more empowered to gain entry into the community and find solutions to problems. On the other hand, all experts are available, and problems in the community are tackled in a single visit, which leads to community members developing trust in the university team and contributing to the university’s public good.
notion. Interprofessional education and practice facilitate community engagement in this way.

5.2.5.5 Facilitation of community engagement through university/ faculty services and volunteering

University/faculty services and volunteering were among ways of facilitating community engagement revealed in this study. According to the Business Dictionary (2019: n.p), service is a valuable deed, action, or effort executed to fulfil a need or a demand. It is also defined as something that the public needs and should be rendered by an official body in a planned and organised way (Collins Dictionary, 2019: n.p). The Princeton University (PU) (2018: n.p) noted that through university services, an integrated set of services are provided to the campus community. That includes a wide range of daily services to the visitors, staff members and students. Service is recognised as an essential component to the proper functioning and future directions of the university.

The university service is not only aimed at catering for the internal community but can also be extended to the community external to the institution. Service is viewed as a valuable component of a long-term professional trajectory, which is focused on commitment to the society, university and profession (PennState Altoona, 2018: 2). The academic staff are required to assess potential service opportunities and then link these to the vision and mission of the institution and faculties. Thereafter, a service schedule for the academic year can be developed. In most institutions, university services are linked to teaching and research activities; however, it is principally centred on public service, which means it portrays the roles of the university on society at large (Cassuto, 2016: n.p).

Pennsylvania State University identified four forms of faculty service that academic staff members may engage in:

- Service to the institution involves activities conducted within the faculty that aid in generating new ideas, sustaining activities, building the institution and promoting existing academic activities.
- Community and civic engagement entail the academic staff contributing to the public wellbeing, using their own expertise.
Community outreach involves the academic staff members fulfilling the role of the university in the wider community as an active representative. This is carried out as part of their professional duties to the institution.

Service to the discipline or profession includes, but is not limited to, activities designed to improve the quality of disciplinary or professional societies and related activities (PennState Altoona, 2018: 10).

The service is fulfilling the higher education’s duty while volunteering by academic staff fulfils their personal responsibility to fellow human beings. The facilitation of community engagement via university/faculty services and volunteering is conceptualised using the sub-themes below.

a) Sub-theme 5.1: Volunteering and donations

Volunteering and donations were also mentioned as ways to facilitate community engagement in the FHS. Volunteering refers to the act of offering to do something you are not obliged to do, often self-initiated without any expectation of payment. It can also include providing information without being requested to do so (Cambridge English Dictionary, 2018: n.p). The Business Dictionary (2019: n.p) defined ‘volunteering’ as the act of taking initiatives in a project, responsibility or a task. This may follow a request or individuals may act without any request. Volunteering also means to act on behalf of something or someone else, normally with the intention to do good. According to Overgaard (2019: 133), volunteering includes involvement in work without getting paid for it, and it can be undertaken by an employed or an unemployed person. The fundamental purpose of volunteering is to express humanity via social relations with other people (Obioha, 2016: n.p). Moreover, volunteering can revive the goals of humanity, which include a search for security, freedom, peace, and justice for all inhabitants (Lopes-Jr, Filho & Filho, 2019: 191).

A person involved in the act of volunteering is known as a volunteer. According to Acus (2018: 153), the volunteer supports the organisation by providing services, spending time, experience and knowledge without any remuneration. Volunteering plays a critical and yet goes unnoticed in society. In volunteering, people pay attention to finding solutions to community needs-related problems (Acus, 2018: 160). It helps create changes and addresses pressing societal challenges (Rodell, Booth, Lynch & Zipay, 2017: 1663). In addition, it is
Volunteering is usually done together with donations. A donation refers to the act of giving money or goods that are used to help people or organisations (Cambridge Dictionary, 2019: n.p). It is also referred to as charitable giving, which includes the provision of basic and essential services such as shelter, food and access to clean water (Carroll & Kachersky, 2019: 254). It is usually done by non-profitable organisations or individuals, and help is directed to people in need.

Donation is recognised as a social contribution, which can take place through many forms. For example, in donation-for-gift events, people who attend the gathering are given gifts by the donor. In charity sales, customers help by buying certain products and profit is used to help those in need (Chang & Chen, 2019: 65). A charitable donation is the material foundation of humanity which also contributes to public finance as well as play an important role in many sectors of society (Tang & Hou, 2018: 199). An academic staff member facilitates community engagement in the FHS by donating either monetary or material items to members of the community in need.

b) Sub-theme 5.2: Disease outbreak response

Disease outbreak response was mentioned as one of the ways to facilitate community engagement in the FHS. The WHO, South-East Asia Regional Office (SEARO, 2016: n.p), defined an ‘outbreak’ as the existence of excess cases of a disease; more than what would normally be anticipated in a demarcated community, geographical area or time of year. The duration of an outbreak varies from disease to disease, and it may last for several years, weeks or just a few days. The CDC argued that outbreaks and epidemics are similar in definitions. However, what differs is that an outbreak is limited to a specific geographic area
One case of an infectious disease that has been absent for an extended time from a community, or a causative agent not previously recognised in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and therefore should be reported and investigated (SEARO, 2016: n.p).

The management of an outbreak is done by public health specialists and infection control teams; the latter is used when an outbreak is confined to a specific healthcare facility (Gould, 2013: 32). The management of an outbreak constitutes investigation and control, which is conducted with the primary objective of protecting the public and preventing further spread (Gould, 2013: 39). Ideally, once an outbreak has been suspected, investigations should commence with immediate effect. The investigation and control of an outbreak is a four-phased process which consists of detection, investigation, response and evaluation of the response (Queensland Health, 2017: 7). These phases require a well-coordinated multi-sectoral reaction to contain the outbreak (WHO, 2013: 2).

Corless, Nardi, Milstead, Larson, Nokes, Orsega, et al. (2018: 412) stressed that communities must be involved as active partners in efforts aimed at preventing infectious diseases. That means the responding teams should consist of individuals from other sectors in the community, not only limited to healthcare workers. This creates an opportunity for academic staff to be involved as part of their community engagement by participating in clinical research related to the outbreak and by joining the outbreak control teams.

The Queensland Health (2017: 8) noted that outbreak response is characterised by “hypothesis-forming and implementing relevant control measures”. Activities conducted during the outbreak response phase are: eradicating the source of infection, preventing further transmission, screening and monitoring of contacts, reinforcing standard precautions, and appropriate use of transmission-based precautions. According to the Namibia National Technical Guidelines for Integrated Disease Surveillance and Response, activities conducted during an outbreak response includes informing and educating the community, providing appropriate prophylaxis and vaccination for health workers, conducting emergency immunisation campaigns, vector controlling, improving food-handling practices, improving safe disposal of human waste, and improving access to clean water (MoHSS, 2011: 122).

During the outbreak response, emergency nurses are involved in disease surveillance, infection prevention and patient logistics, in addition to their normal duties (Lam, Kwong, Hung, Pang & Chien, 2019: 527). This guarantees the need for other sectors to be involved in
outbreak response, including higher education institutions. Involving higher education in outbreak response provides an opportunity for health professional students to participate in service-learning and other experiential learning activities that enhance their discipline-related knowledge and skills. In addition, it also provides an opportunity for interprofessional practice and collaboration, which is an approach followed during the outbreak response phase.

c) **Sub-theme 5.3: Participation in health and social events**

Events are planned public or social occasions (Oxford Advanced Learner’s Dictionary, 2017: n.p). It refers to something that happens at a given time and place (The Free Dictionary, 2017: n.p). The health events are gatherings to celebrate achievements, such as the containment of a deadly disease outbreak, a reduction in mortality and morbidity rates, or even staff success in terms of education and training. In addition, events in health sectors are held to commemorate historical events that had happened, or to remember a specific day in which the hospital or clinic was officially opened. Events can also be a commemoration of national health days such as malaria day, world tuberculosis day, health day, international nurses’ day and any other that brings the members of the public and health professionals together to celebrate.

An event is deemed social when it is characteristic of persons forming groups (The Free Dictionary, 2017: n.p). This can be a dinner meeting organised in honour of someone, it can be any form of performance that is done to entertain, or in the form of competition. ‘Participation’ is defined by the Cambridge English Dictionary (2017: n.p) as the act of partaking in an activity or an event. Therefore, the participation in health and social events means academic staff, as members of the higher education institution, should take part in the events organised by departments within the Ministry of Health, and also other social events happening in the community. This will provide an opportunity for engagement with members of the community, and as a result, facilitate community engagement in the FHS.

d) **Sub-theme 5.4: Planning of community engagement activities**

Planning for community engagement was mentioned as one of the ways to facilitate the task. Planning is a fundamental management function relating to the formulation of comprehensive
plans addressing needs and demands, using available resources. It includes goals to be achieved, strategies to be used, and activities for monitoring and evaluating progress (Business Dictionary, 2019: n.p). Planning also includes organising and preparing the activities required to meet objectives (Schmets, Rajan, & Kadandale, 2016: 239). Planning is the act of investigating, analysing, and persuading change in our society (Planning Institute Australia, 2018: 1). It is an active process of assessment and modification and involves mechanisms of evaluating how time will be spent and what should be focused on. For that reason, planning is the most significant phase for individuals to prioritise activities according to usefulness, timeframe and resources (PlanPlus Online, 2019: n.p). In reality, planning occurs every day; for example, in healthcare settings, it entails the collaborative practice of planning for care to be rendered to the clients. In the educational process, academic staff plan by setting objectives to be met in a certain programme and then stipulating details of the processes followed for participants to meet those objectives (Pearson, 2014: 4). Planning is described as a network-based activity; it requires people to work together and innovatively come up with a workable plan (Seltzer & Mahmoudi, 2013: 8).

According to Schmets et al. (2016: 297), there are three types of planning done by health professionals; the strategic plan, operational plan and ad hoc/disaster preparedness plan. The strategic plan is for a longer-term, which mostly covers a duration of five to ten years or longer. Strategic planning is done with the involvement of many members of the team, as well as council members, and it is therefore done in a collaborative approach. After that, the plan is shared through a public newsletter, public meetings, and guiding documents of the institution (Delprino, 2013: 94). A rigorous strategic planning process at an institution of higher education can help it to successfully operates within the evolving educational settings (Delprino, 2013: 94).

Operational planning is done at the managerial level and is shorter-term in comparison to strategic planning. It focuses on day-to-day operations and often has a one-year timeframe. It is mostly synchronised with the budgeting process of the specific institution (Schmets et al., 2016: 297). In higher education institutions, an operational plan may be designed for annual, semester, quarterly or monthly activities. Moreover, operational planning should be linked to the goals and objectives stipulated in the strategic plan. Sundnes (2014: 106) stated that the process of operational planning develops a plan that is used by managers to undertake their job responsibilities. In addition, it helps state priority areas, sequencing, and time horizons for
achieving each goal, and only focuses on shorter-term activities. The last type of plan, the ad hoc plans/disaster preparedness plans, is mostly used when an unforeseen situation arises that requires urgent attention (Schmets et al., 2016: 297).

Planning is mostly done to indicate activities to be conducted. An ‘activity’ is defined as something that individuals devote their time to doing. It also means a group of things that are carried out to achieve aims or purposes (Collins Dictionary, 2019: n.p). According to the Business Dictionary (2019: n.p), the measurable amount of work executed to convert inputs into outputs is also referred to as activity. In this study, the planning of community engagement activities means organising and preparing the activities required for the FHS to conduct community engagement. This will facilitate community engagement as it will help the academic staff to be aware of what should be done, where it is going to be done, who is involved, and what is required. In addition, it helps them budget for activities and gather all items needed to conduct community engagement activities.

e) Sub-theme 5.5: Community call centre

Participants indicated that a community call centre could be used to facilitate community engagement in the FHS. A call centre is a general concept used to refer to any telephone-based operation that provides service to human beings (Felipe & Reynoso, 2016: 1). It is defined as a service network in which agents provide services telephonically (Cohen & Rozenes, 2017: 205). Call centres are an essential element of the service provided to customers, by giving them information, assisting with and addressing their concerns (Ro & Lee, 2017: 532). Moreover, a call centre is viewed as a company’s division that focuses on dealing with customers and is anticipated to play an essential role as a point of interaction and for obtaining customer’s information (Sato, 2018: 193). For that reason, call centres in most companies are understood as divisions that simply deal with customers’ feedback.

Felipe and Reynoso (2016: 2) noted that call centres are divided into two categories: the inbound and outbound. This categorisation is made according to who initiated the telephone call. The inbound call happens when a customer outside the company initiates the contact process. The company do not know when the customer will make a phone call, but their operators or agents are on standby waiting to receive calls. With the outbound call, the agent
or an employee of a company anticipate when the customers will answer a call and then make a phone call.

Historically, the use of call centres originated from the corporate sectors as their marketing strategies and customer service initiatives. However, there is evidence of the use of call centres in the health sector (Gass, Semrau, Sana, Mankar, Singh, Fisher-Bowman, et al., 2018: 1; Rim, Thomas, Chandramouli, Barrus & Nickman, 2018: 633). As a community engagement activity within the FHS, the academic staff proposed to set up a call centre at the higher education institution whereby community members could call in to enquire about health-related issues. In addition, it will be the point of connection between community members and the healthcare service providers. The academic staff and students will use their expertise to advise and educate the community members. In this way, it will facilitate community engagement in the faculty. Figure 5.5 is a conceptual framework illustrating the procedures of community engagement.

![Community engagement](image)

Figure 5.5: Procedures to facilitate community engagement

5.2.5.6 Concluding remarks on procedures to facilitate community engagement

- Procedures provide detailed information for the implementation of community engagement activities to be carried out. This information is needed by an agent, recipient, and organisation involved in the activity.
Marketing and communication create awareness and salience. External relation is a pathway through which the objectives, important activities, products, services and data about the company are exchanged. Therefore, this serves as a tool to communicate community engagement activities as well as engagement with the external community.

Research is known as one of the core functions of higher education, alongside teaching and community services. Research facilitates community engagement through community-based research, ethics and incentives, and recognition of academic staff.

The curriculum describes a plan or design on which educational provision is based. It facilitates community engagement through assessment, use of community experts, curriculum development process and involvement of students.

The health professions training programme curricula consist of theory and practical components, therefore incorporating community engagement activities into clinical practice and work-based learning such as home visits, rural clinical placement and interprofessional education; practice facilitates its implementation.

The university/faculty services and volunteering involve portraying the roles of the university on society at large, therefore it is ideal for facilitating community engagement.

5.2.6 The terminus: Effective programme; collaboration; community development; integration of teaching, research and services; improved students’ skills and behaviour; and capacitated, reflective and innovative students

According to Dickoff et al. (1968: 428), the terminus refers to the outcomes, endpoint, or what is to be accomplished by the activity. An activity characterised in terms of its outcomes is readily accepted for performance by potential agents. Therefore, outcomes are relevant whether or not a purposeful agent is producing the activity in question. Activities structured with outcomes offer economical and understandable language of communication among the people involved. That means an agent may plan how best the outcomes should be achieved. As revealed from the concept analysis conducted in Phase One of this study, community engagement is an activity leading to effective programmes, collaborations, community development integration of teaching, research and services; improved students’ skills and behaviour; and capacitated, reflective and innovative students.
5.2.6.1 Effective programme

The concept ‘programme’ is used to refer to a collection of associated projects coordinated in a way to allow them to yield beneficial results which are not obtainable when the projects are managed separately (Ward, 2019: n.p). It also refers to a set of interconnected actions and events with a specific long-term goal or a planned sequence of events or performances (Oxford Advanced Learner’s Dictionary, 2018: n.p). In higher education, a programme is a plan undertaken by the student, and it leads to a qualification. It encompasses the core, compulsory and elective courses that together form a number of credits required before the institution confers qualification to the candidate (NQA, 2006: 3). Since community engagement takes place in the external community (outside higher education institution) and internal community (within the higher education institution), the outcomes are observed in both communities. This implies that it leads to the effectiveness of programmes in both communities where it takes place. Effectiveness weighs the extent to which a programme achieves its aim, or whether this can be anticipated based on the outcomes or outputs achieved (Austrian Development Agency, 2009: 19). It indicates the degree to which something yields successful results or is able to yield a desirable result (Oxford Dictionary 2019: n.p). According to the Austrian Development Agency (2009: 2), the programme effectiveness is evaluated by answering the following questions;

- Are the objectives and goals of the development interventions being achieved?
- How significant is the impact of the project compared to the objectives planned?
- Was the leading target group involved in the project planning phase?
- Did the interventions conducted in the programme reach the targeted population?

The programme is effective when it creates positive external effects and is useful to the labour market, university, society and the individuals involved in the programme (Gushchina, 2017: 486).

5.2.6.2 Collaboration

Collaboration is cooperation between educators or between administrators and educators working in groups to help improve their institution’s performance (Ismail, Muhammad, Kanesan, & Yaacob, 2018: 488). Or it may also be cooperation between institutions and the
Collaborations between higher education institutions are significant in making contributions to the nation’s economy and society (Erkarslan & Aykul, 2018: 2). Through collaborations, higher education institutions work together with industries to improve teaching and learning. On the other hand, industries demand advancement in technologies and technical support. The higher education institution places students in the industries as a requirement of their curricula and accreditation bodies. Students thus work hands-on and improve their innovative ability while attending to the problems of the industries (Yu, 2018: 3080). Furthermore, the mutual relationship between higher education institutions and industries can help create new knowledge needed to achieve effectiveness in the economy and innovation. The collaboration promotes the interdisciplinary approach in solving complex problems affecting industries and also supports the development of products needed to attend to the societal problems. Moreover, higher education institutions get access to sponsorship from industries (Erkarslan & Aykul, 2018: 2). As revealed in the concept analysis of the concept ‘community engagement’, the process of community engagement results in collaborations.

5.2.6.3 Community development

Community development is a practice that emphasises the development of capacities for people to be able to solve their problems and represent themselves in issues that require their attention. The practice also promotes collective actions, mutual support, self-help and building of neighbourhood integration (Infed, 2019: n.p). Community engagement as an activity takes place in the community context and therefore develops in the process. In addition, the engagement of community members is one of the components in the process of community development (Cavaye, 2015: 10). Community development is a social justice approach that allows people to join together, improve programmes and participate in institutions at the community level (Checkoway, 2013: 481). It refers to reacting and adjusting to a wide range of organisational and operational shifts and trends, therefore it encompasses efforts to combine and build resources that are needed for wellbeing and quality improvement (Green, 2016: 607). According to Checkoway (2013: 473), community
development takes place in geographical spaces where people reside and among members with analogous characteristics. It starts with people, then joins them together in order to strengthen them. Community development builds a vision for the future through working to enhance the economic, social and cultural features that give identity to a place and give it a unique character (Swanger, 2016: 21).

Community development is referred to as a practice and an academic discipline (Quimbo, Perez & Tan, 2018: 591). Projects conducted under community development reduce social exclusion among non-educated and unskilled adults, and decreases unemployment rates and poverty. This is because community development projects provide skills that support the source of revenue to improve dependency and improve the involvement of poor citizens in the socioeconomic activities within their communities (Mayombe, 2018: 409). Community development is viewed as a system that evolves over time, and it takes approaches such as area-based; community-based; community economic development; participatory approach and welfare-based (Quimbo et al., 2018: 598). In their systemic review, Quimbo et al. (2018: 599) discovered methods of community development that are used with the approaches as given above. The methods include community education; community organisation; community mobilisation and advocacy; community planning; community research; and community resource management. When assessing the development in a community, aspects of economic, social, environmental and health should be primary components to consider, alongside the technical aspects and resources accessible to the community. Considering these components, the three indicators used to measure community development are relevancy, cost-effectiveness, and diversity (Blanke & Walzer, 2013: 536).

Higher education has a significant role to play in the development of the community. This is due to the fluctuation of the economy, which is accompanied by the changing needs of employers, leading to the demands for higher education to produce graduates relevant to such needs (Swanger, 2016: 22). Higher education programmes address community needs, and community members are involved in the decision makings of university-led projects that are implemented at community levels (Francis, Kilonzo & Nyamukondiwa, 2016: 62). Moreover, higher education contributes by getting revenue from other states through sponsorships, grants and student exchanges. The international exchange students who come through higher education impact communities because, in some instances, they share their innovative potentials with the communities, leading to changes in the community (Swanger, 2016: 22).
Lastly, according to Mehmood, Ch and Saeed (2016: 188), higher education develops communities through open and distance education, which is also considered as a form of community engagement.

5.2.6.4 Integration of teaching, research and services

Integration is the process or act of integrating. It refers to coordinating, informing, uniting, incorporating or blending something into a functioning or a unified whole (Merriam-Webster, 2019: n.p). It means ending the segregation within communities or organisations, and bringing these into equal membership. Integration is known as the act of combining two or more items for the purpose of making something more effective (Cambridge English Dictionary, 2017: n.p). Raven (2017: 56) identified two interpretations for integration, the first being technical interpretation, which refers to combining two or more infrastructures to form a whole or combining two systems to form a whole. The second is social interpretation, which refers to bringing people or groups to participate in activities equally. In the educational context, integration is used to describe an instructional approach if two or more objectives are taught in a single session. This is done to create a meaningful and authentic learning environment because through integration, connections between disciplines are highlighted (Kendra & Smith, 2013: 95). Integration in education is also used to refer to the process of absorbing students with special needs into traditional education (Ciobanu, 2017: 35).

Integration at institutions of higher education manifests when the academic affairs, organisational structures and institutional processes operate as an interdependent unified whole (Birx, 2019: 10). In his special report titled “Scholarship Reconsidered”, Boyer (1990: 16) used the concept ‘integration’ as one of the functions of the professoriate, alongside the scholarship of discovery, the scholarship of application and the scholarship of teaching. This implies that integration is not new to higher education. Boyer (1990: 18) defined the scholarship of integration as a notion of making connections across the disciplines and sharing specialities in order to educate others. Teaching, research and services are integrated when there is coordination and combination of the three for academic affairs at higher education institutions to function effectively. In addition, it also manifests when the academic staff incorporate research and services in their teaching.
5.2.6.5 Improved students’ skills and behaviour

To improve means to amend, make better or get better (WordNet, 2018:n.p). Improvement is the act of enhancing the quality, value and usefulness of something. This is done through establishing more useful ideas, objects and processes which add value to an item or by removing what is not useful (Business Dictionary, 2019: n.p). Improvement includes making useful additions or amendments for advancement in what is desirable (Merriam-Webster, 2019: n.p). In the educational context, improvement is defined as a systematic, continuous effort meant to change the learning situations and other related internal conditions, with the overall purpose of realising educational goals more effectively (Stringer, 2013: 9). One of the outcomes of community engagement is that it helps students improve their skills and behaviour.

Skills relate to executing performances, which involve the use of muscles (Bruce & Klopper, 2017: 29). It is an ability and capacity attained through thoughtful, organised, and continuous effort to carry out complex activities efficiently (Business Dictionary, 2019: n.p). It is acknowledged that a skilled person exhibits specific characteristics over a novice (Hughes & Quinn, 2013: 371). Skills acquisitions are acknowledged as one of the crucial components in the training of health science students. However, it should be noted that skills include not only psychomotor activities but also other activities such as those related to clinical judgement and problem-solving skills, interpersonal skills, critical thinking skills, social and communication skills (Stuart, 2013: 127). In the acquisition of skills, the students go through levels of proficiency which are associated with changes in performance. The levels are from novice, advanced beginner, competent, proficient and experts (Stuart, 2013: 126).

Behaviour is the response of an individual or group to an action, environment, person, or stimulus (Business Dictionary, 2019: n.p). It refers to the way in which one conducts oneself or acts, especially towards others (Oxford Dictionary, 2019: n.p). Thebehaviours are observable and the person observing is able to interpret them. For each skill that is to be taught and practiced, the students are expected to learn accompanying behaviours necessary to carry out those skills. In addition, the role of health professionals requires them to portray a wide range of behaviours and therefore is included in learning objectives (Hughes & Quinn, 2013: 106). It can be concluded that the students’ skills and behaviours are improved when they are enhanced and made useful for a specified situation.
5.2.6.6 Capacitated, reflective and innovative students

Capacity refers to the ability of a person, organisation or resource as measured in quantity and level of quality over a certain period (Business Dictionary, 2019: n.p). Capacity is measured by a specific task and time. As a general principle, the capacity of an individual for a particular task is assessed by the person competent for the task (Namboodiri, 2019: 677). The person has capacity when they portray self-management, taking control of change, developing ownership, establishing own directions and adapting mandates to fit the organisational vision (Stringer, 2013: 10). Having capacity is when individuals develop shared abilities, characters, skills, knowledge, motivation, and resources to act together to bring about positive change (Stringer, 2013: 11).

Being reflective means an individual is involved in the act of reflection, which entails constructive thinking about a person’s own professional practice in order to develop it (TESS, 2018: 2). According to Jasper and Rosser (2013: 42), reflection is learning from experiences that consider prior knowledge and integrating new knowledge to advance practice. It is purposefully thinking on an experience to examine practice and judge the actions to promote knowledge, attitude, and practice. It also helps individuals modify beliefs associated with the gained experience (Griffiths as cited in Bagheri, Taleghani, Abazari & Yousefy, 2019: 35). Reflection involves allocating time to meditate and learn about a specific situation and then recognising and developing further actions (TESS, 2018: 2). According to Thompson and Pascal (2012: 315), reflective students are characterised by:

- Blending theory and practice
- Active learning
- Participative learning
- Challenging dogma

Reflection is part of the professional development cycle and is very useful in the learning process (TESS, 2018: 2). The concept of reflective practice is not new to education and health care; it has been in use since 1933. The need for reflection is triggered by situations that require the brain to discover new information to calm tension provoked by the new experience (Bagheri et al., 2019: 38). As an outcome of community engagement, health science students will be reflective practitioners. The reflective practitioner uses reflection as
an implementation strategy for revisiting experiences to learn from them and understand the complex problems of professional practice (Devenny & Duffy, 2014: 38).

Innovative people create innovation, which describes an object, practice or an idea, that is seemingly new to an individual or group of people (Bourrie, Cegielski & Jones-farmer, 2014: 359). It means creating something original or novel, which is significant and is used, embraced, or recognised in the market place (Ferguson, Jablokow, Ohland & Purzer, 2017: 55). Innovation is one of the essential skills required for humankind to progress and survive. That means it plays a key role in constructing a sustainable future (Serdyukov, 2018: 5). It is considered as a fundamental factor in retaining competitiveness in a globalised economy (OECD, 2016: 12). Innovation is also defined as a value-driven activity with sets of processes focused on objectives. It is a process of design which starts and ends with the creation of user-based activities that are guided by the user's needs (Bianco, 2011: 5). According to Rogers (as cited in Chang, Fu & Huang, 2017: 512), innovations are identified by five general characteristics, namely:

- Relative advantage
- Complexity
- Compatibility
- Trialability
- Observability.

In the educational context, innovative students are recognised by the following traits as identified by Ferguson et al. (2017: 57):

- Active student/curious
- Alternative seeker
- Challenger
- Analytical
- Communication skilled
- Creative
- Developer
- Deep knowledge
- Experimenter
Implementer
Knowledge integrator
Market/business savvy
Networker/team player
Passionate
Persistent
Risk taker
Self-reliant
Team manager/leader
User focused
Visionary/caring

Innovation is the application of a new or an improved good, service or a process. It may also include a new marketing technique, or a new organisational system in the workplace, business practices and external relations (OECD, 2016: 15). Innovative people look beyond their current practices and develop a novel idea that assists them in doing their work in a new way. The purpose of innovation is to generate something unique from what has been done, either in terms of quality or quantity, or both (Serdyukov, 2018: 8). According to Russo-Spena and Mele (2012: 528), innovation is a co-creation practice within social and technological networks in which individuals integrate their ideas and resources to invent mutual value. It is considered a co-creation strategy because it does not only involve one person but a more collaborative effort of individuals sharing one vision and goals. Co-creation is one of the strategies needed for innovations to be effective or create an impact. Therefore, innovation is regarded as a mechanism to influence positive change and sustainability (Serdyukov, 2018: 9).

Innovation is the successful translation of an idea into a new product, process, or practice that leads to economic benefits and/or social benefits (Varadarajan, 2018: 163). In healthcare settings, innovative practitioners perform novel medical and surgical procedures and prescribe drugs and devices for uses with unknown safety and efficacy. It also includes giving treatment that deliberately deviates from established practices in an attempt to improve patient outcomes (Laakmann, 2015: 938). Community engagement in the FHS will lead to innovative students who will be innovative practitioners in the future. Figure 5.6 is a conceptual framework illustrating the outcomes of facilitation of community engagement.
5.2.6.7 Concluding remarks on the terminus of community engagement

Once the academic staff members facilitate community engagement through the identified procedures, both the external and internal community members will benefit. Based on the community engagement activities facilitated by the academic staff, the internal community members benefit from an improvement of skills, and behaviour being capacitated, reflective and innovative. In addition, both external and internal communities develop and collaborate, which further lead to the integration of teaching, research and services, with the ultimate outcome of an effective programme.

5.3 CHAPTER SUMMARY

Chapter Five provided the conceptualisation of the study findings, which was conducted according to the six-element practice theory as proposed by Dickoff et al. (1968: 415-435). The concluding statements for each element were formulated via deductive reasoning and synthesis. The conceptualisation of the elements helped the researcher develop strategies to facilitate community engagement in the FHS. These strategies are described in Chapter Six.
6.1 INTRODUCTION

Chapter Five provided the conceptualisation of the study findings according to a six-element practice theory as proposed by Dickoff et al. (1968: 415-435). In addition, the conceptual framework for strategies to facilitate community engagement in the FHS was designed. This chapter presents Phase Four of this study, which focused on the development, description and evaluation of strategies to facilitate community engagement in the FHS.

6.2 DEVELOPMENT OF STRATEGIES TO FACILITATE COMMUNITY ENGAGEMENT IN THE FACULTY OF HEALTH SCIENCE

6.2.1 Conceptual framework for facilitation of community engagement in the Faculty of Health Science

A framework refers to the overall conceptual underpinning of a study (Polit & Beck, 2017: 128). It is an abstract, logical structure of meaning, which guides the development of a study and helps the researcher to links findings to the existing body of knowledge (Grove & Gray, 2019: 198). In research, frameworks are called ‘theoretical frameworks’ when they are based on a theory. On the other hand, they are called ‘conceptual frameworks’ when based on and having its roots in a specific conceptual model. This is a qualitative study and therefore the researcher developed the conceptual framework from the empirical data that were collected, following a six-element practice theory as proposed by Dickoff et al. (1968: 415-435). The conceptual framework is defined as interrelated concepts or abstractions assembled in a rational and often explanatory scheme to illuminate relationships among them. It is sometimes called a ‘conceptual model’ (Polit & Beck, 2017: 128). As a principle in qualitative research, in this study, the researcher first drew her conceptual map prior to the conceptual framework for the facilitation of community engagement in the FHS. This was
done in Chapter Two, which presented the findings of concept analysis conducted as Phase One of this project.

It is important to articulate the study to a conceptual framework as it reveals to readers what was going on in the researcher’s thoughts. The conceptual framework for this study is presented in Figure 6.1.

**Figure 6.1:** The structural presentation of a conceptual framework to develop strategies to facilitate community engagement in the Faculty of Health Science
The researcher made sure the six elements in the practice theory, as proposed by Dickoff et al., were used in the framework; these included the agent, recipient, dynamics, procedures and terminus. Moreover, linkages between concepts were displayed to portray how community engagement is facilitated. Structuring empiric knowledge requires a systemic and rigorous approach, and in this study, the researcher used different colours, shapes and arrows pointing in various directions and linking activities. The use of these elements in the conceptual framework to facilitate community engagement is explained in the sub-section to follow.

6.2.1.1 Use of colours in the conceptual framework

Tavaragi and Sushma (2016: 115) indicated that colours are forms of non-verbal communication because they are used for personal expressions. However, the meaning of colours may vary depending on circumstances and cultural influences. Colours are used to ease communication between people from different cultures and those who speak different languages. Vik, Viková and Kania (2014: 1) stated that colours play a significant role in life because it affects our perceptions and gives meaning to items we see every day. The authors further indicated that colours are important to designers because they can have a great influence on whether people accept the presented artwork or not. Considering that the framework is artistically presented, which is a form of design, the researcher made use of different colours to illustrate meaning and structural coherence in the facilitation of community engagement.

The researcher used red, yellow and green in the conceptual framework. The red colour is used to indicate the dynamics needed in the facilitation of community engagement. Tavaragi and Sushma (2016: 117) indicated that red symbolises physical strength and courage. It is associated with energy, stimulation and movement. Considering that the dynamics are power sources in the facilitation process, the researcher found it appropriate to indicate them with the red colour. The yellow colour in this framework is displayed together with procedures to facilitate community engagement or priority areas in the facilitation of community engagement. Furthermore, it is also displayed in an area where academic staff walk towards the community members for facilitation to take place. Yellow is known to indicate innovation, intelligence, and logical thinking, optimism, friendliness and creativity (Tavaragi & Sushma, 2016: 119). These are required in the procedures for the facilitation of community engagement.
engagement. Lastly, the researcher used green, which is generally known as a calming colour. It is associated with peace, harmony, restoration, nature, love, equilibrium and reassurance (Tavaragi & Sushma, 2016: 118). Therefore, in this conceptual framework, the researcher displayed the green colour to indicate that facilitation of community engagement has taken place, and there is calmness in the internal and external community (context). These colours are used in conjunction with the structural presentation of the framework, which is described next.

6.2.1.2 Structural presentation and process in the conceptual framework for facilitation of community engagement in the Faculty of Health Science

The structural presentation of the conceptual framework for the facilitation of community engagement in the FHS is based on the interactive process occurring between the academic staff (agent) and the internal and external community members (recipients). Their characteristics and roles in the facilitation process were described in detail in Chapter Five of this thesis. Chinn and Kramer (2018: 197) indicated that the structural presentation gives overall form and coherence to the conceptual framework. The structural forms known as powerful devices for shaping our perceptions are shapes, figures as well as arrows. They all have meaning in the procedures conducted to facilitate community engagement. The shapes, figures and arrows used in this framework are describe in the sections that follow.

The Square-shaped boundaries

The researcher presents the conceptual framework housed in a square-shaped box which represents the internal and external community, which is the context for community engagement. Squares are known to indicate the physical world, with boundaries on the north, east, south, and west (Dimurlo, 2019: n.p). These boundaries are formed by straight solid lines with no breaks between them; they meet to form a closed environment which signifies stability and unity, as well as steadiness. This creates a conducive environment for community engagement activities. Dimurlo (2019: n.p) further indicated that square shapes are used as a sign of a community with a strong foundation in life, and it makes people more empowered and practical. In some philosophical contexts, the four boundaries of the square may represent the major seasons of summer, autumn, winter and spring. However, in other contexts, it can also represent the planets, stars, moon and the sun. In the conceptual framework for the facilitation of community engagement, the use of four boundary lines that
form a square means that community engagement takes place in settings defined by
boundaries on the south, west, east and north. Moreover, it also shows that community
engagement activities take place during any season and time of day. Therefore, the researcher
also recognises the use of the stars, moon and sun in the boundary line, which signifies
different times during a 24-hour period. It means the activities for the facilitation of
community engagement may take place any time as agreed by academic staff and community
members.

The two lines that formed the square-shaped boundaries signifying community settings are
filled with white. Although the white colour is known for sterility, purity and simplicity
(Tavaragi & Sushma, 2016: 116), it represents barriers and clarity of the boundaries of the
community settings shown in this square. The square that signifies the community context in
the framework for facilitation of community engagement is displayed in Figure 6.2.

Figure 6.2: The square representing community context in the conceptual framework
to facilitate community engagement
Diagrams of people
The framework displays a schematic representation of academic staff in the form of diagrams of people walking. They are walking towards the community members in the internal and external communities. The schematic representation of academic staff walking is shown in yellow-coloured areas within the community; the rationale for the colour choice was already discussed earlier. The characteristics and roles in the facilitation of community engagement were also already discussed with the conceptualisation of findings in Chapter Five.

In addition to the academic staff, other diagrams of people used in the framework represent community members. They are found next to the buildings in the internal and external communities. The people in the internal and external community are not walking like the academic staff, but waiting for academic staff to reach them. Figure 6.3 indicates a schematic representation of academic staff, as indicated in the framework to facilitate community engagement.

Figure 6.3: Schematic representation of academic staff in the framework to facilitate community engagement

Arrows pointing up
An arrow is one of the marks used on maps or signboards to indicate direction (Merriam - Webster Dictionary, 2019:n.p). They can point either right, left, up or down, depending on the direction indicated. The arrows included in the framework to facilitate community engagement are pointing up or, in other words, pointing forward. They indicate the direction of walking for academic staff, moving up towards the central points in the external and internal communities. They are walking to reach community members in order to facilitate community engagement. The arrow pointing up is also used in this framework to indicate the direction of success from the dynamics of community engagement to the overall facilitation
of community engagement, which is seen at the top of the conceptual framework. The arrows are presented in black in order to enhance visibility and emphasise the importance of the steps they are displaying.

An example of an arrow pointing up is shown in Figure 6.4.

![Figure 6.4: The arrow used in the conceptual framework of the facilitation of community engagement](image)

**Buildings and trees**

The internal community in this study represents a university. It is for this reason that schematic drawings of the building are used to indicate the university. At the same time, the external community is also represented by the buildings due to the presence of schools, churches and modern houses. Moreover, the diagram of a traditional hut is displayed together with a building in order to represent the rural areas where such structures are found. The trees are included because it is common for university premises to have some in the surroundings and for external communities, the trees are among the basic structural components in the residential, agricultural and public places. The diagrams below display buildings and trees used to indicate areas where community members reside.

![Figure 6.5: The building, tree and human beings (recipients) in the community context](image)
The circle-shaped boundary
The circle in this framework is displayed in yellow, between the drawing of the building representing the internal community and the building/traditional huts in the external community. It encircles the strategic priorities in the facilitation of the community engagement process. According to the Cheers Creative (2019: n.p), the circle is associated with unity, completeness, partnership, universally applicable activities and focuses on goals to be achieved. It also indicates endlessness and continuity. In this framework, the strategic priorities are encircled to indicate that they are related areas of focus in the facilitation of community engagement. Encircling strategic priorities between the external and internal communities also implies they are all applicable and require some form of partnership and continuity in addressing them. The circle is displayed below.

![Diagram of the circle-shaped boundary with strategic priorities](image)

**Figure 6.6:** The circle-shaped boundary with strategic priorities in the facilitation of community engagement

Ribbon
The Collins Dictionary (2019:n.p) defined a ‘ribbon’ as a long, narrow piece of material used to tie things together or as a decoration. In the framework for the facilitation of community engagement, the red ribbon-like strip is displayed extended over the buildings, traditional huts and trees in the internal and external community. Globally, ribbons are used to symbolise support and awareness of certain activities or event. It shows solidarity, unity and humanness towards victims undergoing difficult times or experiencing a specific phenomenon. Displaying the dynamics of community engagement over the strategic priorities, internal and external communities, indicate that they are the ones promoting unity between community members and academic staff. This enhances the success of community
engagement activities. The ribbon is coloured red, as already rationalised in Section 6.2.1.1 of this chapter. Figure 6.7 indicates the ribbon with the dynamics of community engagement.

![Figure 6.7: A ribbon with dynamics in the facilitation of community engagement](image)

### 6.2.1.3 Strategic priorities and strategic objectives for facilitation of community engagement in the Faculty of Health Science

The strategic priorities were identified as areas where strategies for the facilitation of community engagement should focus. This is ensured through the formulation of a strategic objective for each strategic priority identified. The strategic priorities are linked to the findings of Phase Two of this study, which was conducted to explore the academic staff’s perceptions of the facilitation of community engagement in the FHS. The strategic priorities and their objectives are illustrated in Table 6.1.

<table>
<thead>
<tr>
<th>Strategic priorities</th>
<th>Strategic objectives for strategies to facilitate community engagement in the Faculty of Health Science</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy for the facilitation of community engagement through communication, marketing and external relations</td>
<td>Facilitate building reliable, sustainable external relations, affordable marketing and communication on community engagement activities</td>
</tr>
<tr>
<td>Strategy for the facilitation of community engagement through research-based activities</td>
<td>Facilitate constructive integration of community engagement activities into the research agenda</td>
</tr>
<tr>
<td>Strategy for the facilitation of community engagement through curriculum-based activities</td>
<td>Facilitate constructive alignment and integration of community engagement into the health science curricula</td>
</tr>
<tr>
<td>Strategy for the facilitation of community engagement through clinical practice and work-based learning</td>
<td>Facilitate the strengthening of community engagement processes in clinical practice and work-based learning</td>
</tr>
<tr>
<td>Strategy for the facilitation of community engagement through university/faculty services and volunteering</td>
<td>Facilitate institutional and faculty programmes to successfully offer services and volunteer to benefit community members</td>
</tr>
</tbody>
</table>
6.2.1.4 Concluding remarks

- The primary colours green, yellow and red were used in the conceptual framework for the facilitation of community engagement.
- The choice of colours, shapes, arrows and diagrams were rationalised.
- The strategic priorities for the development of strategies to facilitate community engagement were identified and their objectives were designed.

6.3 DESCRIPTION OF STRATEGIES TO FACILITATE COMMUNITY ENGAGEMENT IN THE FACULTY OF HEALTH SCIENCE

6.3.1 Introduction

This section describes the strategies to facilitate community engagement in the FHS. The findings from the first three phases of this study formed a foundation on which strategies were developed. The section below defines the concept ‘strategy’, followed by the five strategies developed to facilitate community engagement.

6.3.2 Definition of the concept ‘strategy’

‘Strategy’ is a concept borrowed from the military and adapted for use in the business sector. According to Nickols (2016: 7), it refers to a plan, perspective, pattern and position used to bridge policy or a goal and actions. Strategy denotes insights, thoughts, ideas, perceptions, experiences, expertise and expectations that provide directions for specific actions in the process of achieving the desired goal. Mainardes, Ferreira and Raposo (2014: 55) observed that in the literature, there is no evidence of consensus on the definition of a ‘strategy’. However, the concept is widely used to refer to practices, guidelines, policies and action plans intended to accomplish a common goal and mediate the organisation’s relationship with its external environment. A strategy means to direct with a purpose, to distribute resources effectively and to harmonise the decisions made by different individuals (Gaga & Bezos, 2018: 8). The strategies developed to facilitate community engagement are accompanied by the strategic objectives and key strategic activities for each. These are described in the section that follows.
6.3.3 Strategies to facilitate community engagement in the Faculty of Health Science

6.3.3.1 Strategy 1: Building reliable and sustainable external relations, affordable marketing and communication on community engagement activities

This strategy focuses on building reliable and sustainable external relations and affordable marketing and communication strategies that can be used by academic staff for community engagement.

❖ **Strategic objective**

To facilitate building reliable, sustainable external relations, affordable marketing and communication on community engagement activities.

❖ **Key strategic activities for building reliable and sustainable external relations, affordable marketing and communication on community engagement activities**

Kaufmane and Smilgaine (2017: 97) reported that external relations contribute by improving the image and communication of an organisation. While marketing and communication create awareness and convey detailed information to the public, it also stimulates participation and actions within the institution (Batra & Keller, 2016: 131). The marketing, communication and external relations of the higher education institution should include community engagement activities. To successfully facilitate community engagement, external relations, marketing and communication activities should be reliable, sustainable and affordable. This is to avoid the wastage of scarce resources and ensure long-lasting relationships, while ensuring visibility and reaching a large number of community members. Key strategic activities for building reliable and sustainable external relations, communication and marketing on community engagement activities are presented in Table 6.2.

6.3.3.2 Strategy 2: Constructive integration of community engagement activities into the research agenda

This strategy focuses on assisting academic staff from the FHS to integrate community engagement activities into their research agenda.
Strategic objective
To facilitate the constructive integration of community engagement into the research agenda

Key strategic activities for constructive integration of community engagement activities into the research agenda
Although research is one of the core functions of higher education, alongside teaching and community engagement, it is also known as one of the vehicles for community engagement in higher education. This is because it facilitates the process of partnership between the university and community by bringing the two together to achieve mutually beneficial goals and shared interests. Being action-oriented and community-focused, community-based research allows universities to engage with communities and conduct research, which has societal relevance and academic validation (Tandon et al., 2016: 5). In addition, research supports experiential learning and promotes the use of multiple methods of knowledge discovery and dissemination. On the other hand, community members participate as collaborators and agents of change, instead of being study participants in the research process (AccessAlliance, 2012: 3). However, research may serve as a vehicle to community engagement when there is constructive integration of activities into the research agenda of the faculty.

The research agenda provides themes and broad research questions that act as a platform for future research in a specific discipline or field (Miller, Taff, Newman & Lawhon, 2019: 136). The agenda consists of broad topics that are usually linked to challenges identified by the researchers at the beginning of the journey of finding solutions to societal issues (Santos & Horta, 2018: 652). This is because research is viewed as a framework for solving problems and operationalising research actions (Ertmer & Glazewski, 2014: 59). It gives direction, purpose and focus to the researcher, and it is expected that academic staff develop their research agenda based on their interests, expertise, identified problems, mission and vision of their departments.

Key activities for the constructive integration of community engagement into the research agenda are presented in Table 6.2.
6.3.3.3 Strategy 3: Constructive alignment and integration of community engagement into the health science curricula

This strategy focuses on assisting academic staff members from the FHS to constructively align and integrate community engagement into programme curricula.

❖ Strategic Objective
To facilitate constructive alignment and integration of community engagement into the health science curricula.

❖ Key strategic activities for constructive alignment and integration of community engagement activities into the health science curricula
Educational programmes offered by higher education institutions are guided by curricula, which are reviewed regularly as determined by the university senate committee. The curriculum includes a plan or design on which educational provision is based (Hughes & Quinn, 2013: 100). Therefore, it is ideal to align and integrate community engagement activities into the curricula in order to facilitate the process in the FHS.

Key strategic activities for constructive alignment and integration of community engagement activities into the health science curricula are presented in Table 6.2.

6.3.3.4 Strategy 4: Strengthening the community engagement processes in clinical practice and work-based learning

This strategy focuses on assisting academic staff from the FHS to strengthen community engagement processes in clinical practice and work-based learning.

❖ Strategic objective
To strengthen community engagement processes in clinical practice and work-based learning.

❖ Key strategic activities for strengthening community engagement in clinical practice and work-based learning
The clinical practice is an important aspect in training health professionals because it allows for the integration of theory learned in the classroom into practice (Hughes & Quinn, 2013:
367). The time spent in clinical practice is determined by the programme curricula and usually formulated based on recommendations from accrediting bodies. The same also applies to work-based learning. Clinical practice and work-based learning may serve as vehicles to community engagement; therefore, this study suggests key strategic activities to strengthen this objective, as presented in Table 6.2.

6.3.3.5 **Strategy 5: Facilitate institutional and faculty programmes to successfully offer services and volunteer to benefit community members**

This strategy focuses on assisting academic staff to successfully facilitate institutional and faculty services and volunteering activities that benefit community members.

❖ **Strategic objective**

To successfully volunteer and offer institutional and faculty services that benefit community members.

❖ **Key strategic activities to successfully volunteer and offer institutional and faculty services that benefit community members**

The university service is not only aimed at catering to the internal community but should also be extended to the community external to the institution. Service is viewed as a valuable component which focuses on a commitment to the society, university and profession (PennState Altoona, 2018: 2). University and faculty services are principally centred on public service, which means it portrays the roles of the university to society at large (Cassuto, 2016: n.p). The service is fulfilling the higher education’s duty while volunteering by academic staff and students may be conducted to fulfil their personal responsibility to fellow human beings. The principal activities aimed at successful volunteering and offering institutional and faculty services are presented in Table 6.2.
Table 6.2: Strategies to facilitate community engagement in the Faculty of Health Science at an institution of higher education in Namibia

<table>
<thead>
<tr>
<th>Strategic objectives</th>
<th>Activities</th>
<th>Output indicators</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building reliable and sustainable external relations, affordable marketing and communication on community engagement activities</strong></td>
<td>✗ Appoint a community engagement focal person within each department within the FHS</td>
<td>Appoint a community engagement focal person for each department</td>
<td>Head of Departments and Coordinators in the faculty of Health Science</td>
</tr>
<tr>
<td>✗ Share community engagement projects and their objectives with all academic staff in the departments</td>
<td>Evidence in the form of meeting minutes of email communications to all academic staff members</td>
<td></td>
<td>All academic staff in the Faculty</td>
</tr>
<tr>
<td>✗ Display community engagement projects and innovation on the notice boards, faculty website and in newsletters</td>
<td>Number of community engagement projects shared on the notice boards, faculty website and newsletter</td>
<td></td>
<td>All academic staff in the faculty Website development committee in the faculty</td>
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<tr>
<td>✗ Enter into a memorandum of understanding with external organisations</td>
<td>Evidence in terms of references and memoranda of understanding signed by academic staff and</td>
<td></td>
<td>Head of departments and coordinators in the faculty</td>
</tr>
<tr>
<td>✗ Terms of</td>
<td></td>
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<tr>
<td>References of agreement should be clearly stipulated and agreed on before commencement of the projects</td>
<td>Community members to indicate stakeholder involvement and partnerships</td>
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<tr>
<td>Identify community leaders to help build relationships with community members</td>
<td>List of community leaders and their contact details available in the faculty</td>
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<tr>
<td>Conduct community meetings to share ideas with community members</td>
<td>Evidence in the form of meeting minutes</td>
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<tr>
<td>Incorporate community engagement into the Continuing Professional Development (CPD) activities, induction for new members, as well as a mentoring programme</td>
<td>Documented evidence of CPD activities, induction and a mentoring programme for academic staff members that include community engagement</td>
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<tr>
<td>Re-orientate all academic staff members to</td>
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<tr>
<td>Community engagement as one of their core functions</td>
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<tr>
<td><strong>Strategy 2: Constructive integration of community engagement activities into the research agenda</strong></td>
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<tr>
<td>To facilitate constructive integration of community engagement into research agenda</td>
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<tr>
<td>❖ Develop a three-year research agenda that incorporates community-based research</td>
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<tr>
<td>❖ Ensure that research undertaken by academic staff and students are conducted in the community context</td>
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<tr>
<td>❖ Create an environment where community members are free to participate as co-researchers in research projects</td>
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<td>❖ Adhere to research ethical principles</td>
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<tr>
<td>Evidence in the form of a documented research agenda with community-based research projects</td>
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<tr>
<td>Number of community-based research reports submitted in the faculty</td>
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<tr>
<td>Number of research projects with community members as co-researchers</td>
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<tr>
<td>Evidence of ethical clearance granted by the research review committee</td>
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<tr>
<td>Research coordinators in the faculty</td>
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<tr>
<td>All academic staff in the faculty</td>
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<tr>
<td>All academic staff in the faculty</td>
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<tr>
<td>Head of departments and coordinators in the faculty</td>
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<tr>
<td>Strategy 3: Constructive alignment and integration of community engagement into the health science curricula</td>
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<tr>
<td>To facilitate constructive alignment and integration of community engagement into the health science curricula</td>
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<tr>
<td>- Recognise and reward staff members who made efforts to conduct community-based research projects</td>
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<tr>
<td>- Design a service-learning module or course for each programme offered in the FHS to facilitate students’ involvement in community engagement activities</td>
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<tr>
<td>- Assess students’ learning in the community context</td>
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<tr>
<td>- A reward and recognition system in place for academic staff who conduct community-based research</td>
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<tr>
<td>- Evidence of a service-learning module or a course designed and approved for each programme in the FHS</td>
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<tr>
<td>- Number of community-based assessments completed</td>
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<tr>
<td>- Head of departments and coordinators in the faculty</td>
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<tr>
<td>- Curriculum development and review committees in the faculty</td>
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<tr>
<td>- Academic staff in the faculty</td>
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<tr>
<td>Strategy 4: Strengthening the community engagement processes in clinical practice and work-based learning</td>
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<tr>
<td>To strengthen the community engagement process in clinical practice and work-based learning</td>
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<tr>
<td>❖ Explore the possibility of community experts and resource persons to facilitate the learning of health science students, both for theoretical and practical components</td>
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<tr>
<td>List of community experts and possible teaching topics identified</td>
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<tr>
<td>Academic staff in the faculty</td>
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<tr>
<td>❖ Develop home-visit guidelines for health professions educators and students</td>
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<tr>
<td>Evidence in the form of approved home-visit guidelines for health professions educators and students</td>
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<tr>
<td>Curriculum development and review committees in the faculty</td>
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<tr>
<td>❖ Add home visits to the health professions students’ clinical and industrial placement rotation</td>
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<tr>
<td>Number of placement lists which incorporated home visits</td>
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<tr>
<td>Curriculum development and review committees in the faculty</td>
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<tr>
<td>❖ Extend rural placement</td>
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<tr>
<td>Number of rural placement programmes extended to at least six weeks</td>
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<tr>
<td>Curriculum development and review committees in the faculty</td>
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<tr>
<td>❖ Evidence in the form of approved home-visit guidelines for health professions educators and students</td>
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<tr>
<td>Number of activities</td>
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<tr>
<td>All academic staff members in the faculty</td>
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<tr>
<td>Strategy 5: Facilitate institutional and faculty programmes to successfully offer services and volunteer to benefit community members</td>
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<tr>
<td>To successfully volunteer and offer institutional and faculty services that benefits community members</td>
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<tr>
<td>- Sensitise academic staff and students on volunteering and donations as part of community engagement</td>
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<tr>
<td>- Facilitate collaboration and partnership between the MoHSS and the FHS with regard to responses to disease outbreaks</td>
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<tr>
<td>- Evidence of meeting minutes and a students’ forum where volunteering and donations as part of community engagement is an agenda point</td>
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<tr>
<td>- Existing memorandum of understanding between the MoHSS revised to incorporate management and responses to outbreak</td>
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<tr>
<td>- Head of departments and coordinators in the faculty</td>
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<tr>
<td>- Associate deans in the faculty</td>
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<tr>
<td>programme for health professions students to the minimum of six weeks’ duration</td>
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<tr>
<td>conducted to promote interprofessional education and practice</td>
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<td>faculty</td>
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</table>

- Promote interprofessional education and practice in the FHS
FHS should be allocated responsibilities in the management of disease outbreaks

Active participation of students and academic staff in the health and social events organised by the MoHSS

Set up a community call centre in the FHS

| FHS should be allocated responsibilities in the management of disease outbreaks | Number of events participated in by the students and staff members from the FHS | Head of departments and coordinators in the faculty |
| Active participation of students and academic staff in the health and social events organised by the MoHSS | Document evidence of a fully operational call centre in the FHS | Head of departments and coordinators in the faculty |

In conclusion, this section developed and described strategies for academic staff in the FHS to facilitate community engagement. This entails the strategic objective for each strategy as well as key strategic activities, output indicators and responsible persons. The strategies and their descriptions were presented in Table 6.2.

### 6.4 EVALUATION OF STRATEGIES TO FACILITATE COMMUNITY ENGAGEMENT IN THE FACULTY OF HEALTH SCIENCE

Evaluation involves making a judgement about the value of something, for a specified purpose (Stuart, 2013: 180). It is a critical appraisal process through which the meaning, credibility and significance of something are measured according to the set criteria (Grove & Gray, 2019: 503). Evaluation is a crucial phase in the development of new strategies, therefore, strategies developed to facilitate community engagement were evaluated.

The evaluation of strategies to facilitate community engagement in the FHS were evaluated by a group of experts in health science education and research methodology. The evaluation
panel consisted of 10 health science educators from one of the campuses offering a programme from the FHS. Nine panel members had a master’s degree level qualification, while one has a doctoral degree. The use of experts in the evaluation of strategies ensured that peer debriefing took place, which is one of the methods identified to warrant credibility and confirmability of this study. The researcher organised the seminar via email and then presented the steps followed to develop strategies, as well as strategies and their strategic objectives and proposed activities. The seminar was conducted on 26 November 2019 in one of the boardrooms on campus.

The evaluation was conducted following the critical reflection of theory developed by Chinn and Kramer (2018: 202). This theory involves determining how acceptable a theory is in relation to some purpose identified by the authors or inventors. In this study, strategies to facilitate community engagement were evaluated for clarity, simplicity, generality, accessibility and importance. Therefore, the following questions were answered during the evaluation by experts:

- How clear are the strategies?
- How simple are the strategies?
- How general are the strategies?
- How accessible are the strategies?
- How important are the strategies?

These questions were utilised in developing an evaluation tool, which was verified by the study supervisors prior to the evaluation by the group of experts (see Annexure L). Following is a description of the outcomes of the evaluation phase.

6.4.1 Clarity of the strategies

This criterion assessed the clarity and consistency of the presented strategies. In this case, the evaluators were in agreement that strategies to facilitate community engagement were clear and consistent. Some evaluators stated:

“Yes, the strategies are clear and consistent”
“Yes, they are clear and are talking to their strategic objectives”

6.4.2 Simplicity of the strategies

This criterion addresses the relationship between strategic objectives and activities for each strategy. Strategies to facilitate community engagement were deemed to be simple because there were clear relations between strategic objectives and the proposed activities. Some evaluators wrote:

“The strategies are presented in a simple table form which has strategic objectives and vital activities.”

“Yes, the relationship between strategic objectives and activities is clear”

6.4.3 Generality of the strategies

This criterion addresses the extent to which strategic objectives and activities speak to the scope of community engagement. The experts who evaluated strategies to facilitate community engagement found them to be general:

“Yes, they are general”

“Strategies are general in a way that they are developed to cover a wide range of community engagement issues”

6.4.4 Accessibility of the strategies

This criterion addresses the extent to which empiric indicators for the strategic objectives and activities can be identified and to what extent the objectives of the strategies are attained. The evaluators were in agreement that the strategies to facilitate community engagement were accessible. However, there was a concern that the researcher should also consider developing a strategy for transformation from current practice to implement the proposed strategies.
Evaluators commented:

“Yes, they are accessible”

“They are accessible, however, these strategies may be demanding for the university since there is a need to transform from the current practice. So what is the strategy for transforming the university?”

In response to the above concern, the researcher’s response is that the purpose of this study was to develop, describe and evaluate strategies to facilitate community engagement in the FHS. The implementation of strategies is not within the objectives and purpose of this study; therefore, the implementation process has to be planned and carried out by the key persons for each activity proposed. However, the researcher will work closely with responsible persons to ensure the implementation of these strategies is successful.

6.4.5 Importance of strategies

This addresses the extent to which strategies lead to valued health science goals in terms of practice, research and education. According to the evaluators, the strategies to facilitate community engagement are important because they form a foundation for the achievement of key performance areas of academic staff:

“Yes, they are important because they are speaking to our real working context”

“These strategies are essential in the sense that they serve as a pillar for academic key performance focus area”

In summary, the evaluation of strategies to facilitate community engagement concluded that the developed strategies are clear, simple, general, accessible and important.

6.5 SUMMARY

Chapter Six gave a description and evaluation of the strategies to facilitate community engagement in the FHS. Firstly, it presented and described the structure of a conceptual
framework for the facilitation of community engagement. This was followed by the identification of strategic priorities and strategic objectives for the facilitation of community engagement. The strategies were presented in a table, which included their strategic objectives, key strategic activities, output indicators and responsible persons. Lastly, strategies were evaluated by the group of experts for clarity, simplicity, generality, accessibility and importance, as indicated in the critical reflection of theory proposed by Chinn and Kramer (2018: 202-212). The following chapter will discuss the justification, limitations, recommendations and conclusion of the study.
CHAPTER SEVEN
ORIGINAL CONTRIBUTION, LIMITATIONS, RECOMMENDATION
AND CONCLUSION

7.1 INTRODUCTION

The previous chapter gave the description and evaluation of strategies developed to facilitate community engagement in the FHS. This chapter sets out to review the entire study to determine whether or not the purpose and objectives the researcher developed during the conception of the study were met. In addition, it will present the limitations, recommendations and the conclusion of the study.

7.2 ORIGINAL CONTRIBUTION

The justification of the original contribution of this study to the body of knowledge in health science education begins with the rationale of the study. This is followed by the review of the purpose, methods, as well as limitations and recommendations.

Community engagement is a foundation of efforts to improve public health (CTSA Consortium, 2011: 4). However, it is observed that educational strategies used in training health professionals focus primarily on hospitals, health centres and clinics. Students trained using these strategies tend to be hospital-centred and insufficiently equipped to manage diseases whose effective cure is prevention and upholding lifestyles that repel diseases (Smith et al., 2013: 1139). Therefore, there is a call for health science curricula to be social and preventive, but not to focus on individual cases or curative services. This transformation occurs in higher education since it is the custodian for health science curricula.

The higher education sector is a public resource which conveys material or intellectual benefits to individuals or communities, therefore it is said to be a ‘public good’ (Leibowitz, 2012: xvii). The connection between the higher education sector and community is made via engagement. Globally, there is an expectation from society for universities to enhance graduates’ employability skills, knowledge advancement and make positive contributions to
human development (Walker & Fongwa, 2017: 5). This expectation is met through community engagement. Community engagement activities require a planned approach, yet most universities do not have the support in place that is needed for faculties to run those activities.

7.3 JUSTIFICATION

The purpose of the study was to develop, describe and evaluate strategies to facilitate community engagement in the Faculty of Health Sciences at an institution of higher education in Namibia. There is a need for documented strategies on how community engagement should be facilitated in the FHS. The rationale for the facilitation of community engagement is that it will help cultivate partnerships with community members and stakeholders. Moreover, the faculty’s social accountability and responsiveness, as well as the university ‘public good’ notion, will be visible if community engagement is well facilitated. The description of strategies to facilitate community engagement is therefore seen as an implementation strategy for the other two functions of higher education, which are teaching and research. The study was conducted through four phases, and the methods for each phase are briefly described next.

7.3.1 Phase One: Conduct a concept analysis of the concept ‘community engagement’ (Objective one)

Objective one was achieved via the concept analysis, which was done in accordance with the basic principles of Walker and Avant’s (2014: 163-183) model. The findings of this phase revealed that the community engagement process happens in three phases, which occur as a result of community challenges, health inequalities, societal needs, the need for a socially responsive approach in education, research and services as their antecedents. Lastly, community engagement leads to more effective programmes, collaborations, developed communities and people, integrated teaching, research and services, it benefits students by improving their skills and behaviour, leading to capacitated, reflective and innovative graduates.

The conceptual map was designed from Phase One and this guided the researcher in the collection of empirical data in Phase Two of the study. In addition, the theoretical definition
of community engagement was presented in Phase One, and this was formed by defining attributes revealed through concept analysis; hence, this is the researcher’s unique contribution to health science education, research and practice.

7.3.2 Phase Two: Explore and describe academic staff’s perceptions of how community engagement can be facilitated within the Faculty of Health Science (Objective two)

The researcher identified some activities in the process of facilitating community engagement through concept analysis conducted in Phase One. These activities formed the basis of questions used in data collection for Phase Two. The following were asked during the focus group discussions conducted with health science educators in the FHS:

“How can community engagement be facilitated in the Faculty of Health Sciences?"

- “how can research-based activities facilitate community engagement?”
- “how can clinical practice/work-based learning facilitate community engagement?”
- “how can curriculum-based activities facilitate community engagement?”
- “how can university (faculty) services and volunteering facilitate community engagement?”

Data were collected until saturation was reached, after three focus group discussions that consisted of 19 participants. Giorgi’s (2012: 4) phenomenological data analysis method was used. The following five themes emerged from data analysis: namely the facilitation of community engagement through communication, marketing and external relations; the facilitation of community engagement through research-based activities; the facilitation of community engagement through curriculum-based activities; the facilitation of community engagement through clinical practice and work-based learning; and the facilitation of community engagement through university/ faculty services and volunteering. These themes are further evidence of the researcher’s unique contribution to health science education, research and practice. Quality in Phase Two was ensured by adhering to the four criteria for developing trustworthiness of a qualitative enquiry as proposed by Lincoln and Guba (1985: 290-331).
7.3.3 Phase Three: Conceptualisation of findings (objective three)

Conceptualisation was conducted following a six-element practice theory as proposed by Dickoff et al. (1968: 415-435). The researcher discussed the findings to give meaning and, using deductive analysis and synthesis as her reasoning strategy, concluding remarks regarding each conceptualised element was made.

7.3.4 Phase Four: Develop, describe and evaluate strategies to facilitate community engagement in the Faculty of Health Science (Objective four)

Prior to the development of strategies, the researcher designed a conceptual framework from the findings of the previous three phases. The process of describing strategies followed descriptive components of empiric theory as proposed by Chinn and Kramer (2018: 188-202). However, the researcher modified the original components as some do not apply to this study. Firstly, the researcher identified strategic priorities, which were extracted from themes generated in Phase Two. This was followed by the design of a strategy for each strategic priority, which was presented with strategic objectives, key strategic activities, output indicators and responsible persons.

The evaluation was conducted in accordance with criteria developed by Chinn and Kramer (2018: 202-212). These criteria are clarity, simplicity, generality, accessibility and importance. An evaluation was conducted by 10 health science educators, and all strategies were found to be clear, simple, general, accessible and important.

The strategies to facilitate community engagement developed in this study are the researcher’s unique and original contribution since there are no strategies in existence in the FHS. It is also a unique and important contribution in particular to the institution of higher education in Namibia because these strategies were developed at the time of the introduction and implementation of the new institutional strategic plan (2019 – 2024). In the new strategic plan, “education and graduate employability, and community engagement, environmental sustainability and social relevance” are identified among the five strategic themes of the
institution (UNAM, 2019: 18). Therefore, with this view, the researcher is optimistic that these strategies will be useful to the implementation of the institution’s strategic plan.

These strategies serve as a change agent to shift health science education from the focus of research and teaching to the incorporation of community engagement into the curricula. It challenges academic staff to use more of the community-engaged pedagogies and therefore engage students with their communities, which will make them more employable, and they will possess other desirable graduate attributes.

7.4 LIMITATIONS

The following could be limitations to this study:

- Phase Two’s data collection process was constrained by a lack of responses to invitations for participation in the focus group discussions from academic staff in some schools within the faculty. Therefore, not all schools within the FHS at this specific higher education institution were represented. The participants from this study were only from the School of Nursing, School of Public Health and Department of Radiography.

- The researcher is an academic staff member in the FHS, which means she is an insider researcher. This could be a limitation because of her pre-existing assumptions of how community engagement could be facilitated. To avoid being subjective, the researcher remained reflexive by means of using reflective notes. She reflected on her experiences of community engagement and wrote down her own biases, values and assumptions on the facilitation of the community engagement process (Creswell, 2013: 50). In addition, as an insider, the researcher learned to listen to opinions that were not in agreement with her own beliefs and values, or ambiguous responses that seemed impossible to implement in the institution, and lastly accepted numerous realities (Ramani & Mann, 2016: 458). These were done to avoid interference with the research process.

- The design of this study was contextual in nature, which means findings are for the FHS and the public institution of higher education in Namibia. However, with the notion of applicability in qualitative research, the findings might be applicable to similar contexts and similar population groups.
7.5 RECOMMENDATION

Recommendations in this study are made with reference to health science education, health science research and health science practice.

7.5.1 Health science education

Health science education is challenged with the limited exposure of students to community settings, and most current educational strategies are critiqued for being institution-based. Students and academic staff are expected to have more contact with community members in community settings for them to participate in disease prevention and health promotion activities.

Therefore the researcher recommends:

- The developed strategies and key strategic activities to facilitate community engagement proposed in this study should be implemented, starting with seminars for academic staff and also through undergraduate and postgraduate curricula.
- The implementation of the strategies should be evaluated through semester and annual reviews of the faculty’s activities.

7.5.2 Health science research

There is a need for academic staff to base their teaching and actions on evidence-based practices because the field is dynamic and influenced by disease profiles, economic, environmental and technological changes. These changes call for academic staff to be engaged in research, hence the following recommendations of research are made from this study:

- The development of policy and guidelines for teaching and learning in community contexts since the institution only has a policy that focuses on campus-based processes. The guidelines should also address the ‘community entry process’.
The development and implementation of a training programme for academic staff to facilitate community engagement in the FHS.

The exploration and design of a generic service-learning course that suits all undergraduate health science students in the FHS and also facilitates interprofessional practice.

Health science students are expected to collaborate with the academic staff in the facilitation of community engagement. However, data from the current study were obtained through concept analysis, the perceptions of academic staff on the facilitation of community engagement, and literature review. Therefore, students were not participants of this study. The researcher thus recommends:

An empirical study should be conducted to obtain data from health science students with regard to their perceptions of how community engagement could be facilitated in the FHS.

7.5.3 Health science practice

Students in the FHS are exposed to clinical practice and other forms of placement during their studies. At the same time, academic staff are involved in health science practice through clinical accompaniment, preceptorships and follow-ups or supervision of students. Additionally, they give professional continuing education to other health practitioners through seminars, workshops and conferences. In general, clinical practice in this study was recognised as one of the methods to facilitate community engagement in the faculty. Therefore, the researcher recommends:

Immediate implementation of strategies to facilitate community engagement for academic staff to improve and maintain good health science practices.

The departments and units within the faculty should design work plans or schedules for the implementation of key strategic activities proposed with the strategies to facilitate community engagement.
Chapter Seven concludes this study, which was conducted to develop, describe and evaluate strategies to facilitate community engagement in the FHS at an institution of higher education in Namibia. This chapter demonstrated how the researcher met the purpose of this study through the four objectives. The limitations and contribution of the study were described with reference to health science education, research and practice. The researcher’s original contribution was made through the development, description and evaluation of strategies, which will be instrumental for the higher education institution to implement its new strategic plan.
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Kimball, M. J., Thomas, D. F., Kecskes, K., Foster, K. M., Casapulla, S., Hess, M. E., …


Mehmood, T., Ch, A. H., & Saeed, A. (2016). Community Development through Open Learning and Distance Education. *Bulletins of Education and Research, 38*(1), 183–196.


Mtawa, N. N., Fongwa, S. N., & Wangenge-ouma, G. (2016). The scholarship of university-


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March 25, 2019, from https://www.unisa.ac.za/sites/corporate/default/About/What-we-do/Community-engagement/Key-Definitions-and-Principles-of-Community-Engagement


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Annexure A: Concept analysis: community engagement (definitions, nature, characteristics and uses of community engagement)

<table>
<thead>
<tr>
<th>COLUMN 1: Analysis</th>
<th>COLUMN 2: Synthesis</th>
<th>COLUMN 3: Derivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified connotations of community engagement from relevant literature</td>
<td>Further reduction of connotations from column 1</td>
<td>Final reduction into categories and connotations from column 2</td>
</tr>
<tr>
<td>1. Merriam Webster online dictionary (2017)</td>
<td>1 Community engagement is a practice that is arranged for people with common characteristics, interests, belongingness, interactions, between human, ownership, goals, location and vision</td>
<td>[*this will be presented as findings of phase 1 (concept analysis) in the thesis report]</td>
</tr>
<tr>
<td>o Community is a unified body of individuals or the people with common interests living in a particular area</td>
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<td>o Engagement is an arrangement to meet or be present at a specified time and place. It also means involvement or commitment</td>
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<td>Context</td>
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<td></td>
<td>2 Community engagement is a practice that requires integrative, involvement and commitment of community members through collaboration, participation, sustainable networks, symbolically defined, partnership, synergy, equity, mutual exchange of knowledge, extending resources, mutual planning, mutual implementation and mutual assessment for active citizenship public good, public interest and public purpose.</td>
<td>Antecedents</td>
</tr>
<tr>
<td>2. Oxford online dictionary (2017)</td>
<td></td>
<td>Community engagement is a core academic functions that requires antecedents such as community challenges, health inequalities, societal needs, need for social responsive approach in education and research,</td>
</tr>
<tr>
<td>o Community refers to a group of people, living in the same place or having a particular characteristic in common. Is a place with its inhabitants; practising common ownership, unified by common interests, sharing attitudes and interests, similarity, identity, joint ownership, liability</td>
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<td>4, 5, 7, 11</td>
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<td>o Engagement is a formal agreement to get married. Is a</td>
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<td><strong>fight</strong> or <strong>battle</strong> between armed forces.</td>
<td>13,14,16,17,19,21,23,25,26,27,31,32, 35,41,44,49,51,58,60, 62,70,77,78,82,84,93,105,106, 107,108,118,131,133, 142, 161,176, 183, 184,208,212,213,223</td>
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</table>
- **Community** is a **district** or **locality**; a **distinct segment of society**; **Society as a whole**, the public or participation.  
- **Engagement** refers to a **pledge** or **obligations**. It also means the condition of **being in gear**, employment, **hostile or encounter**. | 3 Community is a communication platform between higher education institution and communities for purpose of health promotion, research and policy making leading to new insight, more effective programme and developing the community. 18, 20, 24, 64, 71, 170, 174, 175, 179, 218 |
|   |   | Process  
To attain the process of community engagement, the following were derived:  
Knowledge of societal needs and community issues and developmental challenges requiring attention 7, 9, 20 |
|   |   | Community engagement is a university societal role, scholarly activity and experiential approach that involves:  
- Volunteering and service learning  
- Capacity building, creative activities and community building projects  
- Work-based learning and internship  
- Place – building practices and social beneficial strategies |
Consultancy and engagement through meetings, interviews, academic, business and recreational events and reviewing

- Transactional, transitional, transformational strategies

The above processes are promoted by: commitment, partnership, reciprocal, inclusiveness and informing, relevancy and belongingness, quality, flexibility and sustainability, connectivity and efficient communication, documentation, monitoring and evaluation, active participation, promoting awareness about activities, civics importance

4. **Community bids meaningful relationships through religious, social, occupational or any group sharing similar characteristics or interests and identifying itself as unique from the larger society within which it is found** (Dictionary.com, 2017).

5. **Community engagement is multifaceted and multidimensional self-governing strategies conducted**

**Outcome**

The outcome of community engagement is leads to effective programme, collaborations, developed communities and its people, integrated teaching, research and services to the community, it benefits students by improving their skills and behaviour, lead to capacitated, reflective and innovative
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<td>6.</td>
<td>Community engagement signifies University’s role in the society, which are co-creation of knowledge and resources, sharing resources and sharing skills so it facilitate the public good from the institution.</td>
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<td>7.</td>
<td>Community is recognized by responsiveness, respect, neutrality, accessibility, coordination, problem solving, attention to societal needs and betterment of the society.</td>
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<td>8.</td>
<td>Community engagement is a scholarly activity which supports civil democracy at different levels, through enriching academic research, service and teaching activities.</td>
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<td>9.</td>
<td>Community engagement in health sector focuses on disease prevention mechanisms and awareness for health and social change as well as self-management of health and wellbeing.</td>
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</table>
agencies, and schools are smaller communities within the city. (McDonald & Dominguez, 2015)

<table>
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<tr>
<th>9. Community is an entity with own missions, goals, and perspectives that influence their interactions and activities (McDonald &amp; Dominguez, 2015).</th>
<th>10 Community engagement is core to higher education curricula and is facilitated via;</th>
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<tbody>
<tr>
<td></td>
<td>o Service learning</td>
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<td>o Continuing education</td>
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<td>o Consultancy</td>
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<td>o Work-based learning</td>
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<td></td>
<td>o Industry placement</td>
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<td></td>
<td>o Student volunteer projects and accredited volunteering</td>
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<td>o Internship</td>
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<td></td>
<td>o Capacity building activities</td>
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<td>o Participatory action research</td>
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<td></td>
<td>o Outreach</td>
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<td></td>
<td>o Community development projects</td>
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<td></td>
<td>o Public services</td>
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<td>o Civic engagement</td>
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<td>o Creative activities</td>
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<td></td>
<td>o Cooperative education</td>
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<td>54, 61, 67, 69, 92, 102, 120, 125, 129, 139, 153, 163, 164, 169, 171</td>
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<tr>
<td>o Community is a fellowship, monastic, socialistic or commonness</td>
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<tr>
<th>11 Community engagement supports development imperatives and community development priorities through new insight on curriculum development, social responsive curricula and social responsive research.</th>
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<td>56, 89, 90</td>
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<tr>
<td>12 Community engagement is guided by principles of social cohesion, equality, ethical</td>
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</table>
- **Community**: A group of individuals living in an area, having a common interest, or belonging to the same organization.
- For example, the care of individuals within the community, as an alternative to institutional care.

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<th><strong>Community engagement benefits students by:</strong></th>
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<tr>
<td>- Promoting active involvement</td>
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<td>- Work in community based organization</td>
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<td>- Learning from experience</td>
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<td>- Enhance social self-efficacy</td>
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<td>- Develop teamwork skills</td>
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<td>- Develop into competent and caring practitioners</td>
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<tr>
<td>- Knowledge application</td>
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<tr>
<td>- Promotes reflective thinking and reflective learning</td>
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<td>- Develop interpersonal skills and leadership skills</td>
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<tr>
<td>- Develop critical thinking skills and decision making skills</td>
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<td>- Develop relationship with community</td>
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<td>- It leads to civic minded graduates</td>
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<tr>
<td>- Promotes self-motivation</td>
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<td>- Leads to transformational learning</td>
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57, 66, 185

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- **Community** is a social assemblage that is united through a shared location, goal or professional, intellectual, social, economic and/or political connections. They originate from the public or private sectors or in civil society.
   - Community comprises of a systematized entities that operate within a community such as local government, district health teams, or other community-based organizations, such as religious or civil society groups.
   - Community engagement refers to the meaningful, respectful, and fit-for-purpose involvement of community members. Is often critical for action research.

14. Committee Task Force of the National Institutes of Health (CTSA, 2011)
   - Community engagement is the practice of addressing the issues affecting the wellbeing of people. It is conducted by working collaboratively with and through groups of people affiliated by geographic proximity and special interest.
   - Community engagement supports the view that health is largely socially determined.

15. Community engagement is important for higher education’s identity (Gorski & Mehta, 2015).

14 Partnership in community engagement must be ongoing, meaningful, relationship focused, open, honesty, respectful, committed, paternalistic relations, mutual learning, sharing resources, sharing accomplishment and sharing outcomes.

74, 85, 177, 192, 202, 211

15 Community engagement embraces experiential learning.

88, 94, 95, 114, 117, 123, 163, 199, 224

16 Essential elements in community engagement are:
   - Inclusiveness
   - Quality
   - Connectivity
   - Accountability
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<tr>
<th>Number</th>
<th>Statement</th>
<th>References</th>
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<tbody>
<tr>
<td>16.</td>
<td>Community engagement is <strong>reciprocally</strong> arrangement between university members and groups of people outside the institution in order to create and distribute new knowledge, improve understanding, and address shared difficulties (Gorski &amp; Mehta, 2015).</td>
<td></td>
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<td>17 Community engagement <strong>empowers</strong> citizens through informing, consulting and expressing their views on identified needs.</td>
<td>98, 99</td>
</tr>
<tr>
<td>17.</td>
<td>Community engagement is <strong>sustainable</strong> networks, partnerships and communications (Jacob, Sutin, Weidman, &amp; Yeager, 2015).</td>
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<td></td>
<td>18 Community engagement is facilitated through:</td>
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<td>- Forum</td>
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<td>- Meetings</td>
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<td>- Steering and advisory committees</td>
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<td></td>
<td>- Debriefing and evaluations</td>
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<td>- Key informant interviews</td>
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<td>- Sport events</td>
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<td>- Conferences</td>
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<td>- Business ventures</td>
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<td>- Media presentations</td>
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<td>- Consultations</td>
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<td>- Acting as reviewers</td>
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<td>- Quest seminar</td>
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<td></td>
<td>- Input into curricula</td>
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<td></td>
<td>- Working on external committees and boards</td>
<td>100, 101, 124, 151, 214</td>
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- Belonging
- Commitment
- Flexibility
- Genuineness
- Relevance
- Sustainability
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<tr>
<td><strong>18. Community engagement</strong> encompasses all <strong>activities</strong> between higher education institutions and communities at local, national, regional, and international levels (Jacob, Sutin, Weidman, et al., 2015)</td>
<td><strong>19. Community engagement</strong> is a <strong>core academic functions</strong> which requires interactions to mobilize university knowledge and community experience to address social issues through integrating research and teaching. 111, 121, 126, 141, 159, 207, 215, 220, 222</td>
</tr>
<tr>
<td><strong>19. Community engagement</strong> is a process through which groups of people affiliated by geographic proximity, similar situations or special interest work collaboratively to improve wellbeing within and through these groups (CDC, 2012).</td>
<td><strong>20. In community engagement, partners identify developmental challenges, goals, assets, wants and needs.</strong> 129, 136.</td>
</tr>
<tr>
<td><strong>20. The goals of community engagement are to form trust, list new resources and associates, construct communication platforms, and expand overall health outcomes by evolving successful projects into lasting collaborations (CDC, 2012).</strong></td>
<td><strong>21. Community is influential vehicle for achieving behavioural changes, capacity building and collaborate model of case.</strong> 144, 147, 200</td>
</tr>
</tbody>
</table>
| **21. Engagement is a continuum consisting of five stages: outreach, consult, involve, collaborate, and shared leadership (CTSAC 2011).** | **22. Steps followed in community engagement are;**  
  o Know the community  
  o Create enabling environment  
  o Promote awareness  
  o Gather experiences and knowledge from the community  
  o Ensure efficient communication |


23. Community engagement may be one-way or two-way, formal or informal, structured or unstructured, inside classroom or outside classroom, individually or in groups, on and off campus and local or extra-local.

137, 156, 158, 180

23. Community engagement helps students cultivate the skills and characteristics of reciprocity, reflexivity, and place-based and interdependent knowledge production (Houston & Lange, 2017).

24. Community engagement is student centred approach.

157

24. Community engagement takes many forms and partners, may include organized groups, agencies, institutions or individuals who collaborate to engage in health promotion, research, or policy making (McCloskey, et al., 2011).

25. Community engagement takes place at organizational, local, national, international as learning context.

162, 173, 195

25. Community engagement can also be seen as a continuum of community involvement (McCloskey, et al., 2011).

26. Community engagement requires roles of the university to be expanded to the wider population.

109, 219

26. Community engagement describes a commitment to develop wide relationships outside academic outcomes.

27. In community engagement, knowledge is reinforced in the community.
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<td>27.</td>
<td>Community engagement may involve a variety of communities, including non-profits, government, business, and groups at the local, regional and national level for extending resources, share expertise and apply research (Woodson, 2016).</td>
<td>28 Community engagement entails equitable, ambiguity and active participation which focuses on civic importance.</td>
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<td></td>
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<td>29, 113, 187, 190, 210, 221</td>
</tr>
<tr>
<td>28.</td>
<td>Community engagement develops culturally competent health care providers (Thomas &amp; Smith, 2017).</td>
<td>29 Community engagement indicate the corporate or university’s social responsibility</td>
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<td>185, 191</td>
</tr>
<tr>
<td>29.</td>
<td>Community engagement may create students’ alertness of health inequalities in their community (Thomas &amp; Smith, 2017).</td>
<td>30 Community engagement is reciprocal learning</td>
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<td>204, 205, 217</td>
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<td>31.</td>
<td>Engagement is an integrative and collaborative scholarly tool which strengthen higher education system by ensuring it operates within the public interest (Sobrero &amp; Jayaratne, 2014)</td>
<td>32 Community engagement represents a place-building practice, which is high risk and high reward</td>
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<td></td>
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<td>63, 197</td>
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<tr>
<td>32.</td>
<td>In the process of community engagement, students and community partners produces</td>
<td>33 Community engagement promotes innovation</td>
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<tr>
<td>33. Community engagement involves a range of strategies from simple consultation to community control (Attree et al., 2011).</td>
<td>34 Community engagement in higher education has an emotional context. 52</td>
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</tr>
<tr>
<td>34. Community engagement is crucial to many health improvement programmes (Attree et al., 2011).</td>
<td>35 Community engagement utilizes transactional, transitional, transformational and social beneficial strategies. 140, 225</td>
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<tr>
<td>35. Community engagement is a reciprocal learning process between students and community partners (Brown, Shephard, Warren, Hesson, &amp; Fleming, 2016).</td>
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<td>36. Community engagement is a multifaceted, multidimensional umbrella term that may be applied to a vast range of activities. (Escrigas, Sánchez, Hall, &amp; Tandon, 2014).</td>
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<td>37. Community engagement indicates the role university plays in the society (Escrigas et al., 2014).</td>
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<tr>
<td>38. Community engagement describes the process whereby universities move from the agenda of merely cumulating the general education of the population and the output of scientific research towards a model in which education and research efforts are directed to economic and social</td>
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objectives, by means of co-creating and exchanging knowledge and by sharing resources, skills and processes with the public good in mind. (Escrigas et al., 2014).

39. Community engagement is recognised by seven features; responsiveness, respect for partners, academic neutrality, accessibility, integration, coordination and resource partnership (Kellogg Commision & Land-Grant Universities, 1999).

40. Community engagement is being responsive to matters bothering the community by involving them as partners in creating methods to solving problems. Universities avail expertise to the community by working with them as partners to jointly seek funding for community projects (Kellogg Commision & Land-Grant Universities, 1999).

41. Community engagement involves partnership of university knowledge and resources with those of the public and private sectors (Committee on Institutional Cooperation’s Committee on Engagement, 2005).

42. Community engagement is carried out to; enhance scholarship, research, and innovation; improve curriculum, teaching, and
| Learning: prepare educated, engaged citizens; support democratic values and civic responsibility; address precarious societal issues; and contribute to the public good (Committee on Institutional Cooperation’s Committee on Engagement, 2005).

| Community engagement is fully rooted within the core teaching, research, and service missions of the institution (Fitzgerald, Bruns, Sonka, Furco, & Swanson, 2012).

| Community engagement is the collaboration between institutions of higher education and their larger communities (local, regional/state, national, global) for the jointly constructive exchange of knowledge and resources in a context of partnership and reciprocity (Driscoll, 2008).

| Community engagement is described as a scholarly activity and it runs across the missions of teaching, research, and service. It should support the process and values of civil democracy by being reciprocal and benefits all (Bringle & Hatcher, 2011).

| Engagement is an umbrella concept that covers each good practice in teaching, research,
47. Community engagement stresses on mutuality and scholarship (Giles, 2016).

48. Community engagement in higher education occurs at international, regional, national, provincial/state, and local levels (Jacob, Sutin, & Weidman, 2015).

49. Community engagement refers to maintainable networks, partnerships, communication media, and deeds between HEIs and communities (Jacob, Sutin, & Weidman, 2015).

50. Community engagement activities may be formal or informal. Example of engagement initiatives include establishing relationships, collaboration initiatives, business ventures, co-sponsored meetings, conferences, sports events, and research projects (Jacob, Sutin, & Weidman, 2015).

51. Community engagement aims to seek mutual opportunities and benefits, in a synergistic or win-win fashion, and in advocating for equitable and sustainable partnerships in all of their collective endeavours (Jacob, Sutin, & Weidman, 2015).

52. Community engagement in higher education has an
emotional context, especially when it focuses on people who have been traumatized by oppression, exploitation, and exclusion (Ross & Stoecker, 2016).

53. Community engagement in health sector is used to raising awareness about health concerns and involves communities in disease prevention mechanisms (Preece, 2017).

54. Community engagement is most frequently understood as service learning in South African context (Preece, 2017).

55. Community engagement is defined as the scholarly activity that involves external communities and stakeholders in collaborative academic research and teaching activities that address the critical development, at the same time also enrich the teaching, learning and research objectives of the university (UNISA, 2018).

56. Community engagement is a reciprocal process where knowledge and skills are mobilised by the institution to support development imperatives, while community knowledge and agency are absorbed by the institution to create socially responsive curriculum and
research. The two legs are community engaged research and community engaged teaching (UNISA, 2018).

57. Principles of community engagement are: Social responsibility, social cohesion, reciprocity and equality, ethical engagement, collaboration, utilisation of ODeL delivery modes, sustainability, graduateness (UNISA, 2018).

58. Community engagement denotes to mutual exchange of knowledge and resources through collaborations between HEIs and external communities such as government agencies, industry, nongovernmental organisations and schools. (Carnegie Foundation for the Advancement of Teaching, 2010).

59. Community engagement is undertaken to partner college and university knowledge and resources with those of the public and private sectors in order to enrich scholarship, research, and creative activity; enhance curriculum, teaching and learning; prepare educated, engaged citizens; strengthen democratic values and civic responsibility; address critical societal issues; and contribute to the public good (Carnegie
| 60. | Community engagement describes **collaboration** between institutions of higher education and their larger communities for the **mutually beneficial exchange** of knowledge and resources in a context of **partnership and reciprocity** (NERCHE, 2017) |
| 61. | Community engagement occurs in various forms such as **continuing education**, consultancy, contract research and collaborative research, it denotes to both two-way and **one-way interactions** between universities and external communities that take place on- and off-campus (Mugabi, 2015) |
| 62. | Community engagement describes the **collaboration** between institutions of higher education and their larger communities, being at local, regional/state, national or a global level for **mutual benefits** through exchange of knowledge and resources in a context of **partnership and reciprocity** (Schuetze, 2010). |
| 63. | Community engagement represents a kind of **place-building practice** whose outcomes embody a set of **intrinsic beliefs and values motivating engagement** |
Community engagement is principal to strategies to promote health and well-being and it reduces health inequalities, particularly interventions which focus on improving health in disadvantaged populations (Kimball et al., 2016).

Community engagement refers to student involvement in local projects within a community setting. For example higher education institution learners may work for a community-based organisation in order to benefit the community and to learn from the experience. (Millican & Bourner, 2011)

Community engagement contributes to learning by enhancing social responsibility, adding value to higher learning, contributing to the service part of the university and by developing students’ capacities (Millican & Bourner, 2011).

Community engagement can be a core part of the higher education curriculum for professional practice or it can be a single option within a modular programme. It can takes many forms ranging from accredited volunteering, service learning, and
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<th>68. Community engagement increases students’ awareness of the world around them, enhances students’ social self-efficacy, provide a source of material for some subjects, offers an opportunity to apply the learning acquired, enhances employability, developing team-working skills and communication skills. It provides evidence for employability skills, it enhances academic performance, develop interpersonal and leadership skills of students. It can provide an opportunity to gain greater self-knowledge and provides a vehicle to enable students to expand their capacity for reflective thinking and reflective learning (Millican &amp; Bourner, 2011).</th>
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<tr>
<td>69. Community engagement take place in various forms such work-based learning, industry placement programmes, student volunteer projects, and the engagement between a university research centre and the community sector, or civil society (Onyx, 2008).</td>
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<tr>
<td>70. Community may be local or extra-local, comprises of</td>
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ongoing, face-to-face relationships with significant others. Local communities are limited to a specific, symbolically defined, geographic location. Extra-local communities are defined and conditioned by cultural, social, economic and political systems operating at regional, national, and increasingly at international levels (Onyx, 2008).

71. Community engagement leads to new insights and more effective programmes of research, training and policy development (Onyx, 2008).

72. Community engagement refers to the application of institutional resources to solve challenges and address issues facing communities through collaboration with these communities (CCPH, 2012).

73. Community engagement has benefits of developing students’ leadership skills, critical thinking, professional decision making, social skills, and social awareness (Schaffer & Hargate, 2015).

74. Community engagement is built on authentic partnership which must be relationship-focused, open, honest, respectful, and committed to mutual learning and sharing the credit for
accomplishments, outcomes must be meaningful to the community, and transformation should occur at multiple levels (CCPH, 2012).

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<tr>
<th>75. Community engagement helps students by framing their learning experiences, learning from the community, acquiring professional skills, experiencing ambiguity, and creating effective community engagement partnerships (Schaffer &amp; Hargate, 2015)</th>
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<tr>
<td>76. Community engagement in nursing education helps students to develop relationships with community, the community teaches students and the faculty (Schaffer &amp; Hargate, 2015).</td>
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<td>77. Community engagement is guided by two principles: mutually reciprocal partnerships and public purpose (Janke &amp; Shelton, 2011).</td>
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<tr>
<td>78. Community engagement refers to collaboratively undertaken research, creative activities, teaching, and service by faculty members with community partners, staff, and/or students through processes that exemplify reciprocal partnerships and public purposes (Janke &amp;</td>
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<td>79. Community engagement is practiced either inside or outside of the classroom, with and without faculty and staff. It is individually practiced or in groups through programs of research, creative activities, and courses (Janke &amp; Shelton, 2011).</td>
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<td>80. Community engagement intends to serve a public purpose, address issues of public concerns and builds the capacity of all involved (Janke &amp; Shelton, 2011).</td>
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<td>81. Not all community engagement activities undertaken by faculty comprise scholarship (Janke &amp; Shelton, 2011).</td>
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<td>82. Community engagement emphasizes a move from an expert model of delivering university knowledge to a more collaborative model in which community partners play a significant role in creating and sharing knowledge to the mutual benefit of institutions and society (Weerts, 2014).</td>
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<td>83. Community engagement provides means for universities to address the pressing societal needs of the nation and the world, with a purpose of betterment of society (Fitzgerald &amp; Simon,</td>
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Community engagement is carried out with partners such as neighbourhood residents, school officials, business leaders, government agents, non-profit service-providers, health care professionals, local youth groups, or various combinations that reflect components of the quad helix (Fitzgerald & Simon, 2012).

Community engagement has core values of; quality, inclusiveness, and connectivity (Fitzgerald & Simon, 2012).

Community refers to specific, local, collective interest groups that participate in the activities of the institution (CHE, 2006).

Community engagement is of critical importance in producing knowledge that is most relevant and useful in the local context, in a process it shape students and future citizen (CHE, 2006).

Community engagement as a scholarly activity embrace experiential learning in a forms and shapes of distance education, community based research, participatory action research, professional community service, service learning, volunteerism,
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<td>89. Community engagement is the combination and integration of teaching and learning (e.g. service-learning), professional community service by academic staff and participatory action research applied simultaneously to identified community development priorities (CHE, 2006).</td>
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<td>90. Community engagement is a fundamental part of the core academic business of HEIs through which it contextualizes and provides new insights into knowledge production, curriculum development, teaching and learning (CHE, 2006).</td>
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<td>91. Community engagement is a scholarly work, which is crucial to curricula, it contributes to teaching, research and the production of knowledge further than the service experience itself (Bender, 2001).</td>
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<td>92. Interactions in community engagement address community identified needs, deepen students’ civic and academic learning and enrich the scholarship of the institution (Bender, 2001).</td>
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93. Community engagement is characterised by mutual planning, implementation and assessment midst the partners (Bender, 2001).

94. Community engagement takes an enquiry-based approach to learning (Miller, 2013a).

95. The community engagement model accepts that fieldwork experience has a constructive response on the affective domain of learning activities, i.e. those associated with feeling, emotions and values (Boyle et al., 2007).

96. Community engagement has brought a unique element to teaching which gives students a new and exceptional perspective, degree of transformational learning, evidenced by mature reflection by the students and it contributes to elements of global citizenship (Miller, 2013a).

97. Community engagement is affected by the influence of authority and the organisations’ ability to learn. It has eight essential elements; accountability, belonging, commitment, communication, flexibility, genuineness, relevance and sustainability (Sung and Hepworth, 2013).

98. Community engagement encompasses a variation of
approaches whereby public service bodies empower citizens to consider and express their views on how their particular needs are best met (Goulding, 2009)

99. Community engagement takes place through range of activities, which are; inform, consult, involve, collaborate and empower (Goulding 2009)

100. Community engagement may be conducted through local advisory committees, key informant interviews and participatory community meetings (Fialkowski et al., 2014).

101. Key elements in community engagement are: 1). Community engagement forum, a meeting between community members and stakeholders 2). Community engagement processes used include a steering committee that meet on a regular basis to prioritize and carry out responses to problems, 3). Debriefing and 4). Trainee evaluations (Vargas et al., 2012).

102. The term community engagement may represent a variety of practices (Attree et al., 2011).

103. Types of community engagement extend on a continuum from informing
through consulting, co-producing, collaborating to empowerment, with the aim of achieving health and social change (Sallnow & Paul, 2015).

104. Community engagement is seen as prerequisite of research, particularly with marginalised or disadvantaged communities (Sallnow & Paul, 2015).

105. Community engagement creates development of sustainable community support structures through which the problems of continuity of care and equity can be addressed. It allows for the provision of a continuous background level of support that is developed pertinent to specific needs within the community, upon which discrete episodes of professional intervention can occur (Sallnow & Paul, 2015).

106. Engagement refers to bringing the opportunity to work with, collaborate and define the working space and partnership (Gooden, Syed, Rutter, Dixon Hightower, & Kelley, 2013).

107. Community engagement is considered essential to long-term success, sustainability and a range of patient safety improvement (Gooden et al.,
Community engagement is a process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people (CDC, 2012).

Community engagement refers to the wider population beyond an individual health-care facility, including those directly affected by medical conditions, other patients, the general public, health stakeholders and civil society (Gooden et al., 2013).

Community engagement is facilitated via seven components; know the community, establish a conducive environment for community engagement, raise patient safety awareness – locally and nationally, collect community knowledge and experiences, ensure robust communication mechanisms, feed into monitoring and evaluation, develop a community 'ripple effect' (Gooden et al., 2013).

Community engagement aims to mobilise and combine university knowledge and community experience to address social disadvantage.
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<td>and exclusion, to promote the idea of a fair society (Laing, 2016).</td>
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<tr>
<td>112. Community engagement involves massive areas of our real lives such as caring, sustainable development, self-management of health and well-being, voluntary activity and the development of citizenship (Laing, 2016)</td>
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<td>113. Community engagement complements and collaborates with the university’s service to business activities. It focuses civic importance matters which are typically seen as non-economically productive activity (Laing, 2016)</td>
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<td>114. Community engagement offers a unique opportunity to improve teaching through an active, experiential pedagogy by giving students meaningful opportunities to serve while they learn (Monaco, &amp; de la Rey, 2015).</td>
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<td>115. Community engagement can significantly improve conditions in communities, builds support for higher education by providing visible evidence that universities are a good public investment (Monaco, &amp; de la Rey, 2015).</td>
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<td>116. Community engagement promotes community-</td>
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University partnerships to develop knowledge for improving the lives of the people and encouraging ‘participatory research’, working with community-based organisations in planning and execution of projects (Monaco, & de la Rey, 2015).

117. Community engagement seeks to integrate service, service-learning and experiential learning into curricular and co-curricular programmes. It aims to create neighbourhood networks of education institutions and provide policy suggestions and technical assistance to help foster social responsibility in higher education (Tandon & Singh, 2015).

118. Community engagement has impact of sustainable communities through equitable partnership and active citizenry through engaged curricula and research practice (Daniels & Adonis, 2017).

119. Community engagement relates to the activities that universities do in partnership with different communities such as scholarly community, student community, civil society and international community (Daniels &
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<td>120. Community engagement depends on the context and approach used, it’s mostly via outreach, public service, civic engagement, participatory action research and community development (Daniels &amp; Adonis, 2017).</td>
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<tr>
<td>121. Community Engagement is the active interaction between the university and its communities. In a form of service learning and community based research, is a core academic function. It leads to making positive changes in students and the communities (Meyer-Adams, 2014).</td>
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<td>122. Community engagement encompasses initiatives and processes that employ the knowledge, capital and resources, in the creation and enduring continuance of partnerships between the institution, its communities and stakeholders that address the development needs of such interest groups (Meyer-Adams, 2014).</td>
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<td>123. Community engagement emphasizes the mutually beneficial relationships between higher education and community partners, the reciprocal connections between theory and practice, the importance of involving</td>
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students in community-based research, and making scholarly activities relevant and useful for communities, as well as the academy (Nicotera, Cutforth, Fretz, Sunners, 2012).

124. Community engagement is an inevitable and symbiotic relationship that exists between communities and higher education institution. Engagement initiatives include establishing relationships; collaboration initiatives; business ventures; co-sponsored meetings, conferences, sports events and research projects. (Jacob, Sutin, & Weidman, 2015)

125. Community engagement generally comprises of three components; community based research, organized outreach and service learning (Jacob, Sutin, & Weidman, 2015)

126. Community engagement should be integrated with teaching and research (Hall, 2010).

127. Community engagement is social responsiveness (Hall, 2010)

128. Community includes anything from a university’s staff and students (Hall, 2010)

129. Community engagement can be understood as a cluster of activities that includes service
learning, problem-based teaching and research that addresses specific wants and needs, the pursuit of alternative forms of knowledge and challenges to established authorities that control and direct research systems and the allocation of qualifications (Hall, 2010)

130. Community is a **cluster of households** or an **entire region**, as an **organisation** ranging from a provincial government department to a non-governmental organisation such as a school, clinic, hospital, church or mosque or as a part of the university itself (Hall, 2010)

131. Engagement is defined by some sort of **partnership** in which there is a **mutual understanding** of the objectives of specific projects (Hall, 2010)

132. Community is a group of people who **plan, work and learn together** (CHE, 2007).

133. Community engagement is a process of creating a **shared vision** among the community and partners in society that results in a long term **collaborative programme** of action with outcomes that **benefit the whole community equitably** (CHE, 2007).

134. Community engagement can be understood as a part of a
set of public goods emanating from higher education (Hall, 2010).

135. Community engagement is the **planned, purposeful application** of resources and expertise in teaching, learning and research in the university’s interaction with the external community to achieve **mutually beneficial outcomes** in ways that are consistent with the institution’s vision and mission (Niekerk & Kilfoil, 2012).

136. Community refers to specific, **collective interest groups** that participate, or could potentially participate, in the University’s community engagement activities. They are regarded as **partners** who identify **developmental challenges**, **developmental needs**, **goals** and **assets** (Winberg, Garraway, Engel-Hills, & Jacobs, 2011).

137. Community engagement in the United States of America’s context refers to an **umbrella term** that includes wide range of **informal to formal connection** with local communities (Thompson, Smith-Tolken, Naidoo & Bringle, ).

138. Community engagement as
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<td><strong>Defined in the South African context</strong> refers to an <strong>interactive equal and reciprocal relationship</strong>. Faculty, students and institutions become <strong>socially responsive to community needs</strong> (Thompson, Smith-Tolken, Naidoo &amp; Bringle.).</td>
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<td><strong>139. Community engagement refers to work-based learning</strong>, faculty serving on committees and engage in informal support of communities and students historically involved in self-help groups on campus (Thompson, Smith-Tolken, Naidoo &amp; Bringle.).</td>
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<td><strong>140. Community engagement utilizes continuum of strategies including transactional, transitional and transformational community engagement</strong> (Bowen, Newenham-Kahindi. &amp; Herremans, 2010).</td>
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<tr>
<td><strong>141. Community engagement is public goods emanating from higher education. It helps the university to perform its core functions in a more meaningful way. Community refers to university’s own staff and students and a community of practice to civic organisations, schools, townships, citizens at large and “the people” in general</strong> (Hall, 2010).</td>
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142. The impact of community engagement is **Sustainable communities** through **equitable partnership** and **active citizenry** through **engaged curricula & research practice** (Valora, 2017).

143. Community engagement is considered essential to **long-term success, sustainability** and spread of patient safety improvement (Gooden et al., 2013).

144. The CDC/ATSDR Committee on community engagement view it as a method of addressing issues affecting the well-being of those people. It is an influential vehicle for bringing about **behavioural changes** that will improve the health of the community and its members’ (CDC, 1997).

145. Engagement brings the opportunity to work with, **collaborate** and define the **working space** and **partnership**. It follows the following steps; (i) **Know the community** (ii) create an **enabling environment** for community engagement (iii) promote patient safety awareness at **local and national level** (iv) Gather **community experiences and knowledge** (v) Ensure **efficient communication**
Mechanisms are in place (vi) conduct monitoring and evaluation activities (vii) document outcomes in the community (Gooden et al., 2013)

146. Community engagement is an umbrella term for a process which enables communities and services to work together to understand, build capacity and address issues to improve their experience of end-of-life and bereavement and their related well-being (Sallnow & Paul, 2015)

147. Community engagement processes affords significant opportunities for clinicians in training to develop their leadership skills toward improving maternal and child health for minority families with children with disabilities while building capacity in families for advocacy and facilitating change in the community (Vargas et al., 2012)

148. Community engagement has an eight elements model consisting of: accountability, belonging, commitment, communication, flexibility, genuineness, relevance and sustainability (Sung and Hepworth (2013).)

149. The spectrum along which community engagement might be located are: inform,
Community engagement has the potential to provide a platform for transformational learning by enabling students to revisit their own beliefs and value systems, to challenge stereotypical attitudes and images and to begin a transition towards critiquing concepts and acquired knowledge. The community engagement fieldwork empowered students to take charge of their learning (Scheunpfug, 2008).

Community engagement processes used in community engagement forum includes a selection of steering committee consisting of community members and stakeholders which meets on a regular basis to prioritize and carry out responses to problems (Vargas et al., 2012).

Higher education can engage with society for the improvement of individuals, families, communities, and economies in the distant future (Fitzgerald & Simon, 2012).

Community engagement can take in different types and forms within the context of
higher education. These include distance education, community-based research, participatory action research, professional community service and service-learning. Community engagement is the combination and integration of teaching and learning, professional community service by academic staff and participatory action research to address identified community development priorities (Education & Committee, n.d.).

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<tr>
<th>154. Engagement means institutions have redesigned their teaching, research, and extension and service functions to become even more sympathetically and productively involved with their communities. <strong>Community</strong> refers to <strong>neighbourhood</strong> in which the <strong>campus is located</strong> (Kellogg commition &amp; Land-Grant Universities, 1999).</th>
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| 155. Guiding characteristics of community engagement are; responsiveness, respect for partners, academic neutrality, accessibility, integration, coordination, resource partnership (Kellogg commition & Land-Grant Universities, 1999). |
| 156. | Community engagement denotes a one-way process in which the university transfers its expertise to key constituents with a commitment of sharing, reciprocity, partnerships and mutual respect (Kellogg Commission & Land-Grant Universities, 1999). |
| 157. | Community engagement must accomplish at least three things: organized to respond to the current and future needs of students. Enrich students’ experiences by bringing research and engagement into the curriculum and offering practical opportunities. It must provide knowledge and expertise to work on the problems of the communities it serves (Kazin, 2011). |
| 158. | Community engagement refers to both two-way and one-way interactions between universities and external communities that take place on- and off-campus and occur via continuing education, consultancy, contract research and collaborative research (Mugabi, 2015). |
| 159. | Types of community engagement activities are many times linked to teaching, research, outreach, and service-learning activities. |
160. The health sector frequently uses community engagement concept in relation to raising awareness about health concerns and with the aim of involving communities in disease prevention mechanisms (Preece, 2017).

161. The term 'engagement was introduced as a substitute for service. Community engagement is defined as the collaboration between institutions of higher education and their larger communities, being at local, regional/state, national or global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity (Preece, 2017).

162. Engagement in education is place-focused and the local community is the context for learning (Casapulla & Hess, 2017).

163. Student-community engagement (SCE) refers to student involvement in local projects within a community setting. Community engagement is part of the curriculum, it involves students working for a community-based
organisation in ways that enable them to benefit the community and to learn from the experience (Millican & Bourner, 2011)

164. Engagements include various forms of work-based learning, industry placement programmes, and student volunteer projects. One form of engagement that gets little attention is the one between a university research centre and the community sector, or civil society (Onyx, 2008).

165. Community has existed since the beginning of human social formation (Onyx, 2008).

166. Community refers to the students’ immediate living environment (Heers, Van Klaveren, Groot, & Maassen van den Brink, 2016).

167. Community–university engagement is a multifaceted, multidimensional concept that can be applied to an infinite range of activities and university’s role in society that underlies these activities. The universities’ roles are expanded from mainly increasing the general education of the population and the output of scientific research towards a model in which the education and research should work towards specific economic and social objectives. Through co-
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<td>168. Community engagement refers to community involvement in decision-making and in the design, governance and delivery of initiatives which aim to address the wider social determinants of population health and health inequalities. Community engagement is central to many health improvement programmes. Community engagement involves a range of strategies from simple consultation to community control (Attree et al., 2011).</td>
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<td>169. Forms of community engagement found at the universities are expressed as a strategic aim, a set of practices to develop relationships with sectors of the community, as service and community/continuing education, as research activities, teaching and learning activities, community based research and integrated workplace learning such as practicum, placements or internships (Brown et al., 2016).</td>
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<td>170. Community engagement includes the use of creating and exchanging knowledge and by sharing resources, skills and processes with the public good in mind (Escrigas et al., 2014).</td>
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communication media to engage the community (Roberts, 2016).

171. Community engagement implies to certain defined practices such as service-learning pedagogy, community-based research, community internships, and other engaged scholarship and capacity building activities constructed as external to institutions (Rosing, 2015.).

172. Community engagement help students to develop into competent, caring practitioners with an awareness of health disparities in their community (Thomas & Smith, 2017).

173. University-community engagement often embroils students engaging with individuals who experience several forms of disadvantage or marginalization. International community engagement brings students face to face with the challenges of daily life in a developing nation, and teaches them about the practice of their profession in a context that may include issues such poverty and trauma (Pink et al., 2016).

174. Community engagement is a process often used in developing effective health communication interventions.
especially in traditionally underserved cultural contexts. Engagement can be conceptualized as a continuum consisting of five stages: outreach, consult, involve, collaborate, and shared leadership (Palmer-Wackerly et al., 2014).

175. Community is sometimes used to refer to those who are victims of health issues being addressed. Community may refers to stakeholders such as academics, public health professionals, and policy makers (Smajgl & Ward, 2015).

176. Community engagement is defined as university members reciprocally engaging with groups of people outside of the university in order to create and disseminate new knowledge, improve understanding, and address shared problems (Gorski & Mehta, 2016).

177. Community engagement is the meaningful, respectful, and fit-for-purpose involvement of community members in one or more aspects and may include involvement during the identification of the study, to defining its purpose and design, to stages of implementation,
interpretation, and use of results (Glandon, Paina, Alonge, Peters, & Bennett, 2017).

| 178. Engagement refers to a relationship which incorporates university system and a community system. |
| 179. Community engagement is a process of using new knowledge and information into and from developing communities (Bender, 2008) |
| 180. Community engagement is found in a variety of forms, which may be informal and unstructured activities, there is also formal and structured academic programmes addressed at particular community needs (Coetzee, 2012). |
| 181. Community engagement is one of the multifaceted and targeted solutions needed in disparities projects. Community engagement is vital in projects aimed to bring about change. Community engagement is the use of institutional resources to attend and solve challenges affecting communities through collaboration (Schaffer & Hargate, 2015). |
| 182. Community engagement is defined as a mutually beneficial exchange of |
information and resources in a context of partnership and reciprocity (Carnegie Foundation, 2014). (Weerts, 2014)

183. Community engagement is increasingly seen as a key component of such new collaborative models of care (Weger, Vooren, Luijkx, Baan, & Drewes, 2018).

184. Community engagement means involving communities in decision-making and in the planning, design, governance and/or delivery of services. Community engagement activities may be in a form of service-user networks, healthcare forums, volunteering or interventions delivered by trained peers (O’Mara-Eves, Brunton, McDaid, 2013).

185. Community engagement is defined as activities included in the corporation’s wider stakeholder management programme and is part of the corporate’s social responsibility activities related to people of a specific community (Bowen et al., 2010).

186. The concept community engagement has many different definitions and equally as many different applications but they share the following characteristics:
(1) a **relationship** between the university and its communities; (2) a belief that knowledge acquired in the academic context is **reinforced** and **enhanced** by the **real world experience** found in communities; and (3) the rule of mutually, **reciprocal**, and respectful exchange of ideas, practices, and applications among the engaged partners (Whiteford & Strom, 2013).

| 187. Community engagement entails active participation in the community as employees, students, volunteers, teachers, carers, parents, advisors and residents’ (Caie, n.d.) |  |
| 188. A community can be defined as a **group of people** who have **common characteristics** (Mampane, 2017). |  |
| 189. Communities can be defined by location, race, ethnicity, shared interests or affinity (such as religion or faith) (Mampane, 2017). |  |
| 190. Community engagement may be defined as **more than just access** to services and facilities in the community (Caie, n.d.) |  |
| 191. Community engagement strategy is the **subset of a firm’s corporate social responsibility** activities that are tailored for individual citizens and community groups (Bowen, Newenham- |  |
192. Community needs and resources are fully integrated with the firm’s decision-making processes (Bowen et al., 2010).

193. Community engagement is evolving from managing responses to particular issues, to co-creating solutions to social challenges (Bowen et al., 2010).

194. Communities characterized by geography represent people residing within the same geographic region, but have no interaction among them. Communities identified by regular interaction represent a set of social relationships that may or may not be place based. Communities characterized primarily by identity represent a group who share a sense of belonging, its normally based on a shared set of beliefs, values or experiences. (Bowen et al., 2010).

195. Community engagement requires national, community and organizational context to take place (Bowen et al., 2010).

196. Community engagement leads to share ownership of the problem (Bowen et al., 2010).
197. Irrespective of the form of community engagement, it is normally something of a high-risk, high-reward pedagogy (Knight-mckenna, Felten, Darby, & Madison, 2018).

198. Community engaged pedagogies are essential tools to nurturing civic-minded graduates (Knight-mckenna et al., 2018).

199. Through community engagement and guided reflection, students gain experiences that enable them to construct their own counter stories to change their understanding of social conditions and to share with others (Knight-mckenna et al., 2018).

200. Community engagement (CE) is increasingly seen as a key component of new collaborative models of care (Weger et al., 2018).

201. Engagement refers to institutions that have redesigned their teaching, research, and extension and service functions to become even more sympathetically and productively involved in their communities (Kellog commition & Land-Grant Universities, 1999).

202. Community engagement suggests a more mutual and reciprocal relationship
between higher education institutions and the communities in which they are situated and amongst, and is a shift away from some of the paternalistic relations of the past (Leslie, 2010).

203. Community engagement is found to help students **acquire skills** such as **critical thinking**, **cultural** and **social understanding**, **self-motivation**, **team work** and **workplace learning** (O’Connor, Lynch, & Owen, 2011).

204. Community engagement as **reciprocal learning** represents a **conceptual understanding** of the fluid and distributed roles of learner, teacher and site of learning (Brown et al., 2016).

205. It is particularly notable that this conceptualisation, presented as ‘community engagement as **reciprocal learning’**, reflected diverse and quite **complex understandings of learning** (Brown et al., 2016).

206. Community engagement entails the **application of institutional resources** to solve problems facing communities through **collaboration** with those communities (Gelmon, Jordan, & Seifer, 2013).

207. Community engagement as a **core mission of higher**
| 208. | Defining feature of community engagement includes the intentional collaboration between campus members and community-based stakeholders (Dempsey, 2010). |
| 209. | Engagement initiatives typically bring together groups across culture, socioeconomic status, gender, race, and ethnicity (Dempsey, 2010). |
| 210. | Community engagement avails multiple opportunities for campus members to explore how their research can be usefully applied to the vital social problems facing local communities (Dempsey, 2010). |
| 211. | Community engagement initiatives ensure that the impacts on ongoing relationships have the ability to form meaningful partnerships (Dempsey, 2010). |
| 212. | Community engagement requires a willingness on the part of its participants to engage in the process of pursuing mutually transformative programs for change (Dempsey, 2010). |
| 213. | Community engagement involves developing professional links across |
organizations and working on projects with identified outcomes collaboratively (Cleary & Hunt, 2010)

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<th>214. Nurses may participate in community engagement activities that encompass a range of continuing professional development activities: consultation, media presentations, providing input into curricula, guest seminars, working on external committees and boards, and acting as reviewers for professional bodies and peer reviewed journals (Cleary &amp; Hunt, 2010)</th>
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<th>215. University–community engagement is a specific method for academic research and teaching that necessarily involves external communities such as business, industry, schools, governments, non-governmental organisations, associations, indigenous and ethnic communities, and the general public, in collaborative activities that address community needs and opportunities at the same time enriching the teaching, learning and research objectives of the university (AUCEA, 2008).</th>
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<th>216. Communities are often viewed as being geographically located areas</th>
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or neighbourhoods, or as social and cultural groups in which members share common characteristics or identifications (Cherrington, Scheckle, Khau, De Lange, & Plessis, 2018).

217. Community engagement is a reciprocal process of mutual sharing of knowledge, skills and resources between the university and the broader community (both internal and external) to enrich scholarship, research and creative activity; enhance teaching and learning; strengthen democratic values and civic responsibility; contribute to public good and transformation and to enhance, social economic and ecological sustainability (Cherrington et al., 2018).

218. Community is known as either the people affected by a particular problem, or the parties e.g. academic institutions, community institutions, government institutions, health professionals and policy makers, involved in any particular project for a community, or an organisation that serves the needs of a specific group of people (Blakeney et al., 2015).
Community engagement refers to activities which are conducted in the community by a university through expanding its role as passive provider of knowledge to an active participant (Northmore & Hart, 2011).

Community engagement is defined as the development of collaborative partnerships between education, business, social services and government that contribute to the academic mission of the university and directly benefit the community (Indiana State University, 2013).

Engagement is also linked with other institutional agendas such as volunteering, widening participation or citizenship (Northmore & Hart, 2011).

However, for many others, university community engagement is considered one of the tripartite purposes of a university (Ramachandra et al., 2014).

University community engagement is defined by its focus on reciprocal, mutually-beneficial knowledge-driven relationships between higher education institutions and their community partners (Murphy & McGrath, 2018).

Community is known as complex, dynamic systems.
which shape how meaning is constructed, how individuals within the group relate to each other and to other groups and how power is distributed and experienced (Cherrington et al., 2018).

| 225. Communities are a loosely defined set of social organisations, but community also functions as an adjective, as a qualifier that indicates work that is socially beneficial (Hall, 2010). |  |
Annexure B: Ethical clearance certificate from the Research Ethics Committee Faculty of Health Sciences - University of Johannesburg

TO WHOM IT MAY CONCERN:

STUDENT: NUYOMA, PL
STUDENT NUMBER: 215089955

TITLE OF RESEARCH PROJECT: Strategies to Facilitate Community Engagement in the Faculty of Health Sciences at and Institution of Higher Education in Namibia

DEPARTMENT OR PROGRAMME: NURSING

SUPERVISOR: Dr A Makhane
CO-SUPERVISOR: Prof AGW Nolke

The Faculty Academic Ethics Committee has scrutinised your research proposal and confirm that it complies with the approved ethical standards of the Faculty of Health Sciences; University of Johannesburg.

The REC would like to extend their best wishes to you with your postgraduate studies.

Yours sincerely,

Dr C Stein
Chair : Faculty of Health Sciences REC
Tel: 011 559 6564
Email: cstein@uj.ac.za
Annexure C: Ethical clearance certificate from the Higher Degree Committee, Faculty of Health Sciences- University of Johannesburg

FACULTY OF HEALTH SCIENCES
HIGHER DEGREES COMMITTEE

HDC-01-31 - 2017
2 June 2017

TO WHOM IT MAY CONCERN:

STUDENT: NUUYOMA, VN
STUDENT NUMBER: 216080955

TITLE OF RESEARCH PROJECT: Strategies to Facilitate Community Engagement in the Faculty of Health Sciences at and Institution of Higher Education in Namibia

DEPARTMENT OR PROGRAMME: NURSING
SUPERVISOR: Dr A Makhene
CO-SUPERVISOR: Prof AGW Netfa

The Faculty Higher Degrees Committee has scrutinised your research proposal and concluded that it complies with the approved research standards of the Faculty of Health Sciences; University of Johannesburg.

The HDC would like to extend their best wishes to you with your postgraduate studies

Yours sincerely,

Prof BS Shaw
Chair: Faculty of Health Sciences HDC
Tel: 011 559 6891
Email: brandons@uj.ac.za
Annexure D: Ethical Clearance certificate from the University of Namibia

UNAM
UNIVERSITY OF NAMIBIA

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: SC/358/2017  Date: 20 November, 2017

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia’s Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: Strategies To Facilitate Community Engagement In The Faculty Of Health Sciences At An Institution Of Higher Education In Namibia

Researcher: Vistolina N Nuuyoma

Student Number: 216089855

Supervisor(s) Dr. A. Makhene (Main) Prof. A. Nolte (Co)

Take note of the following:
(a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
(b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
(c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
(d) The UREC retains the right to:
(i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
(ii) Request for an ethical compliance report at any point during the course of the research.

UREC wishes you the best in your research.

Prof. P. Odonkor: UREC Chairperson  Ms. P. Claassen: UREC Secretary

[Signatures]
Annexure E: Letter to the Dean – Faculty of Health Sciences

To: Prof [Name]
Dean: Faculty of Health Science
University of Namibia

CC: Associate Deans:
School of Dentistry
School of Medicine
School of Pharmacy
School of Nursing
School of Public Health

Date: 20 May 2018

Dear Prof [Name],

Request to conduct a research study in the Faculty of Health Sciences, University of Namibia

I trust this finds you well. I hereby request permission to conduct a research study in the FHS (schools indicated above). The title of the study is “Strategies to Facilitate Community Engagement in the Faculty of Health Sciences at an Institution of Higher Education in Namibia”, which is conducted for a Doctoral Degree in Nursing Education I am currently studying via University of Johannesburg.

This study aims to develop, describe and evaluate strategies to facilitate community engagement in the Faculty of Health Science. Data for phase two of this study will be collected via focus group discussions with lecturers, clinical instructors and tutors/assistant lecturers. Thereafter, data will be conceptualized with findings from phase one (concept analysis), in order to develop and describe strategies to facilitate community engagement.
The developed strategies will be utilized by academic staff in the Faculty of Health Sciences to enable integration of community engagement with teaching and research silos, in addition increase in social accountability and responsiveness of the University of Namibia.

Attached herewith please receive the ethical clearance from University of Namibia Research and Publication committee as well as certificate from the Faculty of Health Science Research Ethics Committee, University of Johannesburg, as granted for this project.

I will appreciate it if permission is granted at your earliest convenience. I plan to conduct pilot study as from 25 June 2018 and main data collection will commence beginning of second semester.

I have copied in all Associate Deans for the Schools included in this study project in order to facilitate the discussions.

Regards,

Vistolina Nuuyoma
Annexure F: Permission letter to collect data

Research Office UNAM Oshakati Campus

Date: 03/09/2018

Re: Permission to conduct a research and data from participants at [blank] campus collect data

Dear Ms Vistolina Nuayoma

Thanks for contacting our offices and campus, on the matter of collecting data, as per your approved topic and proposal of your studies. We have taken note of the supporting documents provided and approval you have received by UNAM UREC office of 20 November 2017. We trust that these very supporting documents, will be sufficient for us to allow you to go ahead with your scheduled data collection process.

The following will be required:

1. Provided a schedule for your data collection or being on campus.
2. A draft communication to inform the campus.
3. Please do carry your supporting documents during this process: UREC Approval, Full Proposal, and other relevant documents, for participant’s information.

We wish you a successful process.

Cc: Dr P Uugwanga

Dr L Pinehas
Annexure G: An invitation letter to the participants

DEPARTMENT OF NURSING

RESEARCH STUDY INFORMATION LETTER

Good Day

My name is Vistolina Nuuyoma, I would like to invite you to participate in a research study on Strategies to Facilitate Community Engagement in the Faculty of Health Sciences at an Institution of Higher Education in Namibia.

Before you decide on whether to participate, I would like to explain to you why the research is being done and what it will involve for you. I will go through the information letter with you and answer any questions you have. This should take about 10 to 20 minutes. The study is part of a research project being completed as a requirement for a Doctoral Degree in Professional Nursing Science: Nursing Education through the University of Johannesburg.

THE PURPOSE OF THIS STUDY is to develop, describe and evaluate strategies to facilitate community engagement in the Health Sciences Faculty at an institution of higher education in Namibia.

Below, I have compiled a set of questions and answers that I believe will assist you in understanding the relevant details of participation in this research study. Please read through these. If you have any further questions I will be happy to answer them for you.

DO I HAVE TO TAKE PART? If you agree to take part, I will then ask you to sign a consent form.

WHAT EXACTLY WILL I BE EXPECTED TO DO IF I AGREE TO PARTICIPATE? Your responsibility will be to answer to the open ended questions to be
asked during the focus group discussions. Questions draw on your perceptions of how community engagement may be facilitated in the Faculty of Health Sciences.

**WHAT WILL HAPPEN IF I WANT TO WITHDRAW FROM THE STUDY?** If you decide to participate, you are free to withdraw your consent at any time without giving a reason and without any consequences. If you wish to withdraw your consent, you must inform me as soon as possible.

**IF I CHOOSE TO PARTICIPATE, WILL THERE BE ANY EXPENSES FOR ME, OR PAYMENT DUE TO ME:** “You will not be paid to participate in this study and you will not bear any expenses.”

**RISKS INVOLVED IN PARTICIPATION:** There are no risks involved from taking part in this study.

**BENEFITS INVOLVED IN PARTICIPATION:** You will get an opportunity to share your perceptions on how community engagement can be facilitated in the Faculty of Health Sciences.

**WILL MY TAKING PART IN THIS STUDY BE ANONYMOUS?** Yes. Anonymous means that your personal details will not be recorded anywhere by me. As a result, it will not be possible for me or anyone else to identify your responses once these have been submitted.

**WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?** The results will be written into a research report that will be examined. In some cases, results may also be published in a scientific journal. In either case, you will not be identifiable in any documents, reports or publications. You will be given access to the study results if you would like to see them, by contacting me.

**WHO IS ORGANISING AND FUNDING THE STUDY?** The study is being organised by me, under the guidance of my research supervisors at the Department of Nursing in the University of Johannesburg. This study has no funding yet.

**WHO HAS REVIEWED AND APPROVED THIS STUDY?** Before this study was allowed to start, it was reviewed in order to protect your interests. This review was done first by the Department of Nursing, and then secondly by the Faculty of Health Sciences Research Ethics Committee at the University of Johannesburg. In both cases, the study was approved.
Furthermore, ethical clearance was also granted by the University of Namibia Research and Publication Committee.

**WHAT IF THERE IS A PROBLEM?** If you have any concerns or complaints about this research study, its procedures or risks and benefits, you should ask me. You should contact me at any time if you feel you have any concerns about being a part of this study. My contact details are:

**Vistolina Nuuyoma**

Cell +264 811 275 709

Email address: vistolina.nuuyoma@gmail.com/ vnuuyoma@unam.na

You may also contact my research supervisor:

**Dr Agnes Makhene**

Email address: agnesm@uj.ac.za

If you feel that any questions or complaints regarding your participation in this study have not been dealt with adequately, you may contact the Chairperson of the Faculty of Health Sciences Research Ethics Committee at the University of Johannesburg:

**Dr C Stein**

Tel: 011 559 6564

Email: cstein@uj.ac.za

**FURTHER INFORMATION AND CONTACT DETAILS:** Should you wish to have more specific information about this research project information, have any questions, concerns or complaints about this research study, its procedures, risks and benefits, you should communicate with me using any of the contact details given above.
Researcher:

Vistolina Nuuyoma
Annexure H: Consent to participate in the study

DEPARTMENT OF NURSING

RESEARCH CONSENT FORM

Strategies to Facilitate Community Engagement in the Faculty of Health Sciences at an Institution of Higher Education in Namibia

Please initial each box below:

☐ I confirm that I have read and understand the information letter dated 21 March 2017 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐ I understand that my participation is voluntary and that I am free to withdraw from this study at any time without giving any reason and without any consequences to me.

☐ I agree to take part in the above study.

_______________________       ____________________  ________________
Name of Participant        Signature of Participant     Date

_______________________      _____________________   ________________
Name of Researcher       Signature of Researcher   Date
DEPARTMENT OF NURSING

RESEARCH CONSENT FORM FOR FOCUS GROUP DISCUSSIONS TO BE AUDIO-TAPED

Strategies to Facilitate Community Engagement in the Faculty of Health Sciences at an Institution of Higher Education in Namibia

Please initial each box below:

☐ I hereby give consent for the focus group discussion, conducted as part of the above study, to be audio-taped.

☐ I understand that my personal details and identifying data will be changed in order to protect my identity. The audio tapes used for recording the discussions will be destroyed two years after publication of the research.

☐ I have read this consent form and have been given the opportunity to ask questions.

_______________________  _____________________  _________________
Name of Participant        Signature of Participant     Date

_______________________  _____________________  _________________
Name of Researcher       Signature of Researcher   Date
Annexure J: Confidentiality agreement of the independent coder

CONFIDENTIALITY AGREEMENT OF THE INDEPENDENT CODER

I, Dr Hans Justus Amukugo, agreed to conduct an independent coding of the data collected in the research project entitled “Strategies to Facilitate Community Engagement in the Faculty of Health Sciences at an Institution of Higher Education in Namibia.” By signing this form, I agree to adhere to all confidentiality as stipulated in the ethical consideration of this study.

Signed at University of Namibia on this 24 day of May year 2019

Name of independent coder: Hans Justus Amukugo

Signature of independent coder
Focus Group Discussion Verbatim Transcriptions 13/09/2018 A

Six (6) academic staff, School of Nursing and School of Public Health (5 females and 1 male)

Duration: 1hr 4min 49 sec Time: 15h00 (Afternoon session)

R: Researcher

FGP1a: Participant pseudonyms, formed by abbreviations for focus group discussion participant, followed by number assigned to participants. Small letter indicate the sequence of focus group discussion group (a means this is discussion number one).

Italic and bracketed – field notes (examples nodding head)

R: Today is the 13th September 2018 and I am with academic staff from the School of Nursing and School of Public Health. This is focus group number one and I am conducting an interview on how community engagement should be facilitated in the Faculty of Health Sciences. We are sitting in the board room at upper level at one of the higher education institution campuses. I have explained the research participant information letter and consents to research and record interview is granted by all participants. The interview starts now, good afternoon colleagues

All: Good afternoon

R: Before we start with our discussion, let me start by asking participants to introduce themselves. Please tell us your educational qualifications, roles, number of years of experience in higher education.

FGP1a: I am a holder of doctoral nursing science, years of experience are 20 years and I am here as a lecturer in the Faculty of Health Science, I am responsible for both theory and practice for my module, which is community health science.

(Long silent)

R: Next participant
FGP2a: I have got a masters in nursing science, my years of experience are four, and my role is lecturer /clinical instructor in the Faculty of Health Science, specifically general nursing science module.

FGP3a: My highest qualification is masters in public health, years of experience are three years. I am a lecturer for general nursing science module, both practical and theoretical components.

FGP4a: I am in possession of a masters degree in nursing science, years of experience is seven years. I have a role of an educator, lecturer, I also have a role to conduct research and also to participate in community services.

FGP5a: My qualification is a masters degree in nursing science, my years of experience are four years, I am a clinical instructor for midwifery science.

(long silent)

R: Okay, thanks, my first question is “how do you understand community engagement”?

FGP3a: maybe I can start? (smiling)

R: yes please go ahead

FGP3a: my understanding for community engagement, it refers to involving community members, at least to participate in our educational activities, let it be maybe curriculum development or even giving guidance whether our products are at level where they are expecting them to be as well as also maybe to have regular meetings with them and they can also give us their inputs and share ideas and also to be updated with new information that are emerging from the community.

FGP1a: I also agree with participant 3, but in addition, community engagement is also to make something your own. It means if you’re talking about engagement in the faculty of health science, it means community should be also part. What is not mentioned is that, may be we can add aaaa, evaluation of what’s going on and even helping out when it comes to resources and facilitating the activities to be possible, that I refer to what is undertaken in the faculty. (Demonstrating with hands)

R: what do you mean to facilitate activities?
FGP1a: when I talk about facilitating activities, I mean for instance let me say we sent out learners or students out to do some activities, community members are the one to allow or give students permission to do something or conduct their activities or to be able to do something.

FGP2a: for me I understand it also the same, to include community members in decision making that is some of them, off course not all of them and also in decision making process of the university because being a stakeholders of the university, they also need to bring in ideas when it comes to the training and educational processes of the students and also to give support to the students as well as the lecturers when it comes to some of the issues that are coming up from the students.

R: Any addition?

FGP4a: I also concur with the other participants, the way I understand it is not really far from what is said. So it simply means to interact with members of the community especially within boundaries or communities under which you’re operating, ***ee*, this is very important, for important we are under the faculty of health and health affects almost every member of the community so we cannot lock them away. We are to interact with them for example we are producing the products giving to serve the community, we need to hear from the community about how they perceive the products or graduates produced from UNAM. Sometimes we think we are on the right tract but someone who is out there may see something and come to us to say here your product are going astray and will help us mould the product based on the feedback we are getting from them. In the faculty we also need to engage with a number of stakeholders for example as mentioned by previous colleagues especially stakeholders that are dealing with similar issues for example municipality is also dealing with health issues, we talk about nutrition, we have the ministry of agriculture and they might have experts so we need to engage with them to complement each other’s in terms of expertise.

FGP5a: ***oo***, I understand community engagement as ***oo***, apart from what other colleagues has said, it is to take our services to the communities, like not only to sit and wait like conducting home visits in order to identify problems in the community where our clients are residing and also to get information on how to solve the identified problems.

R: How can we facilitate community engagement in the Faculty of Health Science?
FGP1a: From my side, awareness raising will be the first thing because there is no way one can participate without knowing something and then, we usually do it by going to them, do some talk, visit them and you can even post some leaflet talking about the faculty.

R: Can you elaborate more on awareness raising?

FGP1a: Awareness on what is faculty of health science and what it is doing and any other information can be included and any other information the community members need to know.

FGP5a: Yes, to add on that, we can also promote activities and services of the university so that the community will know. What services we are giving to the community?

R: How can we promote activities and services?

FGP5a: When you’re creating awareness, you go out there to the community and inform them about services you are rendering at the university. By doing that, people will be aware of what is happening on the ground and know about the services.

FGP2a: we are promoting services through marketing also to talk about what we do, we can call meetings like to inform people, we can go on air to inform people what we do here, some can be through graduation ceremonies and when our graduates go out to the communities and what they see in them and how they view them what can I say yaa, something like that. In addition, we have health days, that means we take our services to the people for example we can take their BP readings so anything we can do and we also ask community members about what they want to hear from us.

R: May be something I didn’t get well from the beginning, who is our community?

FGP2a: The university itself is also a community on its own, and also people outside

FGP3a: Just to add, aaa, how to facilitate community engagement is n’t it? So we can also beside inviting community members to be part of our meeting, we can also do engage them in research, for them to give their views for example based on our products and I don’t know whether we can refer to our partners for example organizations where our students are being placed so that we can also hear or involve them as part of our community and get their input since they are part of the community and they supervise them when they are placed.
FGP4a: Just to add on what has said earlier about engaging with stakeholders, we need to come together and discuss and tell everyone what we are doing, we really need to come together for each stakeholder to know what is exactly done. We can say this is what we are doing, this are our challenges. If people don’t know our challenges, it’s difficult to help us and because we are a training institution, at the development of our curriculum, we need to call people and say, this is what we have developed and we need to improve, we can sit on the same table and discuss.

R: like if we look around this area, who can be our stakeholder?

FGP4a: private institutions such as Ongwediva Medi-park, Ondangwa Private Hospital and other local hospitals, ministry of agriculture, local municipalities especially for public health students. Coca-cola company can help in activities of school of public health (thinking)

FGP2a: The students themselves because they are also our stakeholders

FGP2a: I was just thinking about conducting trainings

(participant 6 walked in, long silent in the room)

FGP2a: (continued) I was just saying maybe we can conduct trainings for stakeholders and community to understand our mission and vision statements of the university itself and it will promote them to engage if they understand our mission and vision and it will improve their interest.

FGP5a: As alluded to by previous speakers, we really need to involve stakeholders in addition, we need to include the traditional and religious leaders because they are influential people in the communities. They will be able to influence people in the community

FGP4a: Yaa, even political leaders should be included because they are influential in the community. People like the regional councillors, the regional governors, town councillors, they should be included to influence the community (nodding head).

R: What do we mean by influencing the community?

FGP4a: To influence in terms of community participation and support for example they should be informed about health challenges experienced in the community and they will inform people in participate in corrective measures
**R:** Any addition?

**FGP1a:** We can allow community members to serve as committee members because they are the ones who know the community better and involved in activities happening in community settings.

**R:** For example which in community

**FGP1a:** May be let’s not go very far, let’s talk about security for the campus or faculty, we can always involve them, we cannot do it alone!

**FGP2a:** May be we call a meeting and select committee so that we have a platform where community members as parents are coming together to hear what their health science learners are doing.

**FGP6a:** I don’t know but may be I am out of topic? We can maybe look at the issue of educating the community. The faculty can plan a training to the community to realize that the university is able to assist them in that area and also develop the link with the university staff, I think that’s one area. For instance you can organise to visit one area even when you are not paid may be there is people with disabled people in their houses, they have special needs or people on medications of certain type, you can work with them to address issues at household level.

**FGP5a:** Doing field visits, like visiting certain areas in order to learn about living conditions and educate people accordingly. Because at times you have people who live far from the health care facilities and services due to other constraints they can’t reach services but if we go there, some of the problems may be solved just by giving health education on what they are supposed to do.

**R:** we can now move to the next question, which is “how research-based activities can facilitate community engagement”?

*(long silent in the room)*

**FGP3a:** In research, that’s where we find out where the gaps are in the community and to get knowledge about existing gap and at the same time engage them in resolving the identified gap. When we are conducting research, we go in the community and gather information from them, after analysing data, we need to go back to give them feedback and if there’s training
needed, we can come up with a programme to rectify problems that have identified after carrying out research in the community. (*pointing at the windows*)

**FGP2a:** Research is a way of giving feedback because when you collect data, you go and analyse to interpret so that you come up with meaning.

**FGP4a:** When it comes to research, for example in area of public health on hygiene in the community, when you feedback or present findings to the community members also give your recommendations for example to come up with committees to deal with hygiene related challenges. But also be prepared to come up with committees to deal with hygiene related challenges. But also be prepared to be part of the committee, I mean academic staff should also volunteer to participate that will be a good platform to collaborate with the community.

**FGP2a:** I was just thinking, I don’t know if this is the issue of ethics and respect of the community or issues of confidentiality in community research. I am just wondering how we can maintain confidentiality? How can community members trust us to give us all their information or how can we encourage them to be open, it’s my worry (*shaking head*) (*pause*). We need to strictly adhere to the principle of confidentiality or else who will be open to participate in our research? Who will give us truthful and reliable information?

**FGP1a:** Some community members should serve as co-researchers because they are the one who knows the areas and some can serve as participants we know very well that research activities are costing money, may be some community member can donate, all we need to do is to identify problems together, plan together and develop research proposals with them.

**FGP2a:** I don’t understand the question on research based activities

**R:** What I mean is how will you make use of research to facilitate community engagement?

**FGP6a:** I think what participant no two mentioned on confidentiality issues will promote community engagement. Regarding finding solutions, through research, once it’s done, people will have trust in us because what I see people are quick to do research when there is an opportunity for funding from outside but sometimes when we do research, even if we are not funded and we happen to solve a community problem, people will trust us and be willing to work with us in future. That’s how I look at it

**FGP4a:** regarding conducting research in community, well automatically it facilitates community engagement if participants are from the community, people will feel that they are
part of the team finding solutions to their own problems and will be proud that they have participated to find solutions and on other hand it will strengthen their links with the Faculty of health sciences.

R: Any further addition related to research?

All – no

R: My next question is how can curriculum –based activities facilitate community engagement?

FGP5a: I think if curriculum is designed in such a way that it allows students to be linked to a certain community, it will facilitate community engagement. Say for instance curriculum stipulated that students in their third year need to attend a traditional court hearing, by doing that, students will be exposed to what is happening in the community and will know what’s going on in the community and therefore learn a lot from that experience. (sounding confident)

FGP2a: Students should be recognized as knowledgeable community members and therefore should be given an opportunity to train others as well as members of the outside community. This is only possible when we recognize their knowledge. These objectives done under community engagement activities should also be included in the exams although it was done by the students themselves. If no assessment, I believe no learning take place we all know that our students only read more or practice further a topic is examinable. (Sounding concerned)

FGP6a: Also, I don’t know how this one will fit but by sharing the content of our curriculum with key stakeholders, they will know how our programme are structured for them to assist in some objectives. Members of the public also have responsibilities to give input in curriculum so we should allow them to do it. By having knowledge of our curriculum, community members will support our initiatives and work well together with the university.

FGP3a: In addition to what is mentioned, I also think our curriculum should allow community experts to teach some topics or give public lecture where our students may attend. In addition, our colleagues from clinical settings where we place our students should be encouraged to give to give us input on curriculum.

(Participant six left the room)
FGP4a: Our curriculum need to be more practical oriented, we should really do more practical for example when we are teaching conflict management, we need to think where we can take students to see how conflicts are managed. Let’s allow them to experience, learn and reflect on what they have learnt. We can say this is more like our rural placement programme but we need to strengthen it(sounding concerned). If we are talking about sanitation in the curriculum, let’s take our students to the factories where they can observe at companies such as Coca-Cola.

FGP2a: I was thinking the curriculum should address current issues or latest developmental challenging issues in the community because it will promote community members to be interested in what we are doing. When community members see that the health science people from the university are dealing with pressing issues of the community, they will be interested to participate in the engagement activities.

R: How will clinical practice and work-based learning facilitate community engagement?

FGP5a: As we are speaking now, our curriculum has got provision for students to visit clients in their home environment and identify problem. What I want to say is that, at least our curriculum has included some practices whereby they need to go out, students also write reports after visiting clients. It’s now for us educators to emphasize more on this and also participate not just to leave the whole activity to the student. These really give us opportunity to engage with our community (sounding confident).

FGP4a: I,…… I was more of ……………, you know we have a lot of health facilities deep in the rural areas. That means that’s where we expect a lot of challenges, we should try to have students placed in far deep rural facilities because some we place them in similar settings and we still call it rural placement. One would like to see students placed in more rural based facilities than town based facilities. We are aware of the challenges like in terms of transport and accommodation but we need to have them more rural context. In rural areas, its where we have a lot of challenges like lack of clean water supply, no electricity and many others. Students and educators need to be exposed to more of these so that they come up with projects such as how to purify water and so forth. What I am saying here is that we need more of rural practice in order to facilitate engagement (speaking softly).
R: My last question, how will university service and faculty service facilitate community engagement?

(long silent in the room)

FGP3a: Is like us university staff volunteering ourselves to provide services to a certain community, isn’t it?

Let me say previous time we went to a sport event and we were having a stall where we checked people’s blood pressure and glucose, refer them for further investigation where need identified. For me I feel when we provide service, we are encouraging engagement. You cannot talk about community service without volunteering, that means we need to volunteer in order to promote engagement (demonstrating with hands).

FGP2a: I noticed that staff and students really make a lot of contributions, I was thinking if university can have a small budget to assist the faculty in this regard so that we do not feel drained or may be strengthen or ask business people in the community to donate (raising voice)

FGP4a: I think it should be made a routine for our students to participate in health events of the ministry such as on TB days, malaria days, immunization campaign. We need to work closely with the ministry of health to help the community through service, through volunteering, that way we can promote engagement (nodding head)

FGP5a: I was thinking the university staff should assist in terms of outbreak response, for example if there’s a cholera outbreak, we need to go and educate the community on methods of spread, prevention and other relevant information needed to contain the outbreak. This way we facilitate community engagement via services.

R: Anything that you want to add from the previous questions

All: No

R: Let me thank everyone, for contribution during this discussion, I know your schedules are tight but you managed to make time.
Annexure L: Evaluation of strategies by experts in the FHS

EVALUATION OF STRATEGIES TO FACILITATE COMMUNITY ENGAGEMENT IN THE FACULTY OF HEALTH SCIENCE

Date: 26/11/2019

The purpose

To evaluate and critique the developed strategies for clarity, simplicity, generality, accessibility and importance in the facilitation of community engagement

Procedure for evaluation of strategies

A. Listen to the presentation on strategies to facilitate community engagement in the Faculty of Health Science
B. Evaluate strategies against the five criteria and questions for critical reflection of the theories developed by Chinn and Kramer (2018: 202 – 212).
C. Please answer to the five (5) questions below, use space provided below each question

1. Clarity: Are these strategies clear? (This question addresses clarity and consistency of the presentation of strategies)
   - Yes! There is a clear basis on how the strategies were developed and past activities to enhance the attainment of strategies

2. Simplicity: Are these strategies simple? (This question addresses the relationship between strategic objectives and activities for each strategy)
   - The strategies are presented in a simple tabular form which has strategic objectives and vital activities
3. Generality: Are these strategies general? (This question addresses the extent to which strategic objectives and activities speak to the wide scope of community engagement)

Strategies are general in the way they are developed to cover a wide range of community engagement issues.

4. Accessibility: Are these strategies accessible? (This question addresses the extent to which empirical indicators for the strategic objectives and activities can be identified and to what extent the objectives of the strategies can be attained?

The strategic objectives are likely to guide the attainment of strategic goals.

5. Importance: Are these strategies important? (This addresses the extent to which strategies lead to valued health science goals in terms of practice, research and education.

These strategies are essential in the sense that they serve as a pillar for academic focus areas.

Thank you very much.

VN Nuuyoma (Doctoral Candidate – Nursing Education) (University of Johannesburg)
Annexure M: Language editing certificate

Between the lines editing

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3 APRIL 2020

To whom it may concern:

I hereby confirm that I have edited the dissertation entitled: “STRATEGIES TO FACILITATE COMMUNITY ENGAGEMENT IN THE FACULTY OF HEALTH SCIENCE AT AN INSTITUTION OF HIGHER EDUCATION IN NAMIBIA”. Any amendments introduced by the author hereafter are not covered by this confirmation. The author ultimately decided whether to accept or decline any recommendations made by the editor, and it remains the author’s responsibility at all times to confirm the accuracy and originality of the completed work.

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