THE EXPERIENCES OF THE NURSE EDUCATORS FOLLOWING THE RATIONALIZATION OF NURSING COLLEGES IN GAUTENG

by

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NOVEMBER 2008
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DEDICATION

THIS STUDY IS DEDICATED TO MY PARENTS.

TO MY LATE FATHER:

DAD, I KNOW YOU WOULD HAVE BEEN VERY PROUD OF ME

TO MY MOTHER:

MOM, THANK YOU FOR TEACHING ME PERSEVERANCE AND TENACITY, IT CARRIED ME THROUGH THIS STUDY
ACKNOWLEDGEMENT

Thank you Lord for this academic achievement, You have been with me all the way.

EBENEZER.

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My friend Pat Williams for believing in me, her loving kindness and motivation kept me going when my energy levels were low.

Kate Morgan for editing the study.

Marlene Mare’ for her assistance with the technical layout of the study.

The principal of the receiving nursing college for allowing me to conduct the research study at the college.
SUMMARY

The rationalization of nursing colleges was implemented to change the manner in which the state institutions were administered for the purpose of improving service delivery, reduce state expenditure and maximize the utilization of these state institutions by making them accessible to all eligible users. The nurse educators’ experiences in this regard had to be explored and described because people react differently even to the best of intentions. The following research questions that gave direction to the research study were formulated.

- What are the experiences of the nurse educators following the rationalization of the nursing colleges in Gauteng?
- What are the supportive guidelines that can be formulated to assist the nurse educators cope in the nursing college that has undergone the rationalization process?

The purpose of the research was to describe the supportive guidelines that might assist the nurse educators cope in the receiving nursing college that had undergone the process of rationalization.

The objectives that would enable the fulfillment of the research purpose were formulated. The objectives of the study were:

- To explore and describe the experiences of the nurse educators in a nursing college that has undergone the process of rationalization.
- To conceptualize the experiences of the nurse educators.
- Describe the supportive guidelines to assist the nurse educators cope in the nursing college that has undergone the process of rationalization.
A qualitative, contextual, exploratory, descriptive and phenomenological research design was used to address the research questions and objectives (Mouton 1998).

The study was conducted in two phases. Phase one focused on the description and exploration of the nurse educators’ experiences following the rationalization of nursing colleges in Gauteng. Phase two focused on the conceptualization of findings and the description of the supportive guidelines.

The method of selecting the participants of the study was purposive so that participants who met the criteria could be included in the study. The sample was obtained from the target population of thirty six nurse educators who were deployed from the nursing colleges that were closed down and those who were employed in the nursing college before the implementation of the rationalization of nursing colleges in Gauteng. A pilot study of four nurse educators was done. The four nurse educators were not included in the focus group interview. Twelve nurse educators from General Nursing Science, Midwifery, and Psychiatry and some of the managers (HOD’s) participated in the study. Community Nursing Science nurse educators were not available due to work commitment outside the nursing college. A focus group interview (Krueger 1994) was conducted within ethical considerations. Audio tapes were used to capture the data. Field notes of the gestures and emotions expressed by the nurse educator during the interview were taken.

Tech’s (in Cresswell 1994) protocol to systematically process the contextual data was utilized. Trustworthiness was maintained to ensure credibility of the study (Lincoln & Guba 1985.) The two categories, seven sub categories and the related themes that emerged from data analysis were conceptualized and supported by relevant literature. The two main categories were positive experiences and negative experiences.
The sub-categories of the positive experiences were: sharing of resources, empowerment of the nurse educators, collaboration of the receiving nursing college with the community to improve nursing education and acquisition of trans-cultural knowledge. The sub-categories of the negative experiences were: fear, perceived behavior of the authorities concerned with rationalization of nursing colleges in Gauteng and aspects pertaining to racial issues. These categories and their related themes were conceptualized and supported by relevant literature. Guidelines that would assist the nurse educators cope in the receiving nursing college were formulated.

It is recommended that the authorities concerned with the rationalization of nursing colleges in Gauteng and the management of the receiving nursing college should consider the guidelines to assist the nurse educators cope in the receiving nursing college and in future rationalization of the nursing college.

In conclusion, the study has sheared light on the importance of conducting a research before implementing a major change such as rationalization of state institutions to ensure sustenance of the objectives of the change. The employees’ wellbeing should be considered because the success of the rationalization depends on them. Rationalization of institutions, whether public or private, requires effective management to facilitate a reasonable integration process.
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CHAPTER 1

BACKGROUND AND RATIONALE

1.1 INTRODUCTION

The middle of the 1990’s saw the rationalization of state institutions such as the army, education, and health services in South Africa. Transformation of state institutions through rationalization was necessary after the democratic elections because state institutions were founded on apartheid policies. The policies of apartheid led to duplication and fragmentation of services, for the purpose of sustaining racial segregation. The state institutions were not accessible to all potential users. There was inequity in the financial funding of the state institutions causing a distortion in the allocation of resources. Some institutions were under utilized and over financed, whilst others were over utilized because they served large communities and stretched to the limit in terms of human and material resources. In this manner the apartheid policies were not cost effective.

The social segregation model of service provision had to be abolished. Inequalities in service provision had to be addressed through a socio-economic policy framework. The Reconstruction and Development Program (RDP) was formulated to deal with the imbalances caused by apartheid policies (African National Congress, 1994:2) The health services and education as state institutions were among the fundamental priorities of RDP. The policies and the structures in these departments had to be transformed to ensure equitable service delivery to all the people of South Africa which would reflect the new political era of the country through the process of rationalization.

Rationalization is an economic concept that was developed in the 1930’s as a means of containing cost of production in the industrial sector (Hobson, 1930: 69). It was rekindled post the democratic elections and was adopted as a management strategy to cut the cost of service delivery in government institutions. The politicians envisaged that
rationalization of state institutions such as hospitals, colleges, technikons and universities would promote productivity, allow accessibility to the well resourced public health facilities and education institutions.

According to Ambrose (1996: 3) the advantages of rationalization were to facilitate personnel empowerment in the workplace, promote customer focused approach to service delivery and enhance participatory management. Personnel empowerment and participatory management in the workplace would be facilitated through education and training and development to allow a meaningful participation of the employees in the institution’s decision making process on matters affecting the employees and their work. Participatory management would enhance the sense of ownership and of belonging amongst the employees. In turn, productivity would improve at a lower cost, the cost of production would decrease (Jerling, 1996: 35).

The Higher Education Act (Act No.101 of 1997) was legislated to transform the education in South Africa. Chapter 3 of the Act deals amongst other issues with the merger of two or more public higher education institutions into a single public higher education institution. Prior to 1994 there were eight Nursing Colleges in the then Transvaal Provincial Administration which were segregated and managed on racial bases. In order to address the inequitable distribution of resources, improve productivity, facilitate accessibility of institutions of higher education and promote cost effectiveness, these eight colleges had to be rationalized. The process of rationalization of these colleges in Gauteng led to the establishment of four main nursing colleges, each with satellite campuses.

The four remaining nursing colleges were sited geographically so that there is one nursing college in central Pretoria, one in the North West Border of Pretoria one in central Johannesburg and one in Soweto (Mhlongo, 2000:16).

Traditionally, nursing colleges offer Nursing Science Programs, the theoretical input takes place at the main campuses and the clinical component takes place in the academic
and regional hospitals and in designated psychiatry and community health care clinics. Registration of new learners into the nursing programs takes place in the main campus. The learners are allocated to the satellite campuses adjacent to the academic or regional hospitals for clinical facilitation. For this reason the intake of the learners by the main campus had to increase.

Furthermore, the fragmentation and duplication of services in the Public sector had resulted in redundancy of posts and overstaffing. Human resource restructuring was imperative during the process of rationalization and it entailed post structure revision so as to bring the hierarchical system into balance. Human resource restructuring was implemented through freezing of vacated posts; encouraging early retirement at the age of 55 years; compulsory retirement at the age of 65 years; severance packages and retrenchment of persons with low medical classification, under-achievers and those who were not qualified for the posts they were holding. (Ferreira, 1995:132).

The satellite campuses of the receiving nursing college where clinical facilitation for nurse learners took place were located in the hospital premises. They became separate entities although the hospitals had control over the entire infrastructures and buildings within their premises. The college had to negotiate with the hospitals authorities to use the facilities to accommodate nurse educators and learners in a particular satellite campus. This resulted in a lot of red-tape when the nurse educators needed to access resources such as, telephones, fax and photocopy machines, clinical teaching materials like sterile packs and stationery like leave forms to mention but a few. Offices for nurse educators in the clinical facilities were not available or were inadequate necessitating sharing of offices.

The outcome of the rationalization of state institutions such as the nursing colleges in Gauteng culminated in the closing down of some of the nursing colleges. The closing down of the nursing colleges in Gauteng impacted on the lives and the wellbeing of the nurse educators who remained in the service after the rationalization process was finalized and on the social lives of those who left the service and joined the ranks of the
unemployed and those who ventured into other terrains with a great deal of uncertainty and the need to adapt to their new environment.

The rationalization of the nursing colleges in Gauteng changed the demographics of the nursing colleges in Gauteng. The receiving nursing college under study became culturally diverse requiring adjustment to the new work environment so that the philosophy, aims and objectives of nursing education could take place in a stable environment.

There were no strategies formulated to create a work environment that heals and supports the emotional component of transition. The human dynamics of downsizing was not taken into consideration. There was hope that once the survivors of rationalization have embraced the new reality, they would adapt and normality would be restored (Ambrose, 1996:61).

The management of the receiving nursing college under study evidenced poor implementation of the transformation strategies. This caused frustration of the nurse educators and interfered with their emotional adjustment necessary to ensure functioning in the changed environment. Participatory management would not take place if the managers were inadequately prepared to manage the receiving nursing college post the rationalization process. Personnel development and empowerment was also not conducive in such an environment where low morale, despondency, emotional neglect and inadequate or lack of support prevailed (Ambrose, 1996:5).

1.2 PROBLEM STATEMENT

The process of transformation through rationalization of the nursing colleges in Gauteng changed the environment in which the nurse educator has to function to ensure that the aims and objectives of nursing education are realized. The diverse work environment required the formulation of policies and guidelines that would facilitate adjustment of the nurse educators in the receiving nursing college. Following the process of rationalization
of nursing colleges, normality did not prevail. This presented challenges which were evidenced by:

- poor attainment of level outcomes of learners
- deteriorating discipline, commitment, competence, personal and professional development of learners which were different from the noble legacy of nursing as a profession.
- high nurse educator turnover related to burn-out and despondency.
- unwillingness of the professional nurses in the clinical areas to accept the nurse learners that have been allocated to their units/wards for teaching and guidance so that they can meet their clinical requirements.

There was also fragmentation and duplication of resources between the main nursing college and the satellite campuses due to the geographical distance between these facilities. Resources like offices were duplicated whereby one nurse educator would be allocated two offices, one in the clinical area and another in the main campus. This was not cost effective in the long run.

In the light of the above discussion the researcher observed the implications of the rationalization of nursing colleges in Gauteng on the wellbeing of the nurse educators. The rationalization of nursing colleges was completed in 2002 in Gauteng. The nurse educators who were deployed from the nursing colleges that were closed down and those who were employed in the receiving nursing college experienced the effects of the rationalization process.

From the description of the background, the rationale and the problem statement, the following research questions are applicable to this study:
1.3 RESEARCH QUESTIONS

- What are the experiences of the nurse educators regarding the rationalization of nursing colleges in Gauteng?
- What are the supportive guidelines that can be formulated to assist the nurse educators to cope in a nursing college that has undergone the process of rationalization?

1.4 RESEARCH PURPOSE

The purpose of the research was to describe the supportive guidelines to assist the nurse educators to cope in the nursing college that has undergone the process of rationalization. The purpose was realized by the following objectives:

1.5 OBJECTIVES

The objectives of the research were:

1.5.1. To explore and describe the experiences of the nurse educators in a nursing college that has undergone the process of rationalization in Gauteng

1.5.2. To conceptualize the experiences of the nurse educators and

1.5.3. To describe the supportive guidelines that might assist the nurse educators to cope in the nursing college that has undergone the process of rationalization in Gauteng.
1.6 DEFINITION OF TERMS

The key concepts that were defined in this study:

1.6.1 RATIONALIZATION

According to the Oxford Advanced Learner’s Dictionary (2000), rationalization means to make changes to a business system in order to make it more efficient and spending less money. Rationalization is synonymously used with such concepts as redesigning, restructuring, and transformation.

1.6.2 THE NURSE EDUCATOR

According to Mellish, Brink and Paton (1998:72) a nurse educator is a person who has the ability to communicate knowledge to the learners, diagnose the learners’ educational needs and formulate strategies to facilitate learning in various ways and evaluate learning for the purpose of developing the learners’ reflexive skills. The Nursing Council requires that such a person should possess a degree or a diploma in nursing education as stipulated in the Nursing Act (Act No. 50 of 1978) as amended.

1.6.3 EXPERIENCES

Lobiondo-Wood and Harber (1994:262) describe experiences as dimensions of day to day existence of a particular group or an individual. This description corresponds with that of the Advanced Oxford Dictionary which defines experiences as the knowledge shared by all the members of a particular group that influences the way they think in the situation that affects them.
1.6.4 THE NURSING COLLEGE

Nursing college means a post secondary education institution which offers professional nursing education at basic and post basic level where such nursing education has been approved in terms of section 15(2) in the Nursing Act (Nursing Act No. 50 of 1978) as amended.

1.7 THE RESEARCH DESIGN AND METHOD

1.7.1 RESEARCH DESIGN

A qualitative research design formed the basis for this study because of the naturalistic nature of the research phenomenon. (Burns & Grove, 1993: 61). The strategies that were utilized were descriptive, explorative, contextual, and phenomenological and were described in relation to the experiences of the nurse educators within the rationalization of a nursing college in Gauteng. The research was conducted in two phases.

Phase one focused on the description and the exploration of the nurse educators’ lived experiences in a nursing college that has undergone the process of rationalization. Phase two focused on the conceptualization of the findings, leading to concluding statements which formed the basis of the supportive guidelines that might assist the nurse educators to cope in the nursing college that has undergone the process of rationalization.

1.7.2 METHOD

The research method consisted of the target population, the sample and the sampling method, data collection, data analysis and trustworthiness.
1.7.2.1 The target population

The nurse educators who were deployed from the nursing colleges that were closed down as a result of rationalization of nursing colleges in Gauteng and those who were employed in the receiving college between 1999 and 2001 formed the target population of this study.

1.7.2.2 Sample and sampling method

The purposive sampling method was utilized to intentionally include in the research interview, all the participants who were willing and had given consent to share their lived experiences of the phenomenon (Burns & Grove, 1993: 246). The criteria for inclusion in the sample were based on these characteristics: the participants should have been deployed from the nursing colleges that were closed down and the nurse educators who were employed in the receiving nursing college between the period 1999 and 2001; the nurse educators who were willing to participate in the study and had given consent to participate in the research project.

1.7.2.3 Data collection method

A focus groups interview was conducted to allow for spontaneous debate and discourse essential to elicit in-depth exploration of the nurse educators’ experiences about the phenomenon under study (Krueger, 1994: 6-7; Polit & Hungler, 1999:335). Audio tapes were used with the permission of the participants. The researcher took field notes throughout the interview session to capture the non-verbal responses of the participants to increase the credibility of data collection (Burns & Grove, 1993: 367).

1.7.2.4 Data analysis

Tech’s method as cited in Creswell (1994:155) was utilized to systematically analyze the qualitative data collected.
1.7.2.5 Trustworthiness

Lincoln and Guba’s naturalistic paradigm was utilized to ascertain the trustworthiness of this qualitative study. The four components to maintain the rigor of the study included credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985: 296).

- **Credibility**

Credibility is the establishment of confidence about the truth of the study findings. It was ensured by engaging such activities as prolonged engagement, persistent observations, triangulation, peer debriefing, member checking, establishing the authority of the research and structural coherence (Lincoln & Guba, 1985: 294-295).

- **Transferability**

Transferability is the applicability of the research findings to other similar situations. It was facilitated by a thorough description of the context and of the participants (Lincoln & Guba, 1985: 316). The context in which the research phenomenon occurs is a nursing college that had undergone the process of rationalization in Gauteng and the participants were nurse educators who were employed in the main college and those who were deployed from the nursing colleges that closed down post rationalization between 1999 and 2001.

- **Dependability**

Dependability is the consistency of the data collection method when replicated in a similar context. This was achieved through keeping a detailed audit trail, that is, a detailed report of the interview process, method for data analysis, findings and interpretation thereof (Lincoln & Guba, 1985: 319).
• Confirmability

Confirmability is the plausibility of the results reflecting neutrality on the part of the researcher, her values and interests being controlled during data collection and data analysis so that they do not influence the research findings. Confirmability was maintained through a follow up discussion of some of the participant of the focus group interview to check the accuracy of their responses regarding their experiences on the research phenomenon (Lincoln & Guba, 1985: 319).

1.8 ETHICAL CONSIDERATIONS

Ethical codes are essential in nursing or in any profession dealing with human life (Searle & Pera, 1994:80). The rights of the research participants were protected by adhering to the Democratic Nursing Organization of South Africa’s (DENOSA) 1996 ethical standards which include the right to self determination; anonymity and privacy. The study was evaluated by the Research Ethical Committee of the Faculty of Education and Nursing of the University. Permission to conduct the research in the nursing college was obtained from the Deputy Director of the receiving nursing college. The letter clearly stated the objectives of the research project. The second letter was addressed to the prospective research participants. The letter stated the purpose of the research project, the method of data collection, the use of the audio tape, the involvement of the assistant researcher and the field notes that were taken during the interview process. The letter stated how the information captured would be handled to ensure confidentiality and anonymity.

A qualitative research design was selected for the purpose of this research enquiry. Physical harm was not anticipated other than temporary discomfort related to time sacrifice, physical exhaustion and evoking of emotions. Such discomfort were explained to the participants so that they could make informed decisions regarding participation in the research process (Burns & Grove, 1993:94). The participants’ rights were described under the following headings: protection from harm and discomfort; confidentiality;
anonymity; right to privacy and informed consent; risk/benefit ratio and quality research. All these rights are based on the broad principles of research which are beneficience, justice and respect of persons (Burns & Grove, 1993:94).

1.8.1 RIGHT TO PROTECTION FROM HARM AND DISCOMFORT

The right to protection from harm and discomfort is based on the principle of beneficience, that is, to do good and above all to do no harm. The participants were assured of the physical and emotional protection. The researcher ascertained this by fair treatment of the participants; inclusion in the research sample was determined by the ability of the nurse educators to articulate their lived experiences regarding the research topic. Psychological protection from hopes raised about the support guidelines that would be formulated during the conceptualization of the research findings. The participants were informed that these guidelines would be communicated to the relevant authorities.

1.8.2 CONFIDENTIALITY AND ANONYMITY

The researcher was obliged to ensure confidentiality and anonymity of the participants. The participants were assured that their responses will not be linked to their identity. The captured responses in the video-tapes were transcribed with coded names. The original transcripts would be destroyed two years after the research project has been finalized. The transcripts would not be given to unauthorized persons like the college management personnel (Burns & Grove, 1993: 99). Anonymity was maintained by ensuring that there is no linkage of the research findings with the individuals. The college where the research was conducted in Gauteng would not be identified, nor the relationship the researcher had with the participants. The participants’ anxieties would be allayed by informing them that the assistant researcher had agreed to maintain confidentiality in writing. Participants were asked to refer to each other as colleagues during focus groups interviews.
1.8.3 RIGHT TO INFORMED CONSENT

The participants were informed about the purpose of the research, the method for data collection, the sampling criteria, the risks and the discomfort involved. The interview was conducted during off duty time. The participants were required to give consent in writing after they had internalized the information. The participants agreed to participate voluntarily. The researcher explained to the participants that they are allowed to withdraw from participation without obligation. The researcher offered to answer the participants questions regarding the research project such as the venue, any remuneration or incentive for participating in the research project (Burns & Grove, 1993:105). The participants agreed to participate on their own will because they had sufficient knowledge understanding of the phenomenon. The participants were not coerced into participation.

1.8.4. BENEFIT/RISK RATIO

The researcher evaluated the potential benefits against the risks. The potential benefits of the study were derived from the conceptualization of the research findings where the supportive guidelines to assist the nurse educators to cope in the nursing college that has undergone the process of rationalization were formulated. These benefits were weighed against the temporary discomfort such as participating in the focus groups interview during off duty time and emotional involvement in the research topic (Burns & Grove, 1993:104).

1.8.5 QUALITY RESEARCH

The researcher completed training in the Research Methodology and the supervisors are experts in qualitative research and therefore the highest standard of the study was maintained.
1.9 ORGANIZATION OF PROPOSED CHAPTERS

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1.10 SUMMARY

Chapter one focused on the background and the rationale of the research project. The overview provided direction on how to approach the research project for the purpose of finding answers for the research questions. Emanating from the research questions and objectives, the research design and method were identified. The trustworthiness and the ethical considerations were described. The chapter indicated the division of the research topics according to the chapters. The research design and method will be discussed in Chapter 2.
CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The purpose of this chapter was to describe the research design and method that gave direction to how the research study was conducted. The design was described in relation to its ability to address the research questions and objectives. The components of the research strategies which are qualitative, explorative, descriptive, contextual and phenomenological were described first, followed by the method for conducting the research.

Phase one focused on the exploration and the description of the experiences of nurse educators on rationalization of nursing colleges in Gauteng. The method for data collection and data analysis was described in Phase one. Phase two focused on conceptualization of the research findings with relevant literature in order to formulate the supportive guidelines to assist the nurse educators cope in the nursing college that had undergone the process of rationalization of nursing colleges in Gauteng. Measures to ensure trustworthiness of the study were described thereafter. Throughout the processes of data collection, data analysis and conceptualization of the research findings, the researcher engaged the following cognitive process: inductive and deductive reasoning, analysis, synthesis, bracketing, derivation and inference.

RESEARCH DESIGN AND METHOD

The research design is defined as a blueprint of the research project (Burns and Grove, 1993: 261). It is a scientific approach for acquiring information necessary to explain the intricacies and the dynamic nature of the identified research problem. A qualitative, exploratory, descriptive, phenomenological and contextual design was selected for its
ability to explore and describe in-depth the lived experiences of nurse-educators following the rationalization of a nursing college in Gauteng.

2.2.1 RESEARCH STRATEGIES

According to Wilson (1989: 123) the research strategy refers to the methods and the procedures used to ensure credibility in obtaining information within the ethical and the practical considerations of feasibility, yet allowing for a holistic description and exploration of the research phenomenon as it occurs naturally in the empirical world.

2.2.1.1 Qualitative

A qualitative approach was used as a point of departure in this research study because of the nature of the research phenomenon which endeavors to explore in-depth the lived experiences of the nurse educators on rationalization of nursing colleges in Gauteng. Burns and Grove (1993: 61) are of the opinion that a qualitative approach is a valuable means of obtaining insight through establishing a comprehensive understanding of the research topic. In this study, a qualitative approach enabled the researcher to gain insight into the phenomenon through discovery of meanings of the nurse educators’ world view so that the lived experiences steer the course of the research project through literature control of the evolving categories and sub-categories (Morse, 1994:79). The information obtained through a qualitative approach was useful during formulation of the supportive guidelines to assist the nurse educators cope in the receiving nursing college.

2.2.1.2 Exploratory

Mouton and Marais (1990:49) and Mouton (1996:103) concur with the notion that to explore entails examination with the intention to find out more about the unknown situation. In this research study the exploratory approach was utilized to explore the unknown aspects and dimensions of the lived experiences of nurse educators on rationalization of nursing colleges in Gauteng. The findings were controlled by literature
search for either supporting or refuting the emerging categories and sub-categories of the research phenomenon. The light shared by the emerging categories and sub-categories were conceptualized for the purpose of formulating the supportive guidelines that would assist the nurse educators cope in the receiving nursing college.

2.2.1.3 Descriptive

Polit and Hungler (1999: 195) define a descriptive approach as a strategy that accurately describes the characteristics of the situation or persons. The appropriateness of the descriptive strategy in this study is that it allowed a thorough description of the experiences of nurse educators on rationalization of nursing colleges in Gauteng. The detailed description of the experiences of nurse educators were facilitated by means of direct quotations of participants’ responses captured in audio-tapes during focus groups interview and the observed non-verbal communication documented in the field notes. Merriam (1996: 11); Burns and Grove (1993: 293) share the same opinion regarding the descriptive approach, that it provides an in-depth description of the phenomenon as it naturally occurs. Immersions into the participants’ responses until a clear picture about the phenomenon evolved supported by a thorough literature control facilitated a clearer description of the research phenomenon within its context.

2.2.1.4 Contextual

Morse (1994:106) suggests contextualization of the research phenomenon in order to add value to the interpretation and understanding of the research topic. The contextual nature of the study is that the rationalization of nursing colleges in Gauteng occurred as a result of political need to transform the policies and structures of governmental institutions of which Health and Education was part through a socio-political policy framework such as the Reconstruction and Development Programme (RDP). To activate the political change in education, the Higher Education Act (Act no. 101 of 1997) was legislated. Chapter 3 of the Act stipulates amongst other issues the merger of two or more public institutions of higher education into a single public institution of higher education. The process of
rationalization of nursing colleges in Gauteng resulted in the establishment of four main colleges, each with satellite campuses.

The research study focused on one of the main nursing colleges and its satellite campus and aimed at exploring and describing the experiences of nurse educators on rationalization of nursing colleges in Gauteng (Babbie & Mouton, 2001: 121). The purpose of the contextual approach is to understand the phenomenon of interest in relation to its immediate environment. The intention of a contextual approach is therefore not to generalize the research findings beyond this context but to describe and understand the lived experiences of nurse educators within the unique and the dynamic environment of a nursing college after the rationalization process.

2.2.1.5 Phenomenological

Creswell (1994: 12) describes the phenomenological approach as a strategy in which human experiences are examined through extensive and prolonged engagement with the research participants. The central focus of the phenomenological inquiry is to explore the essence of the research phenomenon as experienced by the participant in the natural environment. The purpose of the phenomenological approach is to explore and describe in-depth the lived experiences of the nurse educators on rationalization of nursing colleges in Gauteng. The researcher strived to understand the participants’ experiences on the research phenomenon through immersion and prolonged engagement with the data collected during focus groups interview sessions and the description of the participants emotions, gestures and non-verbal responses documented on the field notes with the aim of discovering meaning of the lived experiences of the nurse educators on rationalization of nursing colleges in Gauteng.

2.2.1.6. Reasoning strategies

Throughout the research study, the researcher engaged in the reasoning processes. The reasoning strategies that were utilized guided the organization, reduction and clustering
of the empirical data, conceptualization and the formulation of the supportive guidelines. The reasoning strategies include analysis, inductive and deductive reasoning; synthesis, bracketing, derivation, and inference.

- **Analysis**

Walker and Avant (1995:28) describe analysis as a cognitive skill that allows for a better understanding of the different aspects of the whole research phenomenon. Analysis was utilized throughout the research study to inductively and deductively draw probable conclusions regarding the empirical data within its context. Conflicting or competing meanings were controlled through literature search (Burns & Grove, 1993:10). Analysis assisted in the exploration of the evolving categories and sub-categories during data analysis and thus facilitated the description of the nurse educators’ experiences regarding the research phenomenon and the formulation of the supportive guidelines, to assist the nurse educators cope in the receiving nursing college.

- **Inductive reasoning**

Burns and Grove (1993:10) describe inductive reasoning as a cognitive strategy that facilitates synthesis of the empirical data into a meaningful whole. The researcher used this cognitive strategy to construct meaning from the diverse experiences of the nurse educators on the research topic, as expressed during the focus group interviews to systematically describe the evolving categories and sub-categories. These categories and sub-categories were then supported or refuted through literature control in order to describe the guidelines that will assist the nurse educators cope in the receiving nursing college.

- **Deductive reasoning**

According to Chinn and Kramer (in Burns & Grove, 1993:10) deductive reasoning is a cognitive skill which enables one to move from the general
premise to a specific situation or conclusion. The researcher engaged in deductive reasoning to deduce from the contextual data analysis to conceptualize the research findings. The concluding statements from conceptualization of the findings were used to formulate the supportive guidelines that would assist the nurse educators cope in the receiving nursing college.

• Synthesis

Synthesis is a cognitive strategy that entails the ability to construct a new meaning from the different components of the whole (Walker & Avant, 1995:28). The researcher used synthesis as a cognitive skill to synthesize the diverse information obtained during focus groups interview and the field notes related to the research phenomenon to draw concluding statements that formed the basis for formulating the supportive guidelines to assist the nurse educators cope in the receiving nursing college. Literature control was done to support or refute the meaning of the emerging categories and sub-categories.

• Bracketing

According to Walker and Avant (1995:28) bracketing means to maintain objectivity through suspending own ideas and ascending to open context. The researcher maintained objectivity throughout the research study through open mindedness, holding in abeyance presumptions and prejudgement related to what the researcher already knows. Diverse perspective and opinion was allowed to prevent premature closure of the subject before all possible dynamics about the phenomenon have been expressed.

• Derivation

Walker and Avant (1995:67) refer to derivation as the formation of a new word from its original meaning. The researcher derived new categories from data analysis and gave them meaning through literature study around the research topic and during conceptualization process in phase two. It is at this stage where known words can be
redefined to a new meaning or connotation for a better understanding and interpretation of the research phenomenon.

- Inference

Inference refers to drawing up conclusions about some aspects of the research phenomenon based on the existing proposition (Walker & Avant, 1995:89). The researcher made inferences about the research phenomenon based on the existing propositions found in literature and empirical data collected during focus groups interviews.

2.2.2. RESEARCH METHOD

The research study was conducted in two phases. Phase one focused on the exploration of the experiences of the nurse educators following the rationalization of a nursing college in Gauteng. Phase two focused on conceptualization of the research findings and the formulation of the supportive guidelines to assist the nurse educators cope in the nursing college that has undergone the rationalization process.

2.2.2.1 Phase one: Exploration and description of the nurse educators’ experiences following the rationalization of nursing colleges in Gauteng.

The description of Phase one was discussed under the following headings: target population, sample and sampling method, data collection, data analysis and trustworthiness.

(a) Target population

Wood and Cantazaro (1988: 97) and Burns and Grove (1993: 236) describe the target population as all the subjects that share the characteristics the researcher has interest in. The characteristics that the researcher is interested in are that the nurse educators must
have been deployed from the nursing colleges that were closed down due to the rationalization process and those who were employed in the receiving main college during 1999 to 2001 and are still employed in the nursing college under study. The target population is of interest to the researcher because these nurse educators have lived the experiences of the research phenomenon because they have worked in the rationalized nursing college for more than two years after the rationalization process has been finalized. The target population is conversant with the dynamic nature of the nursing college and therefore have the ability to reflect and to articulate their experiences on the research topic, depending on the willingness of the nurse educators to relate their diverse lived experiences within the context of the nursing college (Rubin & Rubin, 1995: 66).

The total number of nurse educators at the nursing college under study then was 59. The number of the nurse educators who constituted the target population that is, the nurse educators who were deployed from the nursing colleges that were closed down and those who were employed in the receiving nursing college before and during the rationalization process was 36, of this number 12 nurse educators were selected from Midwifery, General, Psychiatric, Community health nursing. Some of the assistant directors who met the sample criteria were selected from this target group, depending on their willingness to participate in the research.

(b) Sample and sampling method

Patton (in Denzin & Lincoln, 1994: 229) suggests selecting the purposive sampling for phenomenological studies because of the purposefulness in including the participants in the research project. Purposive sampling was utilized in this research project because the researcher required in-depth information from the participants who share the salient experiences relevant to the phenomenon of the study. A sample selected purposefully exemplified the characteristics of interest and allowed the researcher to capture a comprehensive diverse opinion on the research topic. The participants were consciously included in the research project because they were nurse educators who were deployed from the nursing colleges that were closed as a result of the rationalization process and
the nurse educators who were employed in the receiving nursing college (main campus) during the process of rationalization period from 1999 to 2001 and had continued to work in the main nursing college after the rationalization process was finalized.

(c) Data collection

A pilot study was conducted for the purpose of assessing the ability of the research questions to elicit the responses in relation to the purpose and objectives of the research using a qualitative design. Four nurse educators who met the sampling criteria participated in the pilot study. The nurse educators who participated in the pilot study were not included in the focus group interview.

The selected method for data collection in this research project is the focus group interviews. Krueger (1994: 6) suggests the use of focus group interview in phenomenological qualitative research project because of its ability to cultivate an elaborate expression of opinion without swaying the participants in any direction. Focus groups interview allowed exploration and descriptions of the lived experiences of nurse educators related to the rationalization of nursing colleges in Gauteng, based on their diverse accounts on the research phenomenon (Morgan, 1993: 26). According to Burn and Grove (2001: 426) the number of participants in each focus group ranges between 6 – 10 participants, however, the number of the focus group was determined by the availability, willingness and consenting participants.

Focus groups interview of 12 participants was appropriate in that during the interview, the discussion, debate and dialogue amongst the participants was encouraged on issues related to the research phenomenon. Such information facilitated the understanding of the lived experiences of the nurse educators on rationalization of nursing colleges in Gauteng.
The data collecting method was described under the following headings as cited in (Krueger, 1994:6-7).

- Preparation for the focus group interview

The researcher obtained the consent forms from the participants, which indicated voluntary participation in the focus groups interview within the ethical considerations. The participants were informed about the venue, date and time of the interview session. The participants were informed about the purpose and the objectives of the research project so that they could make an informed decision about their participation in the research interview. The method of data collection was explained. The purpose for the use of the audio-tape and field notes taken during the interview was explained.

The participants were informed about the presence of the assistant researcher during the interview session that she will be managing the audio-tape during the interview session whilst the researcher conducts the interview, and making field notes. The researcher emphasized the maintenance of anonymity amongst the participants. On agreement with the participants they preferred to address each other as colleague no.1. The researcher made a note linking the numbers to the names of the participants. This assisted her to identify the responses to the participants during data analysis for the purpose of follow up interview to clarify concepts and statements.

The environment was prepared to create a welcoming, comfortable, warm atmosphere, adequately lit, free from noise, distractions and extreme temperatures. The sitting arrangement was in a circle to allow eye contact between the participants and the researcher. The power point presentation was used to project the research questions. The duration of the interview was 1 to 2 hours. Refreshments were served at the beginning and after the interview session.
• Conducting the focus group interview

The interview was conducted in one of the class rooms at the main nursing college after tea break. Most of the participants were relieved of their teaching activities because there were no classes at that time of the year, all examinations were completed.

• The role of the researcher

The researcher welcomed the participants and made them feel at ease by creating an atmosphere of friendliness and openness. The researcher ensured and maintained a non-threatening, non-authoritative disposition. The participants were seated and allowed to settle in and establish group relationship. The researcher set the tone of the discussion and emphasized that the opinion expressed by all participants is valuable. The researcher and the participants jointly set the ground rules for the interview and also explained the proceeding of the interview session, for example the participants could use gestures to emphasize a point. The participants were allowed the opportunity to ask questions related to the interview process so that there was mutual understanding of expectation which would facilitate group interaction.

The researcher read the research questions to the participants and continued to project them on the power point presentation for reference during the interview and for the purpose of maintaining focus. The research questions were: what are your experiences following the rationalization of nursing colleges in Gauteng? What supportive guidelines could be formulated to assist nurse educators to cope in the receiving nursing college? The input from the participants and conceptualization of findings assisted in the formulation of the guidelines.

The researcher listened attentively throughout the interview. She maintained minimal verbal response but acknowledged the participants’ responses by nodding. She probed to allow the participants to elaborate on certain issues which would also carry the discussion further. The researcher paraphrased the participants’ responses to ensure clarity and
understanding of what is being said, pondered and reflected on the content of the discussion, summarized the key concepts and provided an overview picture that was emerging from the discussion.

The researcher managed the group dynamics with sensitivity and empathy as they express their experiences related to the research topic. She directed and redirected the discussion where personality characteristics and interpersonal variety influenced the discussion and diverting the focus of the discussion. However diversity of opinion during the discussion facilitated the emergence of divergent perspective to the understanding of the research phenomenon.

Passive participants were encouraged to be involved in the discussion and diplomacy was exercised to moderate the dominating participants. The researcher maintained group focus and ensured the progress of the discussion and avoided a derailed interview process.

Field notes were taken during the interview session. Mouton (2001: 105) states that taking field notes during the interview is appropriate in qualitative data collection because it facilitates remembering the interview events. It enables retrieving of the collected data during data analysis. Wilson (1989: 434) supports the opinion and suggests that an objective documentation of the interview process should include observations of group dynamics, interaction, verbal quotations and non-verbal communication of the participants, the mood and the emotions expressed during the discussion, revealing any trail of depression or optimism regarding the research topic.

The purpose of taking field notes in this phenomenological study was to use the field notes as a means of reference during data analysis because they assisted in adding value to the categories and sub-categories emerging from the expressed views of the participants. Fields notes were also utilized to produce a written record of observations and ideas to be used in future publications of research findings and method (Wilson, 1989:436). The assistant of the researcher operated the audio-tape that was placed
strategically to capture the information of all the participants. Throughout the discussion
the researcher maintained objectivity, neutrality and openness to the experiences of the
participants through bracketing of own experiences and feelings (Wilson, 1989:436)

The duration of the interview was 2 hours, a 15 minutes tea break was taken during the
interview session. The interview continued until data was saturated of information
Glaser and Strauss (in Rubin & Rubin, 1995:66). The researcher concluded the
interview. The participants were thanked for their participation in the research interview
and were invited to partake in refreshments.

(d) Data analysis

The data collected was analyzed by the researcher and the co-coder independently so as
to maximize the credibility of the research findings. The qualitative phenomenological
nature of the study was concerned with the description and the exploration of the nurse
educators’ experiences on rationalization of the nursing colleges in Gauteng. The
experiences required the use of words rather than numbers to analyze the contextual data.
The researcher therefore engaged the cognitive reasoning strategies to systematically
analyze, organize, reduce and cluster the data and to logically link the evolving categories
and sub-categories to interpret the data (Morse, 1994:23).

Data analysis occurred when the researcher had comprehended the phenomenon through
prolonged engagement and total immersion with the collected data by repeatedly
listening to the audio-tapes and reading the field notes obtained during focus groups
interview.

Techs’ protocol to systematically process contextual data was used. Tech (in Creswell,
1994: 154) provides eight steps to consider when analyzing transcriptions of qualitative
data collected from focus groups interview.
The description of these steps follows hereunder.
• To get an overview of the whole, read through all the notes written during the interviews and listen over and over to the audio-tape, jotting down ideas as they come through.

• Select one interview and replay the part that sounds interesting on the audio-tape, go through it and analyze it by asking questions about the meaning of the participants’ responses.

• This procedure is repeated and throughout, a list of emerging themes is formulated and similar topics are categorized. These themes can be arranged in columns as major topics, unique topics and leftovers.

• This list is now ready to be compared to the raw data. Reduce the data by allocating it into columns. The data now serves as characterizing or evidence to the categorized topics.

• From the characterizing evidence developed in step four, find the most appropriate word to describe the topic. Determine the relationship between the formed categories and compare for similarities and differences. These categories should be coded and named.

• The codes are put in alphabets as abbreviations for the formed categories.

• The categories are analyzed according to their characterizing information.

• The existing data may be recorded if necessary.

The raw data and Tech’s protocol for data analysis was given to an independent coder who was purposively selected by the researcher to code the categories and sub-categories. The criterion for the selection of the co-coder was based on her knowledge in qualitative research. The researcher and the independent coder held a consensus discussion to discuss the categories and sub-categories that have been identified independently. The consensus discussion was essential in establishing the credibility of the research findings.

A follow up interview with some individual participants of the original focus groups was conducted for the purpose of verifying the accuracy of the categories reached and also to provide the participants the opportunity to check the interpretation of their responses in
relation to the experiences of the nurse educators on rationalization of nursing colleges in Gauteng.

(e) Trustworthiness

Strategies to ensure trustworthiness in a qualitative research project need to be explicitly described to avoid skepticism about the results of the research project (Burns & Grove, 1993: 349). Rigor in this study was examined by utilizing Lincoln and Guba naturalistic paradigm. Lincoln and Guba (1985:301) identify four criteria of trustworthiness namely: credibility, transferability, dependability and confirmability.

- Credibility

Measures to ensure credibility of this study focused on the accuracy of the data and its relevance to reality (Creswell, 1994: 158). Lincoln and Guba (1985: 301) describe five major techniques necessary to validate findings and interpretations. These techniques include: prolonged engagement, persistent observations, triangulation, peer debriefing and member checking. The description of these techniques follows.

i) Prolonged engagement

Prolonged engagement was facilitated by the sufficient involvement of the researcher with the environment where the phenomenon occurs. The researcher is acquainted with the nursing college which has undergone the process of rationalization and interacted with the participants long enough to develop good relationship and trust with them. This acquaintance assisted the researcher in identifying distorted information during data collection but facilitated eliciting of information that the participants would normally not share easily. The ability of the researcher to bracket her opinion and views about the research topic reduced the researcher effect and assisted in the building of trust of the participants.
Prolonged engagement also occurred during data analysis. The researcher had to be absorbed and immersed intensely in the field notes regarding the observations made during focus group discussion and listen repeatedly to the captured content of the audio-tapes and internalize it.

ii) Persistent observations

Persistent observation is an in-depth exploration of the research problem. Complete immersion in the research project, paying particular attention to detail for the purpose of identifying these salient characteristics and elements in the research environment that have relevance to the research problem, prevented premature closure of the enquiry when the problem had not been sufficiently investigated. Face-value conclusions were made, superficial data collection and observations were done. Conducting the focus group interview required skill in carrying the discussion further by using follow-up questions; reiterating the statement made by the participants to get clarity and verify the responses; paraphrasing to ensure mutual understanding of the participants’ views and probing to exhaust the participants’ responses.

iii) Triangulation

Triangulation of sources of information improved the probability that the research findings and interpretations are plausible (Lincoln & Guba, 1985: 305). The co-coder was involved during data analysis to add dimension and different perspective to the interpretation of audio-tapes and field notes, this accounted for investigator triangulation. Triangulation of sources was utilized during the conceptualization phase of this enquiry, where intense literature search was conducted to explore and compare existing knowledge to the emerging themes and concepts.
iv) Member checking

Credibility improves when the data collection processes analysis and interpretation of finding are thoroughly assessed by an independent researcher who has the expertise in qualitative research process. The purpose of member checking was to eliminate flaws in data analysis and the interpretation of the finding. It also allowed for the examination of the researcher’s subjective reasoning during data analysis. An independent expert co-coder was forwarded with the coded data as indicated during data analysis to examine the formulated categories, themes and made the interpretation of the results independently.

• Transferability

The extent to which the research results can be applied or generalized to the population from which the sample was drawn, depends on the detailed description of the research context (Lincoln & Guba, 1985: 289). The sample description and the criteria for inclusion in the sample allowed applicability of the research findings within the described context. The description of the setting, sampling criteria and the characteristics for inclusion in the research project has been described earlier in this chapter. The researcher’s notes, the setting and the relationship the researcher had with the participants has been described.

• Dependability

Consistency in replication of the research process renders the research methods used for data collection dependable within a given framework (Lincoln & Guba, 1985: 299). To authenticate the research study, the processes of data collection needed to be audited. For this purpose, the researcher kept an accurate record of how the data collection was conducted giving a detailed description of the process, observations, environment, the participants’ interaction and the dynamic nature of the data collection process. The researcher also provided her reflexivity notes related to the participants’ statements. These field notes and the audio-tapes compiled during data collection; the analysis of
events that were unique during the data collection process were kept as a record that can be used in future studies. They were also forwarded to an independent coder to analyze and interpret the findings independently.

- Confirmability

Measures to maintain objectivity of the investigation included reflexivity, bracketing researcher values and the ability of the researcher to distance emotions from the research enquiry. Lincoln and Guba (1985: 319) suggest keeping audit track record of:
  - Raw data obtained during data collection procedures.
  - Condensed notes of data reduction and analysis.
  - Process notes including methodological notes, trustworthiness notes and audit track notes.
  - Co-coders’ procedures i.e. consensus reached with co-coders relating to data analysis.

2.2.2.2 Phase two: Conceptualization of findings and the description of the supportive guidelines.

Phase two focused on conceptualization of the findings of phase one and the description of the supportive strategies that will assist the nurse educators cope with their situation. Conceptualization refers to the definition and analysis of the concepts that have emerged during data analysis as categories and sub-categories. Conceptualization provides for the re-contextualization of the results in relation to the known information regarding the research phenomenon (Mouton & Marais, 1990:59). The categories and the sub-categories that emerged during data analysis in phase one were conceptualized through literature control. The concluding statements drawn from the conceptualized categories and sub-categories formed the basis for the description of the supportive guidelines that would assist the nurse educators to cope in the receiving nursing college.
2.3. CONCLUSION

The design and method of the study was described in this chapter. Phase one explored and described the experiences of the nurse educators following the rationalization of nursing colleges in Gauteng, using a qualitative descriptive, exploratory, contextual and a phenomenological research design. The method of collecting data and data analysis was described and justified. Measures to ensure trustworthiness of the study was described in phase one according to Guba and Lincoln’s model of trustworthiness.

Phase two focused on conceptualization of the findings using relevant literature for the purpose of describing the supportive guidelines. The method for conceptualization of findings was described in Chapter 4.
CHAPTER 3

DESCRIPTION OF FINDINGS

3.1 INTRODUCTION

The chapter focused on the description of the findings of the study. Data was collected using a focus group interview of nurse educators with regard to their experiences on rationalization of the nursing colleges in Gauteng and how their conditions can be improved. The participants were purposively selected because of their potential ability to share their lived experiences on the research topic. Twelve nurse educators were selected from Midwifery, General nursing, Psychiatry nursing and assistant directors who are heads of departments in the receiving nursing college. Community health nurse educators were not easily available because of their educational commitment outside college premises.

A pilot study of 4 nurse educators was conducted to test the research questions’ ability to elicit responses in relation to the purpose and the objectives of the research using a qualitative phenomenological research design. A focus group interview was conducted thereafter. Field notes were taken during the focus group interview to enrich the data about the interview process regarding emotions and anxieties, non-verbal behavior, mannerisms of participants and the events that occurred during the interview process.

Permission was granted to conduct the interview session anytime after tea break. There were no classes going on, all examinations were completed. Catering was well organized and the interview started at 11:30 after the participants have had tea.

All participants were active, and expressed themselves freely although there were assistant directors amongst the participants who may have intimidated the participants, some of whom were their subordinates. The participants did not terminate their participation but 3 participants had to leave due to other commitments, they left after they
had shared their experiences related to the research topic. Data was captured by audio tape recorder to ensure the trustworthiness of the data collected.

The research questions read as follows:

- What are your experiences following the rationalization of nursing colleges in Gauteng?
- What are the supportive guidelines that can be formulated to assist the nurse educators cope with the rationalization of the nursing colleges in Gauteng?

The research questions were projected from the Power point presentation and were left on the screen to maintain focus of the discussion. The interview continued until the data was saturated.

Data analysis was conducted independently by the researcher and the co-coder who was purposefully selected because of her knowledge and experience in quantitative research. She holds an M. Cur. degree from a university. Techs (in Creswell 1994: 155) qualitative open-coding data analysis method was utilized to analyze the data. The results of the data analysis indicated 2 main categories, 7 sub categories with the related themes. These categories will be described in accordance with Table 3.1
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DESCRIPTION OF FINDINGS

The experiences of nurse educators on rationalization of nursing colleges in Gauteng included both the positive and the negative findings. Positive findings focused on sharing of resources; empowerment of nurse educators; collaboration of the nursing college with the community to improve the quality of nursing education and acquisition of trans-cultural knowledge, whereas the negative findings focused on fear; perceived behavior of authorities concerned with rationalization of nursing colleges in Gauteng and aspects pertaining to racial issues as indicated in Table 3.1. The themes discussed under both the positive and the negative findings were highlighted by direct quotations from the participants’ shared experiences and were indicated by italics.

3.2.1. POSITIVE EXPERIENCES

The following categories emerged under the positive aspects: sharing of resources; empowerment of nurse educators; collaboration of the nursing college with the community to improve nursing education and acquisition of trans-cultural knowledge. The findings and the sub categories will be discussed in accordance with Table 3.1

3.2.1.1 Sharing of resources

The guideline principles of the rationalization of nursing colleges in Gauteng aimed at ensuring optimal utilization of human and material resources at the most cost effective manner because the previous college structures were regarded as duplicating the services by the authorities that were concerned with rationalization. There was a benefit emanating from the rationalization process because the resources that were concentrated in some colleges would be shared amongst all respective members. The themes that fall under this category are: human resources, and material resources
3.2.1.1. (a) Human resources

The nurse educators experienced the sharing of human resources and knowledge by nurse educators coming from different nursing colleges as beneficial. The nurse educators deployed from the nursing colleges that were closed down were functioning at higher levels from their colleges and when they came to the receiving nursing college their expertise was used to the advantage of the nursing college. The nurse educators’ experiences in this regard were:

*We really benefited from the rationalization of the nursing colleges in Gauteng because we shared ideas. The curriculum was the same, therefore when our colleagues from the closed down nursing colleges came in, for instance they would suggest the use of a book that we did not use which was good. We would compare the work methods for an example teaching methods and the manner of doing procedures and come to a common understanding and settle for a common principle to improve our facilitation of learning.*

Another participant added:

*When I came here I was coordinating OSCE from our college and I could do the same here when somebody with that expertise was needed.*

There was also sharing of human resources from the institutions where learners are placed. The nurse educators’ experiences in this aspect were:

*It was an eye opening experience to realize that the personnel in other institutions are well knowledgeable and that placement of learners at these institutions such as community and psychiatric hospitals exposes them to resourceful personnel who are able to facilitate their clinical learning.*

Nurse educators from the nursing colleges that were closed down benefited from the technological expertise of the personnel in the receiving nursing college. Some nurse
educators from the receiving nursing college were experts in Information Technology. They would assist their colleagues with computer programs that they use for clinical and classroom teaching.

The participants said:

*I could count on my colleague when ever I have a problem with a certain program like Microsoft Excel or when I want to access an internet site, she would gladly help me.*

On the other hand the nurse educators from the receiving nursing college benefited from the nurse educators deployed from the nursing colleges that were closed down because the receiving nursing college was now admitting nurse learners from other cultures e.g. Black learners who were using English as their second language and yet the majority of the nurse educators from the receiving nursing college were Afrikaans speaking so the deployed nurse educators could assist their colleagues when language was a barrier to communication. The experiences of the nurse educators in this aspect were:

*You could see that the Black learners were now relaxing when the Black nurse educators were coming into the receiving nursing college. They would come forward and ask questions, some related to their work - just to clarify concepts. Our colleagues too would ask for clarity on concepts they do not understand because they were now switching from teaching in Afrikaans to teaching in English.*

3.2.1.1. (b) Material resources

The receiving nursing college is advanced in as far as technology is concerned. Nurse educators who were deployed from other colleges that were closed down appreciated the fact that this was an area of growth. However, not all of the nurse educators especially those in the clinical areas experienced the benefit of this development because the facilities like the computers were not available or some were not functioning well and not attended to. This is what the nurse educators said about sharing of material resources:
I remember one time before we were deployed to the receiving nursing college, we used to regard this college as a nursing college with high technological expertise. Other colleges would send nurse educators for computer literacy courses. I appreciated the fact that I was going to be one of the nurse educators who are working here and benefit from this high technological nursing college with high technological knowledge and expertise.

Some of the material resources were brought from the nursing colleges that were closed down. It was of benefit to the receiving nursing college because it was not necessary to buy those items.

One participant said:

*The furniture that you see in the library was very new. We brought it with us when we came here, including some of it that were in my office.*

The receiving nursing college has a variety of material resources that the learners can use to facilitate learning and for recreation. Though the facilities are not adequate for the large number of learners there are renovations in progress to accommodate learners. These material resources include the library, the learning centre, the computer laboratory and the simulation laboratory. The virtual technology that has been installed in the simulation laboratory has a benefit for the nurse educators because a simulated procedure can be witnessed by a large number of learners in one session. The nurse educators’ experiences were:

*It is a relief indeed that one does not have to repeat procedures over and over again and be so exhausted at the end of the simulation.*
3.2.1.2. **Empowerment of nurse educators**

Through staff development programs, the nurse educators were empowered. Several short courses were offered to improve the practice of nurse educators. The affiliation of the receiving nursing college with the university selected by the Gauteng Department of Health, also contributed to the professional development of the nurse educators. The themes that fall under this category are: technology, staff development and affiliation to the university.

3.2.1.2. (a) Technology

The nurse educators were empowered in as far as technology was concerned because the receiving nursing college was well equipped in this aspect. It had an established computer center that the other colleges did not have. The nurse educators who were deployed from the nursing colleges that were closed down, benefited because they received computer literacy classes during the orientation period.

The nurse educators shared their experiences as follows in this regard:

*On the positive note, having adjusted one gained a lot of things. Okay, when I came to this college I was not computer literate. Alright, I would say that I benefited from rationalization because now I am computer literate and can use this technological development to facilitate learning.*

3.2.1.2. (b) Staff development

The staff development is an ongoing program. Both the nurse educators from the receiving nursing college and those deployed from the nursing colleges that were closed down benefited from the short courses that are run by the Gauteng Department of Health such as: OBE, Assessor’s and moderators’ courses. The nurse educators could further their studies relevant to nursing education to improve their competencies in facilitation.
of learning. The need to improve facilitation competence would be influenced by the disease prevalence for example HIV and AIDS, technological advancement and the Nursing Education priorities of the Gauteng Department of Health.

The participants said in this regard:

*I appreciate the opportunity that the nursing college gives us to attend Conferences, Symposia, in-service education and the study leave that is offered to us so that we can keep up to date with the latest information relevant to our work.*

3.2.1.2. (c) Affiliation to a university

The receiving nursing college also benefits from being affiliated to the university. The nurse educators get guidance from the respective university’s representative who have in-depth knowledge in several aspects such as formulation of learner guides. The input of the university representative is essential because it ensures quality nursing education.

The university monitors the standard of nursing education by moderating examination papers. Much as the university representatives do not help formulate policies of the receiving nursing college, they point out loop holes in the policies so that they can be reviewed. The nurse educators’ experiences in this aspect were:

*Well, the affiliation of the nursing college to the university is important. The guidance we receive from the university representative is valuable because they serve in committees like the College Council, College Senate, Curriculum and the Syllabus Committees, Examination Promotion and Research Committees. They update us with the latest nursing education information – that is development for us and where they identify areas of development they give in-service education. However, it is important that the university representatives be knowledgeable*
3.2.1.3. Collaboration of the nursing college with the community to improve nursing education.

3.2.1.3. (a) Community Involvement

The community’s involvement with the receiving nursing college brought about a collaboration that ensured a community based nursing curriculum. The community is involved in this collaboration in that its members serve in the respective committees of the college like the College Council and the relevance of their representation is that they give input on academic standards. The nurse educators said:

*The participative involvement of the community and the nursing college helps us to keep in touch with the community so that the nursing college is not seen as the sophisticated institution that has nothing to do with people, for example people from the squatter camps. If the community participates in the college matters it can inform us about the disease profile and health trends. This is important in ensuring a community based-curriculum.*

3.2.1.3. Acquisition of trans-cultural knowledge

The rationalization process brought about cultural diversity in the receiving nursing college. The nurse educators began to acquire and appreciate each other’s culture, hence they began to be more accommodative, sensitive and tolerant. There was more understanding of different cultures’ social interaction, rituals and the life ways of the other cultures.

The nurse educators’ experiences in this aspect were:

*The white nurse educators did not understand the way Blacks mourn their dead until such time that one lady lost her relative, we embraced her, we sang and prayed with her. Since then her attitude changed, she did the same thing to others when they had lost a relative.*
Every time someone takes leave because of the death in their family our white colleagues will ask questions and we would explain our bereavement process and now they understand.

Another participant continued:

I made new friends, I had to weigh some values and beliefs of my culture in order to accommodate other peoples’ beliefs and it was okay. I did not understand for instance the manner of eating of my black colleague, that for instance they would eat from the same bowl, eye contact means being disrespectful - now I understand that.

Another participant continued and said:

In the beginning it was difficult to accept that these people are coming here, that we are going to drink from the same cups but now I realize that we are all the same, we share the same frustrations and irritations from the work point of view. It was also a revelation that other colleges have good results instead of thinking that we are the best, other colleges have better methods of doing things.
3.2.2 NEGATIVE EXPERIENCES

The following categories emerged under the negative aspects: fear; perceived behavior of the authorities concerned with the rationalization and aspects pertaining to racial issues. The findings and the sub categories will be discussed in accordance with Table 3.1.

3.2.2.1. Fear

The participants experienced fear that was actual and based on a certain frame of reference. The themes that support this category include: feeling of insecurity, loss of ownership, work overload and fear of using second language.

3.2.2.1 (a) Fear of insecurity

The nurse educators felt very insecure regarding the rationalization of the nursing colleges in Gauteng. The briefing session that the authorities concerned with rationalization provided to the nurse educators before the rationalization process began, did not allay the nurse educators’ fears. Their fear resulted in insecurity.

The feeling of insecurity was mutual, both the nurse educators from the receiving college and the nurse educators deployed from the colleges that were closed down experienced insecurity related to job losses, fear of the unknown and maladjustment in the receiving nursing college. This is what the nurse educators said about their feelings of insecurity:

*When I was told that the college was going to be closed I had fear in several aspects: where was I going to be placed? I did not know what is going to happen to me’. There was a time when I felt like resigning because this was the second time I was being moved. The first place where I was moved to was relatively safe and stable but this second one was very uncomfortable for me*

Another participant expressed her fears as:
I was so scared that I’m going to lose my job because when the authorities concerned with rationalization informed us that some of the colleges will be closed and ours may be one of them I thought I’m going to die, it meant I had to resign because the college that I would be deployed to was in the Black residential area - I have never been in the township, how would I get to work?.

Another participants added:

For me it was a matter of having to leave a place I had worked at for so many years, to come to a place that was like foreign to me... at my age, I was scared, then the college closed completely. I think at my age I didn’t think I was going to be uprooted just like that, it was an abrupt end and a new beginning. I knew the work was going to be more or less the same but I felt like I was dumped in the campus with all the groups of students, being alone.

There was also fear of maladjustment causing insecurity for both the nurse educators from the receiving nursing college and the nurse educators deployed from the nursing colleges that were closed down. The nurse educators’ experiences in this regard were:

I did not have a problem with being integrated with my colleagues from the other colleges but I was worried about how we were going to adjust and accept each other. I think we, who stayed in the college felt a bit safe than others because we know this place, it was not a threat to us. In reality to us it was a matter of how to adjust.

I have been in this college for a long time, I have never been in another place, it was part of me, now I am getting people coming to me, they don’t know the place, they are now in the new environment, of course, this college was known to be an Afrikaner college for White people, in the previous apartheid government, it’s true.

There was also insecurity related adjustment in the receiving nursing college which was challenging, due to the previous separate existence between different races in the
apartheid government. This is how the nurse educators shared their experiences in this regard:

In the beginning it was difficult to accept that these people are coming here that we are going to drink from the same cups but now I realize that we are all the same we share the same frustrations and irritations from the work point of view. I now know that I can come to your house, I would want to take off my shoes because it will be so clean.

The feeling of insecurity resulted into despondency amongst the nurse educators deployed from the nursing colleges that were closed down because they realized that they had to adjust by internalizing the culture of the receiving nursing college which was different from where they came from. They realized that there was no room for compromise, when issues were raised so that they can be deliberated for the purpose of reaching common understanding which would facilitate adjustment, the idea would be rejected.

The participants’ experiences in this regard were:

I would think to my self that at our college, this is how we used to do things, now in this college, this is how things are done, even when you see that something is wrong you try to express a view you find your self redundant, you sit in a meeting you hear what is being said, you know how the problem can be solved because you have experience in this type of a situation, but you cannot speak out because what you are going to hear is that this is how we have done it here, we have been doing this for the past 30 years and because this person is in a position and has been doing things this way for 30 years, so your idea or suggestion is not going to be accepted. I think this is what really puts me off, it’s almost like with all the years of experience one has become redundant.

Sometimes I just feel guilty that I’m now part of this – let me call it corruption, then I ask my self – is this right? Why am I quiet? With all the ideas that I have, all the good qualities that I have brought into this college and I am not using it, sometimes it leaves
me with feelings of despondency. Many a time I ask myself why can’t I go back to the clinics and nurse the patients in the wards.

The nurse educators were also despondent because they felt that they have come to the end of the road as far as their career pathway due to the rationalization process.

*I feel like I am trapped here, I am disadvantaged because I am a senior person and there is no hope for me to occupy a senior post because closing down of nursing colleges meant fewer Assistant Directors and Deputy Directors.*

When the participants were asked what can be done to improve the situation, they acknowledged that rationalization has occurred, and that they had to adjust. Most of the participants indicated that:

*We must accept the fact that the nursing colleges were closed down, I don’t know what criteria were used to close other colleges and leave others, all the same we had to come to this receiving nursing college, it’s done.*

One participant referred to restructuring when she made her recommendations. She recalled an incident from the previous nursing college she was working in. She had a paper in her hand she said:

*I remember once upon a time, before going to the college I have been deployed from, cliques formed because people wanted to belong. It was a means of crying out for recognition and gratification and to be cared for. A Psychologist was called in to intervene because the cliques were now unhealthy. The Psychologist gave them a coat and asked them to redesign it. People cried when he told them that he would have to tear the coat in order to redesign it. (the participant tore the paper in her hand) We need to rearrange these pieces of paper accordingly, you know, restructuring of some sort to remove stereotypes and we need proper administration. I’m referring here to departmental restructuring, there are too many supervisors and their job must be*
redefined, these supervisors must be hands on. When given a task as a subject coordinator for instance you must also be given authority to get the job done and the workload must be shared equitably.

The participant continued and said:

*The work environment must improve and allow for professional growth and responsibility that will boost the morale of the nurse educators.*

The participant designed a model whereby the receiving college would be the main campus with satellite campuses that are fully fletched, each with an Assistant Director, subject coordinators and nurse educators. The participant said that the model would create a vertical post structure that will come with senior posts and remuneration attached to the posts and that will improve the nurse educators’ morale.

Another participant made a suggestion about improving the managerial skills of the nurse educators so that they become eligible for promotion when senior posts are advertised, she said:

*There should be guidelines to ensure career pathway for nurse educators. The career pathway must develop the nurse educators so that they are able to take management positions when they are advertised or as knowledgeable coordinators should the campuses become fully fletched campuses. To achieve this for instance, there should be structured succession programs and effective interdepartmental deputizing of the Heads of Departments.*

3.2.2.1.(b) Fear of loss of ownership

The nurse educators were emotional when they shared their lived experiences concerning loss of ownership. Sadness overcame them as they recalled their hurtful moments and their traumatic experiences. Tears were shared and the tone of their voices was evidence
that they were still hurting. They remembered the manner in which they were transferred from the nursing colleges that were closed down to the receiving nursing college. There was a feeling of hopelessness and disillusionment amongst the participants.

Nurse educators had lost respect; they had lost their self concept and self worth when they were moved from the colleges that were closed down. When they reached the receiving college they were rejected, undermined and belittled. One participant expressed this loss of self concept, rejection and disillusionment as:

*The person that you are seeing is not the person who lived and worked as a respected person - you know. I feel that I am just not me. I really experienced the feeling of not being accepted in this college. I experienced rejection, I experienced being undermined.*

*I remember one time we were invigilating with this tutor and I was querying a certain procedure and I even went to the extent of saying to her ‘but this college and the college I come from falls under the same University, I’m surprised that you are doing things differently’, and this person just said to me... man, this is what we do in this college! So it was a question of do or die you know, I just had to follow what was being done.*

*On the whole this created a feeling that I don’t belong to this college, other people have got an advantage over me which had an impact on my personality in the sense that, for me to survive I had to tell myself that I had to do as I’m told and not come up with ideas from my previous college. I feel that I have to do things as I’m told and leave space for other people. I feel that I am not accepted, I still don’t belong here.*

Loss of ownership also related to loss of self worth and value, one participant expressed this with deep emotions:

*When I heard that our college was going to close, I took it badly and I think it hurts me most when I think about it. I’ve been working there for a long time. I really thought I was going to retire from that college but then the college was closed and I had to come to this*
college. There was a feeling of redundancy in me where one’s years of experience as an educator were not valued and are now counting for nothing. The way the whole process was done, it’s like we worked for nothing.

I remember when we were busy packing and trying to get the place sorted out, giving away equipment that we had worked hard for.... with no support, I remember somebody came from head office and took over the furniture, the teaching aids etc. as if it did not matter - we had no value, all the years we have put in our work just went out like that (The participant was crying).

The nurse educators from the nursing colleges that we closed down experienced rejection and resentment from some of their colleagues from the receiving nursing college. When the nurse educators were asked about how the rejection and resentment was manifested, one of the participants answered:

I was not accepted well, there was a lot of rejection and undermining of other people’s knowledge, people were resistant to change. I don’t know how to put it but in the meetings for instance, you come up with an idea, it will be rejected before people even give it a thought.

Some people in the receiving college had earmarked the position I was holding, unfortunately it was not offered to them, they resigned immediately when I joined the group as a sign that they are undermining me.

As the head of the department I was excluded in the decision making during the Supplementary examination. The nurse educators from the receiving nursing college ignored me and they worked on individual students’ reports and they kept that information from me. When I asked them why that is so they told me that in this college the decision about students is done by the first examiners and that the Supplementary examination results do not go to the External moderator at the University something that was different from the nursing college I came from and what was surprising was that the
receiving nursing college was affiliated to the same University as my previous college –
the one I was deployed from. They would phone the external moderator at the University
because she was a friend.

That year most of the Black students especially those that were critical about the college
issues were terminated. I was also blamed for effecting change in my Department
because I protested against nurse educators who would work on individual student
reports for Examination Promotion Committee, that it should be done in consultation
with me. I also removed the nurse educators who did not belong to my department but
would come to our departmental meetings as a clique, they would sit and laugh whilst
the meeting was on and they would reject every thing I say. I reported the matter of
insubordination during the Appeals Committee meeting, the Senate and Council
meetings, nothing was done.

In the clinical areas students were not properly accompanied. Structured clinical
guidance was not done at the patients’ bed side, learners were not accompanied in the
wards but they would receive their structured clinical guidance in the nurses residence. I
insisted that students have structured clinical guidance in the ward situation as near to
the patient as possible and not in an office or a room in the nurses’ residence. Students
were also very angry about that.

Loss of ownership pertaining to respect and undermining was experienced by nurse
educators when their privacy was invaded and they shared their experiences:

I’m not conscious of status as such, maybe I don’t have the correct word to explain this,
you know, as a nurse educator you expect respect from other people as much as you
would respect them, any category, but my experience here was that one day I was in the
office and some one just came in, did what they wanted to do and walked out – no
greeting, no explanation. I thought to myself, is it because I’m Black? is this how things
are done in this college, that anybody just walks into your office and do whatever
without saying a word and just leave. The very fact that you have an office but you have
no privacy as such is also undermining, people come to your office without your knowledge, you just see that some body has been in your office and you actually cannot do any thing about it.

Some nurse educators from the receiving college experienced loss of ownership because they lost their privacy due to people coming into what they had regarded as their home and their experiences were:

I’m a professional person but now because of the rationalization process, I must sit in a little place called my office that is not bigger than a bathroom, I’m used to a better office and more space, I feel degraded.

The same sentiment was echoed by nurse educators who were deployed from the nursing colleges that had closed down:

But then I was disappointed when I moved to the receiving college, number one, when I got to the receiving college there was no room for me, I did not have an office and there was no one who was actually waiting to receive or welcome me and take me to where I was supposed to be placed, I actually received an office towards the end of the week, even then three nurse educators were allocated in one office. What was traumatic enough was the fact that we had to lose things that were valuable to us, for instance I came from a well organized environment – ok, and I ended up in an environment.... I can say a chaotic environment because I don’t know whether policies existed, but we had to function.

Nurse educators were still hurting that they had lost both material and intangible assets. When they were asked what could be done to improve their situation about loss of ownership they responded:

There is no way we could gather back the furniture, the teaching aids and other items that we have lost during the rationalization process but perhaps something can be done
to restore our worth and recognition and that is appreciation. Appreciation of the fact that much as we are new at the receiving college, we are not new in nursing education, we are experienced and knowledgeable, we can make a meaningful contribution and we must be given a chance and a platform to do so.

Another participant added with a plea in her voice:

I wish I could be recognized as a senior person, this over-supervision as if people don’t trust that I can do the right things is demoralizing. I can function independently and more effectively if given a chance; my inputs should be acknowledged and accepted rather than everything one suggests or say being rejected right away.

Another participant continued and said:

If the name of the college could be changed so that we all feel we are new in this college because at the present moment there are people who still have ownership of the college as their heritage from the past apartheid era. Something like counseling can also help us talk out and relieve the hurt that is still in our hearts.

Another thing is that the middle managers must stop the over-supervision and too much instructions and allow people to make decisions on matters affecting their core functions, we have vast experience and it must be valued as such but to be treated as cheap commodities is really demeaning. Again we need to be accepted as people with worth and not as if we were done a favor by being given a post here.

3.2.2.1. (c) Fear of being overworked

Before the rationalization process began, the staff establishment in the nursing colleges was stable. There was a steady intake of new nurse educators and the output was also steady and was related to normal attrition like retirement, ill health and death. The steady entry of nurse educators into the nursing education allowed for adequate socialization,
induction and orientation into nursing college. A foundation laid in this manner also provided a body of nurse educators who were equipped psychologically and emotionally to manage the work challenges such as managing large numbers of learners.

The rationalization process destabilized the environment necessary for orientating the deployed nurse educators and the newly employed nurse educators into the receiving nursing college. The nurse educators deployed from the nursing colleges that were closed down were challenged by their new work environment taking into account that being deployed was circumstantial and not a matter of choice, there was emotional turmoil regarding the rationalization of nursing colleges. Settling down in the receiving college was not easy.

The newly appointed nurse educators were also faced with challenges of minimal orientation because there was no time to be orientated. They had to be functional as soon as possible because the nurse educator shortage was starting to have an impact on theoretical and on clinical facilitation. Lack of continuity ensued and led to an unstable nursing education environment because on arrival at the receiving college the nurse educators, especially the newly employed nurse educators, did not have mentors so that they can develop professionally and personally, gain confidence so that they can be effective in executing their educational functions in a reflexive manner in matters affecting their teaching role.

During the rationalization process and after its completion, the resignation rate of the nurse educators increased leaving vacant posts that needed to be filled at a rate they were vacated. The period that lapses between the recruitment of the nurse educators and the filling of the posts put the strain on the remaining nurse educators and the new incumbents are not properly orientated and hence they don’t cope in their new work environment and they too resign.

On the other hand the receiving nursing college is expected by the health authorities to increase the intake of nurse learners so as to meet the health needs of the community, the
work overload for the nurse educators increased. Nurse educators experienced exploitation and abuse of their teaching experience. One participant stated:

I worked myself out according to the little knowledge I had. The following year the third group of tutors came from the colleges that were closed down, I had to teach (orientate) those tutors - you know - with no support with no acknowledgement.

Another participant added:

You know I never requested the four year diploma level I am now teaching, it was not even one of my choices, I was asked to work there for a time being but I have been left to work there since the year 2000, nobody has come to me to give me reasons for being left there, I have tried to fight this unfair allocation but there is no change, every year I hand in my request for my allocation preference but that is being ignored and that is frustrating me.

Another participant said:

I taught almost all levels, I would be asked to go in there, I’ll go, I taught Pupil Enrolled Nurse course, level 1 and 2 (about 250 students) I taught Bridging course, I’m now in the 4 year diploma course level 1, I think maybe I’ll go, I don’t know where to teach because advantage is being taken of me, unfortunately, I ‘m one of those people who cannot say “no.”

Another participant added:

Adjustment as I said, there was no time for adjustment, today you would be a first level 4 year diploma tutor, tomorrow you are at bridging course, the next day somewhere else until I had to fight my battles to say I want to belong somewhere because believe me, when you are moved from one area to the other there is always rejection.
Other campuses were well looked after as far as staffing was concerned, they got first preference when nurse educators’ allocation was done.

All the three tutors working in my campus were taken to Mrs. so and so’s campus, right, I remained there to facilitate clinical learning for 1st and the 2nd level students, the number was around 60. I was told that I am an old tutor, I have taught at college 1,2,3, this is the 4th one, I can do anything. I asked for policies regarding students’ conduct and disciplinary procedures, course work and examination entrance, there were none. Then I was told to do brown files, “what brown files”? I asked, I don’t think I have the time to do brown files, that is the clerical work. “No, no sister, you know in college campus A, so and so is doing the brown files so you must do that too.” In short that was going to be too much work for me because the brown files had to do with absenteeism of nurse learners. I stayed in that campus without any support, instead I was told that I am an old tutor, I don’t know whether old or experienced, of which sometimes it is not recognized.

Nurse educators were also frustrated by inadequate orientation that did not allow them to acclimatize well and assimilate the culture of the receiving nursing college and also equip them to cope with large numbers of learners. They expressed their experiences in this regard and said:

Orientation was brief and shallow and when you are faced with a lot of students with no proper orientation, infrastructure and with no support you are told you are an old tutor.

Another participant said:

This is the type of orientation I came across, I learned on the job, adjustment? there was no time for that, today you are teaching at this level tomorrow you are teaching the bridging course and the next day you are teaching another level until I had to fight and say I want to belong somewhere because believe me when you are moved from one area to the other there is always rejection
Work overload was also compounded by the fact that nurse educators counted in the nurse educators’ staff establishment were removed from their teaching post to do other functions that could be done by administrative personnel. One participant stated:

You look at the situation, you find that people of a different culture are actually considered when it comes to work and yes, they are being well looked after as compared to us (Blacks) okay like posts have been created for certain individuals to occupy, to move away from teaching positions.

Lack of work procedures and policies was another source of frustration for nurse educators who were deployed from the nursing colleges that were closed down. They had nothing to refer to so that they could adjust to their new work environment.

The participants experiences were:

Some of the things that frustrated me was that there were no polices to guide us in the management of the student issues and what made matters worse was the fact that there was inconsistency in dealing with students especially white students, (I’m sorry to say this) you would not make a decision about any thing that is related to them, they would directly go to the highest authorities and you would be called in to give an account.

Still on student matters due to this inconsistency some students got away with murder, they are registered nurses as we speak and others, a minor offence and the managers would be on their case, I don’t see it continuing, it might be concealed so that it does not look ugly but there is still something like that.

The demands from the university the receiving nursing college is affiliated to added to the nurse educators’ frustrations. The nurse educators’ experiences were:

My greatest frustration is that the previous college where I was working was affiliated to the same university the receiving college is affiliated to but things are done differently. In
my previous nursing college we used to make suggestions about our work needs to say “as much as the University wants this and that our circumstances are such that the university demands are not feasible, what the University is suggesting is not appropriate for our situation and this is how we suggest things to be done.

The situation is very different in this nursing college, it is the other way round. The University will come and say we want this done this way and we will just go with that, nobody will oppose that, nobody will say ‘we hear you but that does not suit our situation. I am so frustrated by the University representative who will come and want to make changes in a very short space of time and we have to comply with those University needs regardless of the colleges circumstances and we become so confused and that is frustrating.

Then you get reports from the University, negative reports throughout and you start asking yourself: with all the years of teaching experience, all of a sudden I’m a useless nurse educator, it’s frustrating and at the same time if you are vocal about the comments from the University’s moderator you are told that you talk too much, you must stop asking too many questions. What also frustrates me the most is that when the moderator from the University comes in for instance during Examinations Promotions Committee meetings you as a subject coordinator, you are not supported, you have to answer all questions even questions that relate to management issues whereas in my previous college the Academic HOD and the Principal answered all questions and queries during the Examinations Promotion Committee meeting and they supported the nurse educator. Here the Principal will also be asking questions as if she is not working here, she does not know what is happening, as if she is not the head of the institution, so all the questions will be directed to you the subject coordinator.

When the participants were asked about what do they suggest should be done to make the situation better as far as work overload is concerned, their responses were:
The workload can be relieved if there could be more nurse educators, in fact the nurse educators that left the profession who were good mentors - nurse educators we looked up to as role models should be attracted back into teaching by implementing one of the retention strategies which is the improvement of the nurse educators’ salaries. Still on that, there must be a fair nurse educator / learner ratio, which can be achieved through a better distribution of nurse learners between nursing colleges in Gauteng.

We must also think of ways of ‘working smart.’ we must think of better and more effective ways of working effectively and efficiently to get the best results e.g. using the technology such as videos, to show learners procedures that are not frequently available in their campuses. We can use virtual technology for simulation of procedures during skills development to overcome the problem of large numbers where simulation of procedures has to be repeated several times.

Another participant made a follow up on the concept of ‘working smart’ realizing that the Gauteng Department of Health authorities are not going to reduce the number of student intake. She said:

There must be restructuring of the receiving nursing college in such a way that the campuses become fully fletched campuses with all the necessary resources both material and human. The campuses can be structured in such a way that they cater for one or two disciplines e.g. General Nursing Science and Community Nursing; General Nursing Science and Midwifery, General Nursing Science and Psychiatric Nursing. Lectures can be given at these campuses. The decentralization will relieve the congestion at the main campus, the logistics thereto can be worked out, otherwise reopen the nursing colleges that were closed down.

3.2.2.1 (d) Fear of using English as a second language

The receiving nursing college used Afrikaans as a medium of instruction before the rationalization of nursing colleges in Gauteng. Though the nurse educators were bi-
lingual but they were mainly Afrikaans speaking. After the rationalization process was completed they had to use English as medium of instruction and also for communication because most of the learners and the nurse educators deployed from the nursing colleges that were closed down were not Afrikaans speaking and English was their second language.

Some nurse educators in the receiving college were concerned with adjustment from using Afrikaans to English. Their fears were based on perceptions that rationalization will allow an influx of learners from disadvantaged education system. The fear of being unable to cope with the challenges associated with language difference, large numbers of learners that will breakdown open communication and understanding of different cultures so as to ensure appropriate communication was a problem.

The participants stated that:

The integration was difficult for me because I am Afrikaans speaking and all of a sudden I’m expected to speak English and when you speak Afrikaans other people insist that you speak English so that everybody can understand what you are saying. That irritated me because other people would speak their language and I would sit there not hearing a thing whereas when I speak Afrikaans, to be honest, most people know Afrikaans well because I remember that Afrikaans was forced on them at schools so their knowledge of Afrikaans is better than our knowledge of African languages, so they could easily hear if we said something bad, it’s true.

Another participant added:

What really bothered me was the language because I’m not proficient with languages, personally I battle with languages, I even tried to learn isiZulu, I attended Zulu classes for 7 months (don’t ask me if I know anything because anything you don’t practice you lose) because I was not forced to use isiZulu but to use English and English was quite difficult for me especially using it for teaching all of a sudden. Luckily the medical terms
that we use are the same, it did help a bit but it was frustrating and it also influenced my teaching.

Another participant shared her experiences regarding the use of language in relation to the change brought about by the rationalization of nursing colleges in Gauteng and related it to the type of students that were now being accepted in the receiving nursing college, the participant said:

*Every thing changed definitely because even the type of students that we are now getting is different, much different from the previous students and we had to adapt to that as well because of their social background that we are not used to and you don’t know when you are talking English if they understand you and for me Afrikaans speaking, it was difficult to teach in English.*

Participants continued to share their experiences and added:

*What was also difficult for me was these large classes with the majority of black male nurses who I don’t know whether they are respecting me as a woman and a White woman for that matter that also affected my teaching. I also had to be careful with what I say because I use a lot of humor in my teaching but now I had to be careful because I might be misunderstood.*

When the participants were asked about what can be done to make the situation better, they said:

*I think people must take it upon themselves to improve their second language proficiency. What can also help is to use an Afrikaans–English dictionary to increase vocabulary and the more you speak the second language (English) the better. Unfortunately I can’t change my accent, you can still hear that this is an Afrikaner speaking, I think in Afrikaans and translate to English.*
Another participant added:

*I grew up in an Afrikaans environment and studied in the Afrikaans university, without being racist or what, I am bad with English. I realized that when I explain the content to a small group of Afrikaans speaking learners they understand better although the other learners complain that those learners have an advantage of getting an explanation in their mother tongue but then I realized that it would be better to somehow form learners’ study groups according to language preference so that a strong learner in that group for instance can explain the subject content to other learners in their ethnic language. Nurse educators can do that too – not in class but for small groups of individuals. The principle of using a language that is best understood by the learners is also acceptable in Outcomes Based Education.*

3.2.2.2. Perceived behavior of the authorities concerned with the rationalization of nursing colleges in Gauteng.

There was an oversight on the side of the authorities concerned with the rationalization process regarding the needs of the nurse educators during the rationalization process. The enthusiasm to rationalize the nursing colleges superseded the consideration of the well being of the nurse educators.

There were many promises made by the authorities concerned with rationalization that were not fulfilled, hence the nurse educators felt betrayed. Consultation and communication was inadequate and there were no support structures to ensure a humane rationalization process, the process of rationalization of the nursing colleges in Gauteng was traumatic and the nurse educators were devastated and angry.

The themes that support this sub category include: sense of betrayal, lack of consultation and lack of support i.e. physical, psychological and emotional.
3.2.2.2.(a) Lack of consultation

Consultation between the authorities concerned with rationalization of nursing colleges in Gauteng and the Nurse Educators took place before the rationalization process began. Communication of information regarding the rationalization of the nursing colleges occurred through presentation of documents, seminars, and workshops as a means of consultation between the authorities concerned with rationalization of nursing colleges in Gauteng and the nurse educators.

However the nurse educators considered this consultation to be inadequate and that it did not allay their anxieties pertaining to, among other issues: resources like tutors’ offices, transformation of the college in line with political dispensation of the country for example the name change for the receiving nursing college was discussed because it had the previous apartheid regime nomenclature but has not been effected yet. The nurse educators were still very angry during the interview session.

The participants said:

*Consultation was there although it was limited, what I mean by consultation being limited is that at the end of the day we were given a document and to me that document was a final document informing us that the colleges were closing down. What hurt me most was that the receiving college was far from where I was living, it was going to be expensive for me to travel from my residential place to work on daily basis and it was going to be very inconveniencing. Further more, consultation was limited in the sense that the community where my previous college was, was not informed, they were just surprised that the college has been closed and now they have to travel long distances and spend more money to acquire training as nurses.*

The participants continued:
When the process of rationalization started consultation was done but it was consultation in inverted commas, meaning the intention of the consultation was not to get the opinion of the nurse educators regarding the rationalization of the nursing colleges in Gauteng, it was like a window dressing type of a thing because it’s like the authorities concerned with the rationalization had already concluded that they are closing down some of the nursing colleges. They invited our inputs just as a formality.

I am going to give one input that we made which was not considered. We cited a problem of space that the college we are going to is smaller than the college we were in and that the college we were working in was almost new, it had a lot of space and potential for expansion, building more classes and offices to accommodate more learners and nurse educators as the Department of Health realized that they need to increase the intake of learners to reduce the shortage of nurses they are faced with. The college was non-the less closed down.

When we reached this college there was no space for us because there were three of us in one office for five months until one of the other tutors from the receiving college resigned and her office was vacated, it is then that I moved into an office.

Another participant added:

The consultation that was made by the authorities concerned with rationalization was very limited especially when we had to choose between the receiving colleges, we were not properly prepared for the move for instance I chose this college because I realized that it was going to be expensive for me to travel from my residential place to work, so I opted for this college so that I can remain in the campus that is nearer to my residential place but now I have to come to the main college every day and it is very expensive.

The rationalization process of the nursing colleges in Gauteng was already planned, so nothing the nurse educators could have said or done would convince the authorities concerned with rationalization. The consultation with the nurse educators did not aim at involving the nurse educators for the purpose of incorporating or considering their views about the implementation of the rationalization of the nursing colleges in Gauteng, it was
perceived by the nurse educators as information sessions. The nurse educators were angered by this standpoint.

The nurse educators’ anger was manifested through insubordination of some of the nurse educators as evidenced by defying instructions from the management of the receiving nursing college and also refusing to become members of some committees.

*I was working with this lady who had an office next to our office, she resigned and I moved into her office. Someone from management came to me and told me that I shouldn’t be comfortable because this is not the office I should occupy. I said to her unless you give me an office I am not going to leave this office.*

Okay, and now there was this facility management or college facility re-engineering committee that I was requested to join. I said I’m not going to plan any facility here, I’m not going to belong to that committee because I was told that there is enough space here and I’m not going to be part of that because I don’t know what will I be planning. It was really hurting to see that the things we foresaw were actually happening and it’s going on and on because you also look at the money that is being wasted here with the renovation – today blinds are put up, hanged for a year, they are removed and something else is put up, to me that’s waste of money.

Some nurse educators from the nursing colleges that were closed down took a stand against the rationalization of the nursing colleges in Gauteng. They were so angry to such an extent that they resigned rather than being deployed to the receiving colleges.

*And for me I told my self that I won’t go to the other college and I realize today that the reason why I resigned was like I was taking a stand, I was angry and I was rebelling against the whole system. Okay as fate would have it, I came back to teaching.*

The nurse educators were also frustrated, their frustration was not only confined to their personal well being in as far as lack of facilities like offices and computers are concerned
but it spilled over to the academic aspects because sharing of offices also meant lack of privacy for consultation with students and that was expressed as follows:

_The sharing of offices is frustrating when it comes to consulting with the students for various reasons, you cannot discuss anything with the student, there is no privacy. When the student comes to the office that I share with my colleague for consultation, my colleague must go out of the office to give us space, if she was busy with something she must stop what ever she is doing and go look for a place where she can work._

_Initially we were consulted when the allocation to share offices was done so that a theory nurse educator shares an office with a clinical nurse educator but now theoretical nurse educators are put in one office, it is really frustrating because sometimes my colleague and I both want to use a computer to prepare for lecturers simultaneously. It becomes a problem and it also causes tension between us._

When the participants were asked what could be done to improve their situation, they said:

_They are already breaking every corner of this college to make space for the large student numbers and more offices for the nurse educators, had they done their research properly, this massive renovation would not be necessary._

### 3.2.2.1 (b) Sense of betrayal

The nurse educators felt betrayed by the authorities concerned with the rationalization process in as far as them living up to their promises they made before the rationalization process began. They were faced with the harsh realities of the rationalization of the nursing colleges in Gauteng and had no one to turn to, their trust was betrayed, they were devastated and disappointed:

_After all these years I can say they made a big mistake by closing the colleges in the first place, it now shows they did not know what it entailed because we are now sitting with_
big problems, a small college has to take large numbers of students and lots of money is being spent to enlarge this college.

The participants continued to share their experiences in this regard:

I feel that the people who initiated the rationalization actually sold us out because we were informed that the three colleges that are going to survive were big enough to accommodate all of us – you know, but then as most people moved in to the receiving nursing college as most of the participants have said that we had to share offices with no privacy and the people who initiated this whole thing are far away, they don’t even bother to do a follow up to see how are things now, to say people, how are you holding on? Have you internalized the culture and the values of the receiving college?

The authorities concerned with the rationalization process did not live up to their promise regarding the name of the receiving nursing college and the participants said this about the name change of the receiving nursing college:

I was one of the people who were invited to participate in the strategic planning of the college which I was seconded to. One of the promises that was made by the authorities concerned with rationalization perhaps as the supportive strategy was that as soon as possible the name of the receiving nursing college is going to change so that we all have the feeling of being new in the receiving college. That did not happen, ownership prevailed, the receiving nursing college’s name is still there, and really, what disturbs me is that the authorities concerned with rationalization did not make a follow up of that till today.

We were told that as soon as we get to the receiving nursing college the name of the college will change. The name has yet to be changed, the progress about the change of the college name is very slow

Another participant said:
The college is still living its life to the fullest, it still has its name, ours have been buried and forgotten though they are still very much alive in our hearts.

The rationalization of the nursing colleges also meant that nurse educators deployed from the nursing colleges that have been closed down, had to travel longer distances from their residential places that were nearer the colleges that were closed down. This was another cause for insecurity for the nurse educators because the traveling to the receiving nursing college was going to be challenging.

The participant indicated that the authorities concerned with the rationalization process had an agreement with the nursing colleges that the nurse educators will be remunerated for their traveling expenses. For some of the nurse educators that was not so and their experiences in this regard were somewhat different and this is how they shared their experiences:

I could not understand that the college was closing down and what hurt me most was that the receiving nursing college was very far from my residential place. When I came here at a latter stage, the remuneration for traveling was stopped because there was a time frame when it was going to stop, so commuting to and from work was not only going to be inconveniencing but it was also going to be expensive.

Another participant shared her experiences regarding remuneration for traveling as:

There are many people who were getting remuneration for their traveling expenses until such time that some of us discovered that people were getting remunerated for their traveling expenses and when we asked, we were sent to the registrar and he referred us to head office and head office responded by saying:

“your college did not qualify to get remuneration for traveling expense, in fact, you are now nearer to this nursing college compared to the one you come from”
We never got the correct answer but then we were disadvantaged whereas other people who came from colleges around the receiving nursing college and even those who were not even deployed from other colleges were at an advantage for some time being remunerated for their traveling expenses.

Another participant added:

I just want to make a follow up on the remuneration for traveling expenses, that, when we complained about the fact that we are not being remunerated for traveling expenses after we had joined the receiving college, we were just called to a meeting by the authorities concerned with rationalization and we were told that this place has got a job so it’s up to us, its either we accept the traveling or resign.

Nurse educators’ sense of betrayal was exacerbated by this state of affairs that there was discrepancy in the provision of the remuneration for traveling expense and the authorities concerned with rationalization were insensitive to the plight of the nurse educators who were excluded from benefiting from this provision, their concerns in this issue were treated with indignation therefore these nurse educators felt disadvantaged.

Traveling problems were also compounded by the placement of the nurse educators in the satellite campuses and it was expressed as follows by one participant:

I chose this college on the impression that I was going to remain in the clinical area because I noted that it was going to be difficult – not difficult per se but money wise it was going to be expensive for me to travel from my residential place to the college but I find myself having to travel almost every day to the receiving college, it’s inconvenient and expensive.

When the participants were asked about the suggestions to improve the situation, one participant said:
There isn’t much that can be done now, but in future I think a thorough research has to be done before the rationalization process can commence so that all stakeholders can benefit, especially the disadvantaged communities because the communities that were near the nursing colleges that were closed down, were surprised to learn that the colleges have closed down.

The authorities concerned with rationalization must also fast forward the process of the college name change as they have promised.

Another participant said:

I think the programs of rationalization should run cost effectively considering the energy expended to get the work done for instance it is costly to provide cars so that nurse educators can travel to remote clinical areas and the time and energy needed to get to the clinical area at the end you can see that the whole thing was not thought out properly, cost is still not contained

In relation to traveling and remuneration for traveling expenses most of the participants felt that:

The existing nursing colleges that were closed down should be re-opened because those nursing colleges were strategically placed to be near the residential places of the majority of the nurse educators and to train as many nurses as possible, to meet the health needs of the community. The nurse educators’ traveling problems will be solved, in the mean time the nurse educators should be provided with traveling allowance.

The authorities concerned with rationalization did not prepare the nurse educators adequately in terms of providing them with information so that they can make informed decisions and they also did not provide support strategies that would assist the nurse educators cope with the effects of rationalization emotionally, socially and physically.
The participants continued to share their experiences about betrayal that there was no support even at their new work environment, the nurse educators had to find their way through trial and error and according to them their new environment was not emotionally, psychologically and socially safe. One of the nurse educators said:

*I was told that somebody will come from another campus to orientate me, I waited for this person who never came, I stayed in that campus without any support, no psychological nor emotional support, I felt very unsafe. Again this safety need that is never considered, for instance I take about three taxis a day to commute to and from work which amounts to about 35 rand a day and no body understands my situation.*

The participant was asked to elaborate on her meaning of safety, she said:

*What I mean by physical safety is that in winter for instance I leave home when it is still dark, walk through an open space, all alone – that is not safe, to take a taxi because there is no other mode of transport for me - no train no bus. These taxis are unsafe they are driven at very high speed and the drivers are reckless. I am also emotionally not safe because the taxi drivers are abusive, by the time I get to work I’m emotionally drained and when I get to work one is belittled, the HOD (Head Of Department) talks to you as if you are at her mercy - no respect what so ever.*

Another participant added to the safety issue by saying:

*Driving to various campuses and sometimes to clinical facilities that are far and unknown for student accompaniment is very unsafe, inconvenient and expensive because some of these facilities are far apart from each other and are far from the college, it is inconveniencing for me to come to the college and get the college car go past my residential place to the clinical facility and at the end of the day drive past my house again, to the nursing college to park the car and then go back home, it is very unsafe - to be on the road all the time and yet the employer does not provide a comprehensive insurance to take care of this situation.*
The participant continued to share her experiences on the aspects of safety with emphasis on psychological safety, she said:

*I think at my age I did not think I was going to be uprooted just like that, it was abrupt. I knew the work was going to be the same more or less but I was going to be alone with such a large number of learners, I felt like I am dumped, being alone with no support. Where I came from we worked as a group, I did not have to do things on my own.*

Lack of support was not only confined to nurse educators but there was lack of support for the learners as one participant indicated:

*I am closest to the learners, our learners are not supported, then I try to speak to people about what is happening to our learners and plead with them to support them, nothing happens, so it’s like one is just looking on at something that is not right and I feel bad to be part of this process.*

When the participants were asked what could be done to make the situation better they shrugged their shoulders to express their dismay and most of them said:

Another participant added:

*I feel that there is very little that can be done to reverse the damage caused in the lives of the nurse educators, not only the nurse educators that are still in the employment of the Government but those nurses who had to leave teaching.*

Another participant suggested that:

*I wish the HOD’s and the Deputy Director could come to the campuses to see for themselves the conditions under which we are working. We sometimes feel neglected as if*
we do not belong to this college because we are far away and nobody seems to care. We feel like second class nurse educators.
The HOD’s should support their staff in that they should ensure that there is no red tape in obtaining groceries, stationery and resources like computers and laptops. We need somebody who understands the nurse educators’ urgency in obtaining resources like computers and laptops and should be flexible and sensitive to nurse educators’ needs.

Another participant said:

We need to support each other as colleagues, we must help each other, if for instance a colleague needs guidance in teaching we must assist them and not let them to see to finish. We must also give good advise to each other and we Blacks must love each other and not instigate one against the other. We must share our pleasures and sorrows even of our social lives or family lives.

We must support our students too and not look on at the wrong things that are done to them and be quiet about them. We must be close to them and not allow labeling of students as bad and yet we do not give them support.

Another participant said:

I still feel that somehow we needed that support, I’m talking about support from head office, they have never come to the receiving college even for a day to say good people how has the rationalization affected you, have you settled in? There was no support from the authorities concerned with rationalization, there was no follow up that we needed so much.

Rationalization was also traumatic because it removed the nurse educators from their humane, caring and supportive environment, an environment that was like home to them and they ended up in an environment that was not caring and the authorities concerned
with rationalization were not sensitive to the nurse educators’ concerns. The nurse educators’ experiences in this regard were:

_I came from a college where we were very close, we knew each others children by name, if your child was sick, you would depend on your colleagues to help you. We actually brought our children to the college; there were little favors done for us as a result we felt we must work, we worked very hard. It was an excellent college, students’ performance was very high, work ethics out of this world, I have never seen it here._

_There was no hope for that college to survive, it was going to be closed down. I was among the first people who came here, it was traumatic, being here made me understand the history of South Africa – the bad things that happened in the past and here I was, faced with them - the destruction, the deception and the rejection._

Another participant added:

_For me, it was a matter of having to leave a place where I was working for many years – you know, and come to a place which was like foreign to me, at my age , I was scared._

When the participants were asked about trauma - what is it that can be done to help the participants deal with their traumatic experiences, they said:

_Maybe counseling could help, counseling will help us as individuals to deal with and resolve anger and pain, but what would be more appropriate would be a debriefing session – using structures like ICAS so that the nurse educators can verbalize their feelings of how they felt then and how they feel now and thus begin the healing process._

3.2.3.3. Aspects pertaining to racial issues

Nurse educators’ experiences pertaining to cultural differences in the receiving nursing college were not an isolated phenomenon in South Africa because public institutions
were racially segregated in the former apartheid regime, therefore integration of people from different racial groups in the workplace like the receiving nursing college was challenging.

The challenges that were facing the receiving nursing college were a reflection of what was and still is happening in the entire South African community. The main theme that is pertaining to culture is racism. Some nurse educators were initially optimistic about the integration of different racial groups due to the rationalization of nursing colleges in Gauteng as one participant recalls:

3.2.2.3 (a) Racism

Firstly, when we were briefed about the rationalization of the nursing colleges in Gauteng, I was excited, I thought finally now we are going to be one, we are going to be united. Although I was in a multicultural college at that point in time I thought finally we are going to work in an environment where there are different cultures rather than Black and White but then I was disappointed when I came here.

Firstly, when we complained about racism at the receiving nursing college we were told that there is no racism here, it is only perceptions. We then conducted a mini research in 2001 which was called The Simunye Project. The findings of that research were that indeed there was racism at the receiving nursing college but the college management did
not want to accept that racism prevailed in the receiving nursing college but they said it is just perceptions and stereotyping.

*We then went to the Stereotyping Reduction Workshop which was conducted by the Truth and Reconciliation Committee members from Cape Town. We came from that workshop more frustrated and angry than when we left because the Head of the institution still did not want to accept that racism prevailed in the receiving nursing college, so that workshop was a futile exercise.*

Another participant added:

*I strongly feel it was not stereotyping as such, it was a problem of racism that still prevails up to now, what do you call a White woman who calls a Black male a baboon? that’s not stereotype, that’s racism. When you look at the race of those people who have actually managed to move away from teaching posts you can see that it is a race that was for ever privileged- yes they were privileged because they had every thing that was actually facilitating a better life for them.*

There was total silence in the room, participants shifted uneasily as one participant shared her experiences on racism in the receiving nursing college, the tone of her voice evidenced that she was sad when she was relating to this sensitive issue. She braced herself and said:

*I think racism was the thing that hit me most, I was at the fore front of it, I saw the ugliest part of racism. I remember one of the nurse educators working under me subsequently resigning because she felt she could have had the post, two of the other white nurse educators also resigned because they could not tolerate a Black Head Of Department. Racism was blatant, blatant, blatant, you think you have seen racism? You had to be here to see it, I saw it.*
Racism was evidenced by stereotyping, instigation and being ostracized. The participant continued:

*I remember one White nurse educator saying that Black people can’t think in a three dimensional manner. I went to management to report the matter, they laughed and it ended there. I spoke about racism in the meetings and when you speak about racism you become unpopular and the sad part of it is that the very Black people are instigated against you and you will be made as uncomfortable as possible.

I hated the way Blacks were instigated against each other, even Black managers instigated against each other - that really hurt me. What I hated the most was to be treated like a stupid person because I believe, if you respect someone you treat them as human beings. Sometimes I felt like I’m treated like somebody who can’t think. Something is being said in the meeting and I think - but why is this done for this one and not for that one? You open your mouth, you speak about it you are ostracized. I spoke from the first day I came to this college, I didn’t keep quiet, if I die today I’ll be happy I did what I was supposed to do that is to talk about the wrong things that were happening here.

The participants continued to share her experiences about racism:

* Racism, I felt it , it is still happening even today though it is covered in fact it has become worse because the nurse educators from the receiving college and the college management have realized that the large numbers are really a burden, it is difficult to teach and manage 300 students, therefore all the White nurse educators have been removed from teaching posts to do administrative jobs that have no clear job titles and job description, more over, the number of White students is also diminishing therefore they feel no need to go and teach Black students. There is no White nurse educator who is under the supervision of a Black Assistant Director. Whites can differ on certain issues but they become a formidable front when it comes to dealing with Blacks.*
The participant were asked: what could be done to deal with racism in the receiving nursing college? They said:

*I think the college has not transformed yet, because we have come from the colleges that were closed down like other colleges that were rationalized in Gauteng but this receiving college has something unique about it, that of colour and race. We are angry that we have come to the receiving college that still live its life to the fullest while we have lost every thing, the nurse educators in the receiving college are protected and we have no where to turn to. What we need is the total transformation of the top management. We need a neutral and a mature person as the head of the institution, somebody who will interpret and implement the policies according to the Government Legislation in line with the Equity Act.*

The participant referred to trauma when she was making her recommendations about racism, she made special reference to traumatic experiences caused by racism:

*Counseling should be done within a certain frame of reference, within a context. What would be the purpose of counseling? would it be counseling to deal with the closure of the nursing colleges or counseling to survive racism? Counseling can be done but if people will still come back to the same environment, that will be sheer waste of time, the environment must be corrected first. You know I lost my brothers during the apartheid struggle, our relatives suffered and died to rid our country of racism and inequality and it hurts me so much to see that this nursing college is still riddled with racism, the receiving nursing college has not transformed yet.*

*The receiving nursing college has to be corrected from the top that is from management, change will then filter down to the grass roots. We need intervention from a neutral person; a matured person with an open mind, a strong personality, some one not from within the college, some one from out side and who was not part of the rationalization process, who is not a racist. There should be effective communication so that if you see*
racism, you should be able to talk about it freely and still feel secured about voicing it up, otherwise mistrust and extreme unfounded fear over trivialities will develop.

The situation can also be corrected through:

- **Equity**
  
  There must be equity in the use of resources like cell phones, air time, use of college cars; such resources should be equitably allocated to relevant persons

- **Transparency**
  
  There should be transparency about all financial matters, filling of permanent and part time posts. This can be achieved through effective representation in the key structures of the college like the college senate and the college council. The representatives should be knowledgeable about financial and academic matters respectively for instance the representatives can take short courses in financial management so that they can understand the financial processes and must also have in depth understanding of academic matters.

  The representative nurse educators in these structures like the senate and college council must table the nurse educators concerns in the respective meetings and also give feed back to the nurse educators on what transpires in these committee meetings.

- **The Unions must give feed back to the nurse educators when they have held meetings with the deputy directors on matters affecting the nurse educators.**

- **Respect for all middle managers**

  The deputy director must respect the assistant directors especially when it comes to matters concerning staff allocation. It is very demeaning to see somebody being removed from your department without you being informed about it.
• Dismantling of the racist network structures that perpetuate racism.

• Counseling from a person who will not be influenced and have pre-conceived ideas by the time they come to do counseling for the nurse educators.

• The victimization of the agents of change, that is, nurse educators who are vocal about racist issues should stop because at the present moment they are being victimized and made to feel very uncomfortable.

• We need a support structure at Head Office that will deal with matters emanating from the rationalization of the nursing colleges in Gauteng. Such a structure should be easily accessible to nurse educators so that they can be confident in reporting all acts of racism.

Another participant added on to the suggestion on how racism can be dealt with at the receiving nursing college to help improve the conditions of the nurse educators by saying:

• I think what we need here is the total transformation of management - some body who was not part of the rationalization process so that that person implements the policies according to Legislation and also avoid the shift of racism from White to Black racism to Black to White racism.

• We need somebody who will dismantle the structures that perpetuate racism so that its members do not have an advantage over the other nurse educators who do not belong to these structures.

• We also need implementation of the retention strategies to strengthen the nurse educators on the ground so that they can challenge the status quo.
3.3 Summary

The chapter focused on the description of the research findings. The positive aspects and the related themes pertaining to the rationalization of the nursing colleges in Gauteng were described. The categories described under the positive category related to sharing of resources, empowerment of the nurse educators, collaboration of the receiving nursing college with the community to improve nursing education and acquisition of trans-cultural knowledge.

The negative category and the related themes that were described, related to fear, perceived behavior of the authorities concerned with the rationalization of nursing colleges in Gauteng and aspects pertaining to racial issues.

The positive experiences were more inclined to what the authorities of the rationalization of nursing colleges in Gauteng have envisaged. The positive aspects were also of group or institutional benefit rather than individual benefit where as the negative experiences were concerned with the wellbeing of the nurse educators which was overlooked by the authorities concerned with the rationalization of nursing colleges in Gauteng. The experiences of the nurse educators pertaining to negative issues evoked emotional feelings, nurse educators were unhappy about the behavior of the authorities concerned with the rationalization of nursing colleges in Gauteng.

The nurse educators made suggestions on how the positive experiences can be sustained and on how the negative experiences can be better managed to assist them to cope in the receiving nursing college. The description of the experiences of the nurse educators and their suggestions will be conceptualized in chapter 4.
CHAPTER 4

CONCEPTUALIZATION

4.1 INTRODUCTION

Chapter four focused on the conceptualization of findings described in Chapter 3. The findings were supported by the relevant literature that will provide an in-depth knowledge and understanding of the perception on the phenomenon under study.

The summary of findings on the positive aspects included: sharing of resources; empowerment of the nurse educators; collaboration of the receiving nursing college with the community to improve nursing education and the acquisition of the trans-cultural knowledge. The negative aspects included: fear, perceived behavior of the authorities concerned with rationalization of the nursing colleges in Gauteng and aspects pertaining to culture.

4.2 CONCEPTUALIZATION

According to Mouton (1996: 109, 110) conceptualization refers to the clarification and the analysis of the key concepts of the study and the manner in which the research is integrated into the body of the existing theory and research. Through conceptualization the themes identified from the research will be supported by the relevant existing literature and interpreted by the researcher. Conclusions drawn will form the basis for the description of the guidelines.

Conceptualization began with the themes of the positive aspects followed by the themes of the negative aspects in accordance to Table 3.1 on page 36-37.
4.2.1. POSITIVE EXPERIENCES OF NURSE EDUCATORS ON RATIONALIZATION OF NURSING COLLEGES IN GAUTENG

Most of the participants expressed their appreciation concerning the rationalization process of the nursing colleges in Gauteng. The positive experiences included sharing of the resources, empowerment of the nurse educators, collaboration of the receiving nursing college with the community to improve nursing education and acquisition of trans-cultural knowledge. These positive experiences on rationalization of the nursing colleges in Gauteng will be conceptualized below.

4.2.1.1 Sharing of resources

Sharing of resources was one of the reasons the authorities concerned with rationalization of nursing colleges in Gauteng envisaged to benefit. Both the sharing of human and material resources would reduce the costly duplication by Department of Health on nursing colleges.

4.2.1.1 (a) Human resources

The participants indicated that the rationalization process of the nursing colleges in Gauteng was beneficial because the integration process brought the nurse educators from the nursing colleges that were closed down and from the receiving nursing college together. These nurse educators had expertise and extensive experience on academic matters such as the effects of curriculum overload, evaluation methods for an example OSCE and issues such as work ethics. The nurse educators shared their ideas and made their contribution pertaining to these issues to improve the facilitation of learning.

- Curriculum overload

Simultaneously when the nursing colleges were rationalized in Gauteng, the curriculum was also undergoing changes as stipulated by the South African Nursing Council, to curriculum 1997 which was later phased out to be replaced by curriculum 2003.
Both the curricula were challenging in the sense that both the learners and the nurse educators experienced the effects of the curriculum overload as was evidenced in the findings of the study conducted by the receiving nursing college (Waterson, Harms, Qupe, Maritz, Manning, Makobe & Chabeli 2004: 59). Most of the participants of the study indicated that there was a lot of duplication of the curriculum content which was irrelevant and unrealistic in the practical situation.

The contributions made by the nurse educators who had expertise in nursing education were valuable in this regard. Some of the experienced nurse educators served in the curriculum, the senate and syllabus committees. It is in these committees where the nurse educators from both the nursing colleges that were closed down and the receiving nursing college would engage in collaborative dialogue and dialectical discussions regarding the curriculum content. They would make their contributions regarding how the curriculum overload could be improved, such as selection and organization of the curriculum content throughout the levels and throughout the various disciplines. The curriculum content would be explored for areas of duplication across the levels and across the disciplines so that the content selected is realistic and relevant in the practical situation.

The nurse educators stated that proper selection of the appropriate curriculum content and the organization thereof throughout the levels and across the disciplines would assist the nurse educators and the learners to cope with the relevant curriculum content and still prepare the nurse learners to be effective and comprehensive nurse practitioners. Spady (in Van der Horst & McDonald, 1997: 145-146; Mellish et al., (1998:93) and Cawood (in Carl, 2002: 40) allude to the views of the nurse educators regarding the selection and the organization of the curriculum content. The authors state that the curriculum content should be organized in manageable volumes for each level of the programme and it should be chosen in accordance with the particular developmental and intellectual ability of the learners.

Organizing the curriculum content facilitates and promotes effective learning. (Fraser, Loubser & Van Rooy, (1993: 133) highlights the principles of organizing and sequencing the curriculum content. These principles include regularity of structure, that is, the
content should be progressive from knowledge that forms the pre-requisite for subsequent
complex content; didactic principles such as moving from the known to the unknown,
from simple to complex should apply. The readiness of the learners to cope with the
subject content should be taken into account, for an example, the learners are ready to
learn physiology after mastering the structure of the organ.

The curriculum content should be learnable and also be relevant to the purpose of the
programme therefore the content selection should be done to achieve the aims and the
objectives of the curriculum, that is, to prepare nurse learners to become comprehensive
nurse practitioners rather than acquisition of knowledge that has no practical clinical
value. The content selected should have relevance to the tasks and functions of the nurse
practitioner and should constructively prepare learners to reach this goal. Careful
selection of the curriculum content should aim at developing competencies required by
the nurse learner to perform the nursing tasks universally rather than tasks limited to a
specific situation. The content should also be beneficial to the learner in the sense that the
learner should have long term use of the content, the emphasis being focused on teaching
principles the learner can use in a variety of situations (Fraser, Loubser & Van Rooy,

Such consideration of the complexity of the curriculum content organization enables the
learner to cope with the content of the curriculum and reduce the perception of
curriculum overload. According to Knoetze et al., (in Fraser et al., 1993:128) criteria
should be used for selecting the curriculum content. The author mentions aspects like
applicability of the curriculum content in the various clinical settings like Midwifery,
Psychiatry, Medical and Surgical Nursing and Community Nursing and relevance in
terms of the cultural beliefs and values of the community the curriculum is intended for;
societal trends like women’s health and their choices over their productive life,
implications of dynamic health trends; political health plans, strategies, objectives,
policies, technological and medical developments. All the obsolete content that has no
relevance in terms of the cultural, societal, political and technological context of the
community the curriculum content is intended for, should be omitted when selecting and
organizing the curriculum content.
Learners are likely to perceive that the curriculum is overloaded if the curriculum content is poorly organized and does not consider the principles identified such as the readiness of the learners to challenge the content in the next level due to lack of critical thinking skills and the use of appropriate learning patterns.

The nurse educators suggested that the learners’ critical thinking skills; assisting learners to adopt appropriate learning patterns, should be developed. The nurse educators also indicated the importance of assessing the learners’ background knowledge. The nurse educators reckoned that these aspects would contribute in reducing the learners’ perception that the curriculum is overloaded.

- Critical thinking skills

The nurse educators were of the opinion that the curriculum overload could be overcome by developing the learners’ critical thinking skills which would make the learner to realize the significant from the non-significant. The nurse educators stated that if the critical thinking skills of the learners were developed, the learners would be able to utilize their cognitive, psychomotor skills and affective domain in a reflexive manner, that is, the ability to control ones’ own beliefs and values and behave objectively in a given practical situation. The learners would be able to critically analyze the facts before them so that they could make decisions based on logical thinking and scientific background.

According to McPeck (1981:6-9) critical thinking is the ability to analyze the truth and consider all alternate possibilities rather than applying the established rule in any given situation. It requires logic (cognitive) dimension, emotional or criteria dimension and pragmatic dimension. These dimensions are called reflectiveness and are informed by experience and knowledge background which the learners need to utilize as a frame of reference in their logical, analytical thinking and scientific decision making in a given situations would be facilitated by dialogical approach to teaching.

Learners’ critical thinking skills would be developed through engaging them in problem solving scenarios and dialogical discussions in group work. It can be facilitated and
nurtured in a psychologically safe and non-judgmental environment that allows the learners to express themselves without fear of being ridiculed, an environment that values an enquiry mind and allows free interaction so that learners can be meaningfully engaged in the discussions. The nurse educator should create and organize an environment conducive to small group interaction where mutual respect is emphasized (Costa, 1991:32).

The nurse educator should set the ground rules together with the learners to ensure ownership of the rules and compliance therewith. Learners should receive feedback from the facilitator on their performance for academic development and to allow them to reflect on their own work (Costa, 1989:5 & Lowery, L.F.).

Nurse educators’ ideas on developing the learners’ critical thinking skills coincide with the broad general outcomes of South African Qualifications Authority (SAQA) 1997: 8 that mandates all educational programmes to develop critical thinking skills of learners. These learners would demonstrate the ability to identify and solve problems in which the responses display that decision making was achieved through critical and creative thinking. These broad general outcomes such as developing critical thinking in learners will assist learners to identify, organize and manage problems in a reflexive manner.

The broad outcomes of SAQA correlate with the Philosophy of the South African Nursing Council which suggests that the development of the ability for analytical, critical, evaluative and creative thinking and continuing stimulation of the capacity to interpret scientific data for nursing actions, to draw conclusions and to exercise independent judgment, should be fostered (SANC, 1993: 3).

Erickson (2002:47) supports these ideas and postulates that whilst the learner develops critical thinking processes and skills through the grades (levels), the educators should ensure that the learner masters the content and improves the conceptual understanding. Critical understanding of the knowledge content should be applied in the practical situation which in its context will be unique and will require reflexive behavior that is based on the ability to think critically, logically and analytically in the given practical
situation and make scientific responses. Mannici (2006:41-43) describes reflexive behavior as self awareness, the ability to question self and putting it under control in a situation so that ones’ own beliefs and values do not influence judgment and practice in a given situation.

The educator should therefore increase the interaction of the learners, that is, increase opportunities for dialogue so that the learners can develop listening skills whereby the learner evidences the ability to understand others’ ideas by accurately paraphrasing, clarifying and building on rather than ridiculing other learner’s ideas.

During collaborative interaction, the learners develop cooperative learning whereby they learn to collaborate with others for the purpose of probing, finding a solution and reaching consensus. In this way learners develop confidence in the manner they make logical choices and in their capacity to reason together (Costa, 1991:101-104).

Through thought provoking discussions, learners increase their opportunities for creative thinking, exploring of assumptions and evaluating conclusions. During dialogical reasoning, learners develop the ability to assess and support their own thoughts and learn to appreciate others’ thoughts. When learners engage in collaborative planning and brain-storming as a group, they find ways for generating solutions for the problem, an effort that results in multiple options to solving the problem (Costa, 1991:101-104, 373, 283).

Developing the learners’ critical thinking skills requires the nurse educator to select the relevant information for problem solving, to guide and to provide direction for learners in order to prevent ambiguity that can lead to the formulation of incorrect conclusions. Chabeli (2001:208) in her summary of learning theories, asserts that teaching critical thinking requires the assessment of prior learning or background knowledge of the learners so that the learners can be challenges with scenarios within their level or frame of reference.

Quinn (2002: 80) alludes to this statement by stating that problem solving requires an in-depth knowledge background of the subject content and the delineation of context of the problem. Without the knowledge of the context in which the problem occurs, it becomes
impossible to think relevantly. The learners should therefore be provided with operational or contextual knowledge that will enable them to differentiate between the different kinds of intellectual processes such as argument which is the ability to challenge the premise that something is so; double checking before accepting the facts, through questioning of statements or situations; scrutiny and open mindedness, that is, the ability to imagine and explore alternatives and to establish ways of thinking and of behaving in relation to the context of the issue or problem.

Background knowledge and context knowledge facilitate this thinking process. In this manner the learners are ready to challenge assumption by formulating tentative statements based on the previous knowledge, beliefs, and expectations about challenges which then form the basis for making an inquiry of the situation or problem. The critical thinker draws conclusions after deductive reasoning and makes judgment whether or not the conclusion is beyond reasonable doubt from the facts given. The resources should therefore be listed together with the problem solving scenario. The nurse educator should give clear instructions and provide guidelines necessary for the problem solving scenario. This will prevent ambiguity (Bandmann & Bandmann, 1999: 40,170; Quinn, 2002:81-82).

The relevance of developing critical thinking skills in learners was of significant educational value because it renders learners to be discerning multi dimensional thinkers capable of analyzing and synthesizing information and create a meaningful whole rather than rote learning large volume of work. Developing critical learning in learners should be a necessity in nursing education so that learners do not perceive the curriculum content as overloaded because they will be able to study with a mind that distinguishes between the relevant from the irrelevant information.

The rationalization of the nursing colleges brought together nurse educators who shared information on how to develop critical thinking skills amongst learners and assisted each other, for an example accessing information related to critical thinking skills and assisting each other in drawing up problem solving scenarios to develop thinking skills in learners.
- Learning patterns.

The nurse educators also indicated that the inappropriate learning patterns of the learners contribute to the learners’ inability to achieve their learning outcomes and consequently the perception that the curriculum is overloaded.

The nurse educators shared their ideas on how learners could be assisted to adopt learning patterns that will enable them to internalize, comprehend and have a deep understanding of the content rather than regurgitation of facts. They suggested that the learners should be assisted in using learning patterns that will enable them to master the subject content without feeling that the curriculum is overloaded.

The views of the nurse educators are supported by Mellish et al., (1998:64-66) who postulates that individual learners use different learning patterns that stem from perceptions, thinking, interpretation, problem solving; interaction with others and the manner of organizing information. A learning pattern like that enables the learner to internalize, comprehend and understand the content in a manner that allows the learner to relevantly apply the knowledge in the work situation.

The nurse educators should make several learning patterns known to the learners so that learners can make suitable choices Quinn (2002:34). Klopper (1999:88-91) highlight three learning patterns such as the superficial atomistic, the deep holistic approaches and the achievement orientated approach.

According to Klopper (1999:88) the superficial atomistic learner focuses on the isolated parts of the content and concentrates on memorizing the information for the purpose of reproducing it and attaches no meaning thereto. The superficial atomistic learner finds the content to be rote learned, enormous and perceives the curriculum content to be overloaded. Nurse educators would identify such learners who often study alone through academic interviews when learners are unable to achieve their learning outcomes. Superficial atomistic learners should be assisted to review their study patterns through study skills development programmes.
The deep holistic learner approaches the learning task in a holistic way. The deep holistic learner theorizes the learning content and integrates the components of the learning task with the associated constructed knowledge. The learner seeks to comprehend the knowledge and use the learning tasks for personal enrichment and emotional satisfaction. Such learners find discussions and reflection on the curriculum content beneficial because such methods of studying maximize their comprehension, improve their ability to internalize the learning content and to gain an in-depth understanding of the content. Such learners can manage the curriculum content better and are less likely to perceive the curriculum content as overloaded. (Klopper, 1999: 89).

The third learning pattern according to Klopper (1999: 90) is the achievement orientated approach. The learner devotes all the time to learn the content, optimally utilizes learning resources to fulfill academic requirements, obtain the highest marks in a competitive spirit. The achievement orientated learner presents well researched work, presented systematically and on time. Such learners are organized, well disciplined and their work is planned and study skills are used to achieve learning outcomes.

Nurse educators should understand that learning experiences offered in nursing courses may not be congruent with the learners’ individual learning patterns and that learners have a potential to alter their learning patterns in order to benefit from the learning experiences in nursing programmes which are offered. Nurse learners should therefore be supported when they try a learning pattern the nurse educator is recommending.

Nurse educators shared their knowledge on learning patterns and used the information to the advantage of the learners. During academic reviews learners would state that they are overwhelmed by the curriculum content. Nurse educators would advise learners to review their learning patterns in order to achieving their learning outcomes. Te change in the learning pattern would assist the learners to manage their work load and reduce the perception of curriculum overload.
Learners’ background knowledge

Learners’ background knowledge is an essential undertaking because it would assist the nurse educators to identify attributes that have an impact on the learners’ ability to cope with the curriculum content. They reckoned that previous experience in health profession and knowledge background for an example subjects passed in Standard 10 are attributes that may have a positive or a negative influence on the learners’ ability to cope with the curriculum content. When ever these attributes negatively impact on the attainment of the learning outcomes, the learners may become overwhelmed and perceive the curriculum content to be overloaded.

Knowledge of the learners’ previous experience in health environment is essential because it will enable the nurse educator to link the learners existing knowledge to the new knowledge and skills and to plan the didactic activities meaningfully taking into account the learners’ academic potential.

Consideration of the subjects passed by the learners in Standard 10 and other tertiary education is important because it can influence the coping ability of the learner with the curriculum content. With this knowledge background, the nurse educator will prepare for the learners’ academic assistance that will facilitate the attainment of the learning outcomes not withstanding their educational background. Support structures like language proficiency classes can be made available as means to assist the learners who have shortcomings in this regard.

The nurse educators’ views on learners’ background knowledge are supported by Van der Horst and McDonald (1997: 173) and Fraser et al., (1993:94) who state that the learners’ educational knowledge background; professional and other tertiary educational experiences and the cognitive development based on the general education system where set patterns of learning may advantage or disadvantage the learner, should be explored for possible impact on attainment of learning outcomes. Exploring these learner variables should be done so that didactic activities should link up with the learners’ experiences.
Learners’ background knowledge should be undertaken to identify and acknowledge the underlying factors that impact on the learners’ academic performance and influences on the learners’ ability to attain the learning outcomes of the curriculum. The purpose of obtaining information about the learners’ background knowledge should be to assist, support, refer the learners relevantly and to institute appropriate remediation. Based on the information obtained, the nurse educator should plan the didactic activities and adhere to these didactic principles to improve learners’ attainment of learning outcomes.

Learners whose educational background contribute favorably and has relevance to nursing program for an example subjects such as Biology passed well in Standard Ten cope better. Learners who have short comings in terms of educational background will feel overwhelmed by the curriculum content because they need to grasp the basic knowledge before they can master fundamental subjects like the Biological and Natural Sciences. Learners should be supported and not always labeled as not committed. Academic Support should be accessible to them to assist the learners to cope with their academic challenges.

The expertise of nurse educators concentrated in the receiving nursing college assisted learners to cope better with their curriculum content because nurse educators brought their academic experiences related to theoretical and clinical facilitating of learning and shared them amongst themselves, to ensure that learners achieve their learning outcomes and reduce the perception that the curriculum is overloaded.

- Evaluation methods in clinical setting

Some of the nurse educators from the nursing colleges that were closed down were experts and coordinators of clinical assessment. They have been responsible for coordinating the Objective Structured Clinical Evaluation (OSCE) in their nursing colleges. When they came to the receiving nursing college, they shared their expertise and ideas with other nurse educators regarding methods of evaluating clinical competency.
The nurse educators said that OSCE is not the only method of evaluating clinical competency because clinical competency cannot be restricted to acquisition of clinical skills but a combination of knowledge, values and psychomotor skills although it is still a better method of evaluating clinical competency of large numbers of learners provided it is planned and well managed.

The nurse educators were concerned with large numbers of learners and limited facilities where OSCE would be conducted. However, with the contributions of the nurse educators who had expertise in coordinating OSCE, it was possible to conduct OSCE effectively. The contributions made by the nurse educators included issues of controlling the large numbers of learners to prevent leaking of examination information; drawing up of OSCE assessment tools; setting up of OSCE stations and improvising when there is inadequate or real equipment and personnel to use as patients.

Mellish et al., (1998:252) and Chabeli (2003:84) agree with the views of the nurse educators that clinical competency has to be evaluated to decide on the promotion to a further course of study; to complete a definite section of the course or at the end of the course and that evaluation of clinical competency is necessary because there is a demand for accountability in the profession. To ascertain that learners have learned the art of nursing and are skillful in the execution of their function, clinical competency has to be evaluated using a reliable and a valid method.

OSCE has been found to be reliable and valid depending on the quality of the problem posed at each station and most importantly the agreed upon assessment instrument by the panel of experts. The reliability of OSCE also depends on the design of the assessment schedule, the training of the examiners and the simulated patients as the nurse educators had indicated. A- Latif; Dupras and Li; Johnson and Raynard (in Nicol & Freeth, 1998: 601-609).

The administration of OSCE needs a committee and a coordinator with OSCE competency to plan, execute and control the examination. A well planned OSCE can be
used to measure practical foundations and the reflexive ability of the learners that ensures that the patient is safe (Chabeli, 2003: 19).

Several authors agree on the procedure in which OSCE has to take place during the time each learner spends in one station, such as:

- instructions should explicitly state what needs to be done. The focus of the clinical skills’ station should be on the essential aspects of the examination component (Cichowski, Bell & Huggett, 2007:515).

- the setting must allow the learner to carry out the procedure as per instruction. Simulation in a simulation laboratory is an ideal environment that can allow the learner to carry out the procedure as per instruction. Rentschler, Eaton, Capello, McNally and McWilliam (2007:135) agree that a controlled clinical situation where trained standardized patients are utilized to ensure a controlled clinical situation that is realistic and non-threatening is ideal. Simulation needs to be well planned with the focus to achieve the outcomes (Chabeli, 2003:25).

- the evaluator must observe the required skill and the value relevant to the skill according to the mark sheet. (Van der Horst & McDonald, 1997:167). The consistency of the evaluators must be maintained to ensure inter rater reliability (Chabeli, 2003:19). To ensure inter-rater reliability, there should be prior orientation of evaluators to the use of the tool under the guidance of an expert.

- the evaluation tool must be valid. The tool must measure what it is supposed to measure and be reliable to produce the same results every time it is used under the same conditions. This will prevent passing the learner when the patient’s safety has been overlooked (Van der Horst & McDonald, 1997:167).

OSCE should therefore measure synthesis of knowledge and clinical skills competency objectively. The clinical learner guide should spell out those outcomes explicitly (Van der Horst & McDonald, 1997:169; Mellish et al. 1998:252)
OSCE requires good, coordination and management (Gravett, 2002:34). Coordination ensures that the learners are not disadvantaged in any way where uniformity is established. The role of the coordinator and the examination committee in the OSCE therefore is to engage all stakeholders for the purpose of clarifying ideas, establish direction of the working group, foster commitment from individuals and groups, to motivate others to achieve agreed upon objectives and to develop a culture that reinforces individual performance and ensures consistency in the use of the evaluation tools. Major and Prince (in Chabeli, 2003:87).

Collaboration and information sharing sessions before and after the OSCE are important. Information sharing plays an important role in the decision making on how things should be done and also influence how things should be done. Collaboration allows the educators to engage, reflect and collaboratively agree on solutions to problems so as to increase the reliability of the OSCE.

Careful planning with consultation with clinical practitioners who will provide information about the latest procedures and treatment modalities and reviewing previous examinations and making alterations accordingly, is essential (Mellish, et al., 1998:51).

With the large numbers of learners, limited human and material resources, the coordinator and the examination committee need to be vigilant and be careful of having an OSCE that will end up in a futile exercise and defeat the purpose of the examination where control of the flow of the learners from the waiting to the examination rooms is not well managed.

OSCE is a valuable assessment strategy, its success depends on proper planning, coordination and involvement of all the stakeholders. To facilitate the planning and the coordination of OSCE, the practical or clinical evaluation committee should be formed. The function of this team would be to draw up the OSCE program, ensure that the venues are enough, orientate the evaluators and the persons to be used as patients and organize the equipment. After the OSCE, the committee must compile a report on how the OSCE
was conducted, conceptualize the learners’ and evaluators’ comments on the OSCE and institute remedial action to improve OSCE.

The nurse educators who were experienced in the organization of the OSCE from other nursing colleges and from the receiving nursing college ensured that clinical competence of learners is assessed in a more efficient manner, taking into consideration the large numbers of learners and the exposure of learners to clinical areas which do not provide learners with the same learning opportunities. The experienced nurse educators had to ensure fairness when organizing OSCE and still ensure maintenance of clinical standards and quality of nursing education through thorough clinical assessment.

- Improved work ethics

Another positive aspect of the rationalization of the nursing colleges in Gauteng is that it brought nurse educators and managers from different nursing colleges who had differing work ethics into a neutral work place that is the receiving nursing college. Both the nurse educators from the nursing colleges that were closed down and the nurse educators from the receiving nursing college were conscious of the fact that the work is the same although their attitudes towards work is different because of their cultural diversity, however, they were all willing to work together towards establishing a new work ethics for the newly formed work environment.

The nurse educators shared their ideas on ways of coping with the differing work ethics in the receiving nursing college. They indicated that their attitudes should not interfere with the work performance which might jeopardize the achievement of the institutional goals regardless of the circumstances related to the rationalization process.

The nurse educators realized that they still need to exert themselves, work diligently to ensure facilitation of learning of the learners. They said it is the love for teaching that motivates them to continue to value their job and to focus on the positive aspects that come with the nature of the work.
The nurse educators shared ideas on how to bring the different working styles so that the new work ethics that fosters team work for the realization of the institutional goals can be developed. The nurse educators said a homogenous work force should be nurtured as a means of managing the diversity of nurse educators so that nurse educators can practice conscientiously in an environment that takes into consideration that the work place gives meaning and a moral dimension to the nurse educators. To this course, the vision statement of the receiving nursing college has been formulated to enhance dedication.

The views of the nurse educators are supported by Noon and Blyton (2002:57) who accentuate diligence, punctuality, obedience, honesty and sobriety as characteristics of work ethics. Roger (in Noon & Blyton, 2002:57) states that work ethics makes one to be useful and it opens ways to earn status and an honest living. Noon and Blyton therefore regard work ethics as a value system where the importance of duty, commitment and effort evidenced by employees at the work place is highlighted.

Izzo and Wither (2000:81) concur with the nurse educators’ views of valuing their job and further postulate that employees who do good, put value to what they do and consider their jobs to be noble and important depending on the value that the organization attaches on them. The authors further assert that an organization that has a vision and a mission statement that values the employees, has better retention rates of personnel. Institutions therefore need mission statements that inspire loyalty.

The nurse educators were conscious of the fact that they need to be diligent in their work. Noon and Blyton (2002:63) emphasize the importance of diligence and conscientiousness irrespective of the nature of work undertaken whereby the employees should manage their own emotions for the sake of the recipient of the service rendered (in the case of the nurse educators, the customer is the learner).

Evidently, people work to satisfy their needs hence the need to exchange service for extrinsic factors such as money and an intrinsic reward such as personal satisfaction Mafunisa (in Hariparsad, 2005:29). The extent to which the intrinsic and extrinsic rewards are met determines whether the person would leave or remain in their place of
employment and also influences the work ethic of the employee. Hariparsad (2005: 33-36) presents a continuum that depicts the value the employee attaches to work and the work ethics. The summary indicates that the higher the value attached to work, the higher the work ethics.

The author continues to state that within each society, there is embedded work ethics derived from its culture and religion, which coincide with the fact that the receiving nursing college was culturally diverse, therefore, work ethics was bound to be different.

Multicultural work ethics is another dimension of the work ethics that focus on individuals. It is based on moral approach and the individuals capabilities to apply reason which is independent of the inclination and feelings in the decision making process Smith and Cronje (in Hariparsad, 2005:48). Work ethics in a multicultural work environment ensures the maintenance of human rights within the organization, with emphasis put on the maintenance of standards and the demands the organization puts on the individual.

The trails of Africanism, religion, Afrikaner Calvinism approaches, combined with the multicultural work ethics could be identified amongst the nurse educators in the receiving nursing college. It was encouraging that the rationalization process brought these different work attitudes to the work place so that the nurse educators can reflect on themselves in relation to their worth and the value of their work.

The receiving nursing college authorities were to capitalize on the good traits of the work ethics that the nurse educators displayed, for an example the altruism of the Africans which translate to being supportive and assisting each other in matters related to facilitation of learning and the loyalty of the Protestant which would ensure reliability and dependability at work. The nurse educators’ attitudes were therefore not to be exploited but to be nurtured because they were positive traits needed in the receiving nursing college to ensure that the philosophy, vision, mission and the educational goals are realized (Hariparsad, 2005:41-43).

The nurse educators and the college management formulated a mission statement that valued the nurse educators and inspired loyalty. The mission statement encompasses
professionalism, competency, respect for all personnel, fairness and consistency of management.

The receiving nursing college adopted a multicultural work ethics approach whereby the nurse educators’ function to meet the objectives of the institution are protected by the rights of individuals, whilst the standards of the receiving nursing college are maintained, notwithstanding policies and the employment practices that reward outstanding performance towards attainment of the institutional objectives. The receiving nursing college should endeavor to increase employee performance by creating an environment that encourages development and training so that obsolescence that removes the positive work ethics does not set in.

Rationalization of nursing colleges in Gauteng brought nurse educators from different backgrounds and with different work ethics to the receiving nursing college. The nurse educators learned from each other’s work ethics which was complementary and also beneficial to the receiving nursing college because the positive work ethics ensured attainment of the educational goals. The right attitudes and the diligence of the nurse educators were protected and educational standards of the receiving nursing college were upheld by the employment policies such as performance appraisal and the stipulated working hours respectively.

4.2.1.1. (b) Material resources

The nurse educators said that they benefited from sharing the resources of the receiving nursing college such as the library and the computer center. The furniture and the equipment from the closed down nursing colleges such as models was brought in to the receiving nursing college. The offices, classrooms and the auditorium that have a good technology infrastructure were shared by all nurse educators.
4.2.1.2 Empowerment of nurse educators

4.2.1.2 (a) Technology

The nurse educators indicated that they benefited in the receiving nursing college because of its technological advancement. They said that the receiving nursing college had a good reputation whereby other colleges would send nurse educators to acquire computer literacy skills. The nurse educators said the computer skills, library and the virtual technology assisted them in theory and clinical facilitation and communication. The nurse educators further indicated that their colleagues were of assistance in improving their computer skills.

Quinn (2000:248) alludes to the fact that computers have relevance to the curriculum content because they facilitate communication through intranet and acquiring more knowledge. Placement of learners in various clinical facilities can be done through a computer. Tests and examination can be stored in through computers. However, security of confidential information such as the examination of papers and test should be maximized to prevent unauthorized persons gaining access to it.

Quinn also asserts that participants (nurse educators in this regard) should be competent in Information and Communication Technology or should have basic computer skills for the purpose of supporting teaching and learning. Staff should be developed to use the technology or supported by a technician to avoid damaging expensive equipment if it is used incorrectly.

Quinn (2000:249-250) suggests that management should ensure that the Technology and an Information Technician is available and accessible. The Information Technician should be conversant with computer programmes to assist and support the nurse educators with the use of technology in their clinical and theoretical facilitation.

The use of information and communication technology in a learning institution like the nursing college is imperative but its use should be well managed to ensure easy access to the equipment like computers / laptops and other software. This should be a function of
both the Information Technology Technician and the senior administrative manage, to take the overall responsibility for planning, implementation and support of the nurse educators in the use of technology. Implementation of new technological programs should be coupled with in-service education and continuous support should be available to nurse educators. Learners should receive computer literacy sessions. They should have easy access to computers by having adequate computers and extended hours for the use of the computer centre.

Nurse educators benefited in the technological advancement of the receiving nursing college as the result of rationalization of the nursing colleges in Gauteng. The receiving nursing college has a good reputation in this regard. The confidence of the nurse educators was enhanced by acquiring computer skills. They shared information regarding the available internet sites that they can use to access information so that they can improve their facilitation of learning. The competence in computer literacy was a positive benefit for them and administration of nursing education processes.

4.2.1.2. (b) Improved staff development

Both the nurse educators from the nursing colleges that were closed down and the nurse educators from the receiving nursing college acknowledged the need for continued development in their career to meet the demands in nursing practice and nursing education. Factors that influenced the nurse educators’ need to improve their knowledge was the policies of the Gauteng Department of Health on Human Resource Development (2001) strategies to harness and ensure quality service delivery. The factors that have an impact on staff development include disease profile and prevalence, paradigm shift from hospital based nursing to community based nursing; technological advancement; educational developments, management strategies and research, had to be incorporated in the staff development programs of the receiving nursing college.

The nurse educators indicated that they benefited from the staff development programs that were offered in the receiving nursing college in a form of in-service training, and the opportunity to attend the short courses, seminars, congresses and symposia. The nurse
educators said that they benefited from the staff development programs related to employer’s demands, the dynamic treatment modalities and health trends.

The views of the nurse educators on staff development are supported by Muller (1998: 343) who asserts that staff development is essential in the maintenance of sufficient experience and skills as well as the correct attitude. Muller supports the nurse educators’ views and states that learning in the workplace whether formal or informal is necessary to ensure maximum potential of individuals. It is the responsibility of the nurse practitioners to keep abreast with the latest knowledge, methods of treatment and technology.

Abruzzes (1996:19) asserts that health care reforms and trends necessitate staff development. There is a need to develop nurse practitioners to be beside the patient, that is, nursing should not be limited to hospitalized and bedridden patients only but should take place where ever people are and are affected by ill health. This refers to the changing paradigm from hospitalization to home based care. Nurse educators need to be informed of such practical trends through staff development programs, so that they can incorporate the new information related to the health trends in their facilitation of learning.

Abruzzes (1996:20) further postulates that staff development should focus on meeting the changing disease profile of the community for example, the HIV and AIDS epidemic which requires that staff be developed to understand the etiology, the disease process, treatment modalities and precautionary measures that will ensure the safety of the health care worker.

Quinn (2000:540) concurs with the nurse educators that staff development should be a continuing endeavor because the basic education alone cannot effectively meet the changing and complex demands of the range of modern health care. Staff development can also be based on the needs of the employer to optimally utilize the human resources to enhance cost effectiveness of health care delivery which in turn enhances the organizational effectiveness. Walton (1999:19) emphasizes the fact that human resource development should focus on various methods that will equip teams and individuals with
skills, knowledge and competencies needed for understanding the current and future tasks required by the organization.

Staff development must be seen as a strategic management process for effective utilization and development of employees to cope with the current and future contingencies. (Walton, 1999:82) Staff development is an essential aspect of an institution because it ensures acquisition of knowledge necessary in the facilitation of appropriate and current learning. The staff development should be a joint consultative effort between the nurse educators and the staff development committee to prevent presentation of irrelevant topics. The staff development program should include all the relevant aspects of training scheduled by the Department of Health to ensure adequate skills training and knowledge. Policies to ensure that the staff development programs are attended, fairness and equity in terms of study leave opportunities should be formulated and implemented by the nurse educators and the staff development committee.

Through the rationalization of the nursing colleges in Gauteng, nurse educators were developed in various ways. Nurse educators were offered short courses such as the moderator’s course, attend some of nursing congresses relevant to their disciplines. They also obtained study leave to improve their knowledge in research and other relevant post basic courses. They would also learn from each other during staff development sessions when a colleague present a topic from their research project.

4.2.1.2. (c) Improved quality of Nursing Education through affiliation to a University to improve the status of the nursing college

The nurse educators highlighted the benefits of being affiliated to the university. They said that the university, through its representatives who serve in college structures such as the College Senate, the College Council and in committees such as the Syllabus and Curriculum committees, have valuable and plausible input in the curriculum development, research policies and research journal clubs; implementation of didactic and andragogic principles because of their expert and extensive knowledge in nursing.
practice, nursing education and their acquaintance with the agreement requirement between the receiving nursing college and the affiliated university.

The university representatives share their knowledge on the latest research information on nursing education trends, concepts and also provide guidance on issues pertaining to facilitation of learning, evaluation, policies, etc. The input provided by the university representatives improves and ensures quality of nursing education in the receiving nursing college. Where the representatives identify areas of development, they advise on development strategies such as in-service education as means towards the management of such shortcomings.

Lang (2002:159) asserts that affiliation of the nursing colleges to universities attests to the academic quality of its faculty, learners’ programs and the ultimate award of the qualification. Searle (1983:4) concurs with Lang by stating that the affiliation of the nursing colleges to the university provides a valid nursing education system repositioning enabling the nursing colleges to attain the status of high education institution level through its structures such as the college council and the senate. The signed agreement between the University and the Department of Health becomes a powerful tool for repositioning Nursing Education to level institution in the country. It also allows the learners who graduate from the nursing college to obtain credits for some subjects in the diploma nursing courses when they pursue further qualification in universities.

The advantages cited by Searle (1983: 5) is that affiliation of the nursing college to the university ensures maintenance of academic standards. Through deliberations and consultative interaction of the university’s representatives in college structures such as Research, the Syllabus and Curriculum Committees, the nurse educators are empowered. The valuable contributions of the university representatives regarding academic matters like development of the micro curriculum that meets the requirements of a comprehensive health system; assistance with research projects and moderation of examinations improve the nurse educators’ insight and knowledge to facilitate learning and assessment.
Nurse educators can also access the well resourced library facility of the university by means of inter-library facilities which contributes to knowledge acquisition and empowerment.

The agreement also states that the university through its representatives shall moderate the examination questions set by the nursing college, monitor the marking standard of the examination and ensure the quality of the practical examination. The advantage of the affiliation between the nursing college and the university is that the nurse educator benefit from the feedback provided by the university representatives to implement didactic principles in setting examinations, assist in applying policies in matters such as the examination promotion committee and during examination appeals. The university’s representatives who are experts in their fields of study provide guidance that ensures fair examinations. Upon completion of training, the diplomas of the college shall be endorsed by the university.

It is therefore important that the university employs personnel of high educational quality to be able to provide guidance and to empower the nurse educators in the receiving nursing college to improve nursing education in the receiving nursing college.

Some of the nursing colleges that were closed down were also affiliated to the same university the receiving nursing college was affiliated to. The advantage thereof was that the nurse educators understood the requirements and the expectations of the affiliated university. There was continuity in the relationship between the university and the nurse educators deployed from the nursing colleges that were closed down. Adjustment was minimal in this regard.

4.2.1.3. Improved collaboration of the receiving nursing college with the community to improve nursing education

4.2.1.3 (a) Community involvement

The nurse educators mentioned an important aspect in the health sector that has also become an essential and a fundamental factor in government and in non- governmental
organizations, that is, the participation of the community with the receiving nursing college. The partnership would also reduce the perception that the receiving nursing college is an institution that is isolated from the community.

McLagan (2002: 110) views this perception as detrimental to the relationship of the community and that of the receiving nursing college and suggests that it should be avoided at all cost and be replaced with participatory collaboration. The collaboration should be borne of the need to provide the community with nurse practitioners who will understand the values, attitudes and the dynamic health needs of the community.

The nurse educators emphasized that the community involvement will influence the design of the nurse education in that the nursing education curriculum will be community based. This would be achieved through participatory interaction with the community representatives who are resourceful members of the community capable of sharing their knowledge of the community’s health provision framework, strategies and goals. The community representatives make their contributions in the nursing college structures such as the College Senate.

Frohlich, (2001:142-145) states that the alliance between the receiving nursing college and the joint interest towards a common goal which is nurse education brings about ownership of the competencies displayed by the nurse learners graduating from the receiving nursing college when they execute their function and serving the community.

Rifkin (1990:10-12) further asserts that the engagement of the community representatives with the receiving nursing college allows the community representatives the opportunity to make a difference in nursing education and influence the decision and action that will affect the community’s well being when they access the health facility manned by the nurse practitioners who are a product of the curriculum they had contributed in.

When the community verbalizes satisfaction on the health care provided by the nurse practitioner from such a collaborative process, that becomes an indicator of the effectiveness of the collaborative interaction between the community representatives and the receiving nursing college (Epstein, 2006:4).
The nurse educators emphasized that the community involvement with the receiving nursing college will facilitate a community-based curriculum. Frohlich (2001:74) supports this viewpoint and suggests that a community-based curriculum can be achieved through synergistic efforts of both parties without overlooking each others’ independence. However interdependence, trust, respect and support should prevail.

Much as the community participates in the academic issues of the receiving nursing college, authors like Stanope and Lancaster (2004:518) emphasize that the two parties should keep their relationship independent of each other for an example the community representatives do not have a say on the daily activities of the nursing college but they contribute towards the fundamental educational processes of the receiving nursing college such as suggesting that learners admitted in the receiving nursing college should preferably come from the nearby community. The mutual trust and respect strengthens the partnership.

Through communication, the community representatives assume the role of being change agents, that is, to change the attitudes of the receiving nursing college toward the behavior of the community and their attitudes towards health provision, a reciprocal change process that involves change of attitudes and perceptions towards the community and community towards the receiving nursing college as an institution that is dissociated from the community (Stanope & Lancaster 2004:350-351).

The involvement of the nursing college and community was beneficial in as far as this mutual understanding is concerned. The interdependence between the community and the receiving nursing college was essential because both parties shared the same objectives, that of ensuring the education of a nurse practitioner who is conversant with the community’s health trends, values goals, strategies and the health provision framework which guides and shapes a community-based educational process.

Rifkin, 1990; Epstein, 2006; and Naude and Setswe, 2000 identify these goals as improving and promoting the health status of people through health education so as to empower the community to make informed decisions on matters affecting their health.
Setswe (in Naude & Setswe, 2000:105) elaborates on the aspect of health promotion and state that health promotion together with political and economical intervention amount to a broad strategy of health promotion.

The relevance of a community-based nursing curriculum must be founded on the observation of the community health needs and values. The questions that need to be asked include: what is the culture of the community? that is, their way of life and beliefs towards health issues. A nurse education curriculum designed to focus on such community values is likely to provide a nurse practitioner who is sensitive, accommodative and non-judgmental (Stanope, 2004:351).

A community-based curriculum must also acknowledge the health objectives set by the politicians in the National Health Plan. The politicians have to accomplish certain objectives and hence they formulate strategies that will facilitate the attainment of such objectives. Vlok (2006:10 - 12) states that the Population Development Plan of the Republic of South Africa, for instance, has an objective to improve the quality of life of South Africans through the Primary Health Care (PHC) to promote health, prevent and cure diseases and rehabilitate the incapacitated and the invalids. The indicators for the effectiveness of PHC include amongst others: reduction in infant mortality rate and increased life expectancy.

PHC will require the nurse education curriculum that puts emphasis on mother and child health promotion; immunization programmes; knowledge of essential drug list; management of chronic disease; control of communicable diseases including HIV and AIDS; mental health; women’s health that emphasizes women’s choice of reproductive function including abortion; care of sexual assault and rape victims (Vlok, 2006:30-31).

The attainment of these goals lies with the receiving nursing college and the community they are serving. The college has insight into the health trends and attitudes towards health so that the college can adjust the curriculum to meet the needs of the communities to improve health care deliver. The community too, does not see the nursing college as an isolated institution but as an ally in confronting the community’s health challenges where
their contributions are considered and valued. The collaborative involvement of the community through its representatives and the receiving nursing college facilitated the development of such a community-based curriculum.

The rationalization of the nursing colleges brought together nurse educators who have skills in cooperating with the community because they had worked in different communities. The expertise of the nurse educators facilitated easy identification of community health care challenges. The nurse educators utilized their extensive knowledge of community resources for placement of learners in the community clinical learning areas.

4.2.1.4 Acquisition of trans-cultural knowledge

The process of rationalization of the nursing colleges in Gauteng was beneficial because it brought together nurse educators from the nursing colleges that were closed down into the receiving nursing college and ended the racial segregation that prevailed in government institutions of which the receiving nursing college was one. The receiving nursing college was not the only institution of higher education that experienced the integration of personnel as a result of rationalization, the phenomenon was widespread as Norris (2006: 1-2) points out, that institutions of higher education were experiencing cross cultural integration. South Africans had to contend with one another’s cultural differences, acknowledge them, put them into perspective and discover the strength and weaknesses of different ideologies.

Norris (2006: 2) maintains that the workplace changes related to integration in South Africa were due to policies of inclusion (affirmative action) of people with disability, race, gender equality and affirmative action and also the policies of merging of institutions of higher education to ensure equity in the distribution and utilization of resources. The integration in these institutions, as in the receiving nursing college created a new work environment characterized by heterogeneous rather than a homogenous personnel, for an example, a black only or white only nursing college as it was before the first democratic elections of 1994.
The new work environment in the receiving nursing college was overwhelming for all nurse educators as Cushner and Brislin (1996: 12) indicate that people experience difficulties when they move into an environment where adjustment has to be made due to demands encountered during cross cultural interaction. The nurse educators stated that there was lack of understanding of each others’ cultures but after their fears related to how they were going to work together in the receiving nursing college were managed, they adjusted.

Matsumoto (2000:35) elaborates on concepts identified by Leininger (1997:38) by stating that cultural behavioral patterns differ although they are universally known by different communities. Community members may view each other’s cultural behavioral patterns as relatively different. It is this culture relativity that becomes a problem when there is lack of trans-cultural knowledge and misunderstanding prevails in a culturally diverse work environment like the receiving nursing college under study, for example, the eye contact with a senior is considered rude amongst Blacks and that was not understood by Whites who would consider avoiding of eye contact as a sense of guilt.

The nurse educators stated that they were anxious and uncertain about the integration process and how cross cultural interaction is going to unfold. In any cross-cultural encounter, feelings of anxiety and uncertainty regarding expectations of behavior of others exists. These expectations are based on cultural background and socialization and may lead to inaccurate and inappropriate interpretation of meaning and intentions of others (Cushner & Brislin, 1996:11).

The tendency of judging other peoples’ behavior according to our own standards and becoming biased towards them, often viewing others as inferior is defined as ethnocentrism (Matsumoto, 2000: 76). The ethnocentric behavior of nurse educators about each other’s lifestyle, social and personal conduct was a product of segregation that was deliberately structured to foster superiority and inferiority complex amongst different racial groups.
The nurse educators had already developed ethnocentric perceptions and stereotypic perceptions about each other’s psychological characteristics and personality traits before they were integrated in the receiving nursing college for an example Blacks are emotional and lazy and Whites are rational and diligent. These perceptions and stereotypes were based on factual observations or they were baseless and often influenced by learned cultural rules embodied and entrenched in cultural assumptions of what has been told about other peoples’ culture and resulted in stereotyping (generalization) and prejudice. Prejudice is a tendency to prejudge others negatively or positively on the bases of their group membership (Matsumoto, 2000: 92).

Integration of the nurse educators in the receiving nursing college created an awareness regarding these prejudiced ethnocentric and stereotypic perceptions and their inherent limitations which are incorrect interpretations about other peoples’ behavior, based on incorrect facts. Cushner and Brislin (1996:11) suggest that these perceptions can be reduced by recognizing their existence. The nurse educators realized that their perceptions about the behavior of others were inaccurate and they needed to change. Integration in the receiving nursing college therefore, provided the nurse educators an opportunity to examine and explore their socialization and transcend over their ethnocentrism, stereotypic thinking behavior and biases in order to tolerate, accommodate and accept others.

The process of acquisition of trans-cultural knowledge occurred as they were interacting and communicating with each other in the receiving nursing college. Through interaction, the nurse educators broaden their knowledge about each other’s socialization and culture, obtaining feedback regarding behavior towards others. Through communication they continuously sought for culturally relevant guidance amongst themselves in order not to offend others by making faulty attributions, misinterpretation and misunderstanding other’s cultural actions and intent. Communication was an effective tool in controlling and avoiding unexpected outbursts of strong emotions based on prejudices, ethnocentric, stereotypic utterances and behavior.
Interpersonal relationships improved as nurse educators’ trans-cultural knowledge broadened. They learned to reserve opinion, judgment and reaction towards others’ ways of life until they had acquired adequate information regarding certain practice. Acquisition of trans-cultural knowledge enabled them to exercise caution when addressing issues pertaining to others’ cultures. The nurse educators’ perceptions were changed or molded because they had become open-minded and had learned to listen, and internalize the message so that preconceived ideas about other people are verified (Tjale & de Villiers, 2004:34).

The acquisition of trans-cultural knowledge was therefore a powerful process in the reduction of ethnocentrism, stereotype and prejudice. Matsumoto (2000: 100-101) alludes to this fact and further suggests that learning to engage in thinking exercise of examining possible ethnocentric and stereotypic biases in our thoughts, feelings and actions and adjusting them accordingly, improves interpersonal relationships in a culturally diverse work environment.

Nurse educators also acknowledged that the receiving nursing college is culturally diverse as was evidenced by their ability to relate to and support one another, share happy events and moments together because they realized that after all, they are all human beings and that they share the same frustrations from the work point of view.

Andrews and Boyle (2003:373) agree to this stance and state that staff members are social beings who need and depend on other co-workers to adjust and change in a culturally diverse work environment. Acceptance of the culturally diverse work environment is enhanced by activities that provide a tangible incentive for embracing diversity. Embracing diversity is a moral imperative and the institutional management plays a pivotal role in ensuring that the organizational policies, practices and procedures regarding for example, human resource provision and utilization and other rules like subordinate-supervisor relationship are formulated and upheld.

Organizational culture based among other issues on the history of the organization for an example, the racial segregation that prevailed in the receiving nursing college, determines
the climate of how people feel about embracing cultural diversity. A culturally diverse work place has to be effectively managed and this can be achieved by creating an environment that reduces cultural conflict and imposition to enhance cultural tolerance. Cultural conflict or intercultural misunderstanding occurs due to cultural differences which make it difficult for people to understand each other well and communicate perfectly their intended messages (Matsumoto, 2000:380).

The culturally diverse work place in the receiving nursing college had to be managed well to reduce the inevitable conflict. In order to manage and reduce intercultural conflict Ting-Toomey (in Matsumoto, 2000:380) suggests that knowledge of and respect for others cultures as well as culture sensitivity are essential in the management of cultural conflict. It requires that the manager be conscious of their own cognitive, affective and behavioral biases and framework within which they normally practice. Being conscious of ones’ own behavior in relation to the perception of other cultures improves the ability to deal with conflict in a sensitive and cautious manner. Problems are dealt with a great deal of assertiveness and commitment to finding a solution. If management creates an environment where the inevitable intercultural conflict is well managed, cultural tolerance and sensitivity improves.

Cultural tolerance is the ability to think clearly about issues even if the facts are not known and to allow freedom of choice and behavior of others regardless of their culture. Cultural tolerance requires open mindedness, broadening of one’s knowledge about others’ cultures and acknowledging that other valid views different from one’s own exist. (Cushner & Brislin, 1996: 271,272) The nurse educators were aware of this fact that undermining other staff members’ values, beliefs and imposing one’s own culture on others can only result in conflict. They suggested that in order to tolerate each other’s culture, they needed to broaden their worldview, that is, the understanding of ones world to provide a value stance or perspective about one’s own life which will greatly influence sensitivity towards others’ cultures (Leininger, 1997:38; Tjale & de Villiers, 2004:44)

As part of the acquisition of trans-cultural knowledge, the nurse educators had to be engaged in the process of becoming culturally sensitive. Cultural sensitivity laid the
foundation for cultural accommodative attitude and the elimination of cultural imposition. Bennett’s model (in Matsumoto, 2000:379) recognizes cultural sensitivity as a developmental continuum ranging from total denial of the existence of cultural diversity to integration of plurality (multiculturalism).

Nurse educators stated that the acquisition of trans-cultural knowledge enabled them not to undermine but to embrace all cultural values and beliefs. Development of culture sensitivity formed a foundation for being culturally accommodative and elimination of cultural imposition. (Wierbicka, 2003:67-71; Leininger, 1997: 32).

The nurse educators in the receiving nursing college learned to be culturally accommodative as a result of acquisition of trans-cultural knowledge through interaction and communication. They changed their attitudes towards certain groups and acknowledged the existence of ethnocentrism and have overcome their ethnocentric tendencies and cultural stereotyping which perpetuated prejudice. They also acknowledged the existence of cultural diversity in the receiving nursing college and have developed cultural tolerance and sensitivity. They have learned to embrace, respect each other and accommodate each others’ cultural differences. Cultural imposition was eliminated in this manner. The nurse educators have objectively examined and explored their worldview, their cultural background and socialization in order to form a perspective for appreciating other people’s worldview, consequently potential tension and conflict was reduced.

Communication and constant interaction were instrumental in the acquisition of trans-cultural knowledge. Management played a pivotal role in creating an environment that embraces diversity, eliminating organizational legacies that perpetuate discrimination but reward all initiatives that encourage unity.
4.2.2 NEGATIVE EXPERIENCES OF NURSE EDUCATORS ON RATIONALIZATION OF NURSING COLLEGES IN GAUTENG

The positive experiences of the nurse educators are welcomed because they manifest the desired outcome the authorities concerned with the rationalization process had envisaged, however, the integration in the receiving nursing college was not as it seemed, it was inundated with challenges emanating from uncertainty about the future, trust in the authorities responsible for the rationalization process and the resultant diverse nature pertaining to culture in the receiving nursing college.

The negative experiences of the nurse educators reflected the human and emotional aspect that is usually overlooked in rationalization of institutions, whether in private or in public sector. Even in most friendly and successful integration, the stressful experiences have negative residual effects on employees’ psychological health. (Kusstatscher, 2005:17) The negative experiences of the nurse educators include: fear, perceived behavior of the authorities concerned with the rationalization of nursing colleges in Gauteng and aspects pertaining to racial issues. These negative experiences will be conceptualized below.

4.2.2.1 Fear

The rationalization of the nursing colleges in Gauteng was a process that was inundated with fear resulting in insecurity related to fear of the unknown; impending job loss and poor career prospects due to deployment and maladjustment in the receiving nursing college. Conley (in Stewart, 2005:1143-147) considers impending job losses and poor career prospects, that is, limited chances of promotion; fear of the unknown, financial expenses related to commuting to and from work and inconvenience as causes of fear and insecurity. The insecurity left the nurse educators despondent.
4.2.2.1 (a) Fear of insecurity related to fear from multiple factors

- Impending job loss and poor career prospects

The nurse educators were overwhelmed by fear from multiple factors, they feared that they would be deployed to areas they have never been to like in Black residential areas. They said that the process of rationalization was abrupt, they were removed from their familiar work environment and were deployed into satellite campuses. Their insecurity was related to lack of support in the clinical placement because they were allocated in campuses where they had to cope with work challenges by themselves. Closing down of the colleges meant impending job losses.

The nurse educators were also concerned about poor career prospects due to the personnel restructuring processes. Insecurity was also emanating from financial implications related to traveling costs, that is, commuting to and from the receiving nursing college which was far from their residential places. The nurse educators stated that management was non-caring and insensitive to their concerns on issues pertaining to support and orientation to new work environment and to non-decisive attitude when dealing with issues of remuneration for commuting purposes. The attitude of the management towards the nurse educators’ concerns led to apathy in job performance and despondency.

The rationalization of the nursing colleges in Gauteng removed the nurse educators’ job security. The employment insecurity is a wider debate in the public sector’s employment strategies but of concern is the consequences of restructuring (rationalization) process on the peculiar commitment and motivation of the public sector employees that is referred to as Public Service Ethos with regard to acceptance of responsibility, honesty, integrity, objectivity and loyalty to the occupation (Heery & Salmon, 2000:101-104). The intensity of employment insecurity depends on the management’s administrative practices, for an example the employees are likely to feel less insecure if management shares decision making with them and that the organization cares about their welfare but in instances
where there is more directive, non-participative management, employees feel insecure and consequently less committed.

Heery & Salmon (2000:101-104) alludes to the experiences of the nurse educators in this study. The nurse educators’ feelings of insecurity were compounded by the management inconsistency in personnel provision, non-caring attitude and indignation, non-participative decision making when nurse educators were concerned with clinical placement, lack of support and orientation, traveling inconvenience and expenses. The apathy and the despondency displayed by the nurse educators was indicative of the non-adherence to the public service ethos.

On the aspect of fear from multiple factors and lack of support that the nurse educators were concerned about, Durcan and Oates (1996:13-15) suggest that the employer should provide a substantial infrastructure to support the employees. The infrastructure should include services such as counseling, training and development opportunities. During the counseling sessions the employees should be allowed to verbalize their fears. Training and education offered should focus on developing skills that will assist the employees to cope with the work and personnel related issues of the new job environment and to enhance efficiency and boost confidence.

However, the nurse educators were still committed to their work, they had accepted that rationalization has occurred. Heery & Salmon (2000:107) attest to this notion and states that public sector employees continue to subscribe to the public service ethos amidst the restructuring turmoil that seems to threaten the security of their jobs through staff reduction, deployment and limited opportunities for promotion. The nurse educators felt that professional development and keeping knowledgeable, would improve their employability and reduce job insecurity.

Wallulis (1998:140-142) concurs with the nurse educators’ suggestion that job loss insecurity can be reduced by increasing employability opportunities and emphasizes that individuals should engage themselves actively in pursuit of self development. It entails becoming multi-skilled and exploiting core competencies and improving self
benchmarking or self-value in relation to labor market needs through personal career development. Development of core competencies will improve employment prospects within the present organization and beyond because as other posts become redundant others become increasingly available during the restructuring process of the organization. Being multi-skilled improves internal placement opportunities and reduces redundancy.

Nurse educators were still concerned about their poor career prospects. The rationalization of nursing colleges in Gauteng reduced the nurse educator opportunities of being promoted to senior positions because the number of heads of department were limited in the receiving nursing college. They suggested that there should be departmental restructuring whereby in each department there is a deputy who has full authority of the tasks delegated, together with the succession strategies, that is, guidelines that are formulated to ensure smooth transition of leadership or management. The effective departmental restructuring will facilitate career pathway for nurse educators eligible for promotion. Career pathway refers to career movement inside or outside the organization (Durcan & Oates 1996:186). The nurse educator would keep a management portfolio and should be supported and mentored during the period as departmental deputies. The portfolio can be used as evidence for managerial preparedness when applying for a senior position.

The employer can provide the employees amongst others with work portfolios of competence. A portfolio is a compilation of ensemble of work representing ones talents and capabilities (Wallulis, 1998: 142). The employees would be exposed to a variety of work experiences significant for career progression acknowledgement and also becoming multi-skilled. Evidences of the projects they have been assigned and exposed to is compiled into a portfolio, for an example, auditing for the purpose of quality assurance. These portfolios should form a career pathway with successive transition from one identifiable and definite step of the career ladder to the next and also provide employment opportunities that would create employment security for the individual.

Whilst the employee is assigned to various projects in the department, they should be mentored. Durcan and Oates (1996: 79) define mentoring as a process where by a person
is developed and supported in an organization. Counseling is offered throughout the transition from one level of the career to the next.

As a solution to the problem of career pathway, the nurse educators suggested that there should be satellite campuses which are fully autonomous with links to the main campus. The nurse educators can have an opportunity to be campus coordinators if they manage these fully fletched campuses. The nurse educators also suggested that the colleges that were closed down be reopened. The advantages of that would resolve their concerns related to commuting to and from their residential places to the receiving nursing college which is far from their homes.

Galpin and Herndon (1999:105-107) identified the Recruitment Needs Pyramid depicting personal needs in the corporate setting. The author is of the opinion that job security is a basic need for all employees in the organization during organizational restructuring. In order to allay the employees fear regarding job losses, they need to be reassured that the success of the organizational restructuring depends on them and therefore their jobs are secured.

The next level in Galpin & Herndon is inclusion. Employees need to be involved in decision making related to issues that affect their well being, for an example relocation compensation traveling allowances and road accident insurances during the restructuring process. The third level is concerned with control. Some of the decisions related to the restructuring should be delegated to senior or key members of the organizations to enhance ownership of the integration process and to boost their self-worth, for an example senior members of the colleges should have been delegated to do the situation analysis of the receiving nursing college concerning the infrastructure for suitability to accommodate large numbers of nurse educators and learners.

The fourth level describes the need for “work ego” for an example, recognition for accomplishment of difficult tasks of the rationalization process. Lastly, doing the right thing which is at the apex of the pyramid indicates that employees become fulfilled when they make a decision to be part of the rationalization process and by remaining with the
organization. Doing the right thing entails choosing to remain with the organization which will benefit themselves and relevant stakeholders, for example, the learners. These needs have to be satisfied to keep the employees motivated to be part of the rationalization process.

![Pyramid Diagram](image)

**Figure 1. Recruitment Needs Pyramid (Galpin & Herndon, 1999:105)**

To allay fears of insecurity related to impending job losses and poor career prospects, employees should be provided with scenarios for future development of the organization. Employees need to be reassured that no employee would be made redundant and an explanation related to career prospects and the envisaged organogram of the receiving organization should be provided.
- Fear related to maladjustment of nurse educators in the receiving nursing college.

The nurse educators in the receiving nursing college were concerned about influx of large numbers of nurse educators from the nursing colleges that have been closed down that it was going to change their familiar work environment. The nurse educators were insecure about sharing of amenities and even drinking from the same cups, the interpersonal relationships and how adjustment is going to unfold.

On the other hand the insecurity of the nurse educators deployed from the nursing colleges that were closed down, were concerned about how they were going to adapt in the unfamiliar surroundings of the receiving nursing college. They experienced rejection, lack of compromise for work methods and acknowledgement of skills, potentials, expertise and experience they had accumulated before they were integrated in the receiving nursing college. Their contributions, their views and opinions were not accepted and they felt uncomfortable as though they are not employees of the receiving nursing college.

The rejection resulted in them becoming despondent. Rejection of the contributions and suggestions they made towards improving work procedures and realization of institutional objectives contributed towards their despondency. They stated that they were scared and their confidence was tarnished, hence they withdrew and reserved their contributions in meetings although they felt guilty that they are not confronting irregular practices of the college especially those related to learner management.

The combination of insecurity regarding maladjustment in the receiving nursing college together with rejection manifested in a psychological impact the rationalization process had on nurse educators. Conley (in Stewart, 2005:1143-147) also identified the psychological experiences described by the nurse educators as having an impact on the emotional state of the worker and have adverse effects on work performance and psychological disturbances as was evidenced by the nurse educators’ despondency - withdrawing their contributions and opinion on matters affecting their teaching function. (Heery & Salmon: 2000:7; Kusstascher & Cooper: 2005:18-23) allude to the fact that job
insecurity and helplessness lead to low job satisfaction and commitment and extend beyond workplace dysfunction but may predispose to psychological ill health.

Schweiger (2002:197-216) states that integration does not always mean complete amalgamation, assumption that people will work together is erroneous. Employees are used to different working styles. The success of the integration depends on how it is managed. Team building undertakings have to begin to allow alignment and synergistic process to take place, starting from management and cascading down to the employees. The management should create an atmosphere of consideration of others’ contributions, acceptance and acknowledgement of others’ capabilities. All nurse educators in the receiving nursing college must evidence understanding and respect of each other’s organizational cultures, structures and processes.

Schweiger (2002:184) suggests that support and mentoring of the nurse educators who were deployed from the nursing colleges that were closed down would assist them to adjust to their new work environment. An orientation program will minimize uncertainty and facilitate quick adaptation. Consideration of aspects such as honest information about job allocation and clinical placement; internal telephone directory to facilitate communication to management and regular questions and answer meetings to identify areas of concern from deployed nurse educators.

To summarize, the insecurity of the nurse educators regarding perceived impending job losses, poor career prospects, fear of maladjustment in the receiving nursing college, would be reduced by firstly acknowledging that human beings become affected by the integration process, be it in the private or public sector. Secondly, the integration process has psychological impact on the affected employees and has the potential to affect productivity, commitment, and loyalty (The Public Service Ethos) as was evidenced by apathy, despondency and withdrawal of the nurse educators in the receiving nursing college.
4.2.2.1 (b) Fear of loss of ownership

In any organization that is working towards achieving certain objectives, the group members develop a relationship over a period of time, the longer they stay together the more they relate and identify with one another even on a personal level. There was fulfillment and ownership of having contributed towards the formulation of educational processes like examination procedures and policies; educational documents like learner guides and procedure manuals; and material objects like furniture, teaching aids, simulation laboratory equipment, library books, artifacts, décor and sentimental attachment because of the historical background, effort and energy that has been expended in accumulating them over the years.

Nurse educators indicated that due to the rationalization of nursing colleges in Gauteng they had lost their self concept, self worth and value because the efforts they have expended accumulating equipment and furniture; formulating policies and compiling documents were in vain. They have lost their privacy and personal space because they had to vacate their offices when the nursing colleges were closed down. The nurse educators in the receiving nursing college had to share offices with their colleagues deployed from the nursing colleges that were closed down.

- Loss of self concept, self worth and value

The rationalization process dismantled the group cohesion. The equipment, furniture and other learning resources were taken over and distributed to other institutions including the receiving nursing college with no sensitivity and with no consideration of the hard work towards acquiring it. The nurse educators had to evacuate their offices and leave the nursing colleges that were closed down.

The rationalization of the nursing colleges in Gauteng became real to them. They began to experience the loss of their personal space or privacy. The nurse educators experienced loss of their efforts and energy expended towards accumulation of equipment and compilation of educational documents. Their contributions they have made towards professional issues for an example organizing the curriculum content according to the
developmental stages of the learners across the disciplines counted for nothing. The respect, the self worth, self concept and value they once commanded was lost. They had no sense of belonging and of ownership because the reception at the receiving nursing college was unwelcoming, the surroundings were unfamiliar to them and the work methods were different from theirs respectively. Their expertise, capabilities and the authority of senior nurse educators were undermined. The nurse educators expressed their experiences in this regard with emotions of sadness, disillusionment and helplessness.

The emotions experienced by nurse educators are not an unusual phenomenon during rationalization and transformation of organizations. Morosini (2003:168-169) describes it as the “post merger syndrome” characterized by fatalism, that is, a state of having no control or helplessness, bitterness and regret. The rationalization process has an impact on the emotions of the employees and their reaction is unavoidable because it reflects the process of human adaptation.

Pithcett (1996:55) also identifies loss and its defining characteristics of perceived disillusionment and degradation as emotions that coincide with those experienced by the nurse educators in the receiving nursing college.

Furthermore, the integrative framework designed by Seo and Hill (2005:423) identifies the theoretical themes to explain the psychological responses of employees towards integration (merger and acquisition). One of the theoretical themes is social identity theory. Seo and Hill postulate that the individual’s identity can be derived from being associated to their colleagues and also to the organization, for instance the nurse educators’ identity was associated to their colleagues who were deployed, for an example to other nursing colleges or have resigned and to the nursing colleges that were closed down, the “we” identity was lost. Whilst the nurse educators in the receiving nursing college retained their identity and being advantaged by remaining in the familiar surroundings, the deployed nurse educators felt as “losers”

The deployed nurse educators stated that they have lost their self worth, value and respect. Their opinion and views were disrespected, their contributions towards
professional issues were rejected without consideration because they did not correlate with the longstanding practices of the receiving nursing college. The authority of the Head Of Departments who were deployed from the nursing colleges that were closed down was undermined.

Kusstatscher and Cooper (2005:20,21) is of the opinion that integration of organization brings together employees with different social identities and organizational cultures. The survival of the newly formed organization depends on the extent to which the heterogeneous cultures are merged into one through acculturation. Acculturation refers to the adopting of the cultural traits of the other group due to prolonged contact between the groups. The organizational members bring their attitudes, behavior and the social background of their value into the organization which influences the perception of their own and others social identity, for instance, the superior or dominant attitude. The challenges that faced the receiving nursing college were that the social background of the nurse educators was based on racial stereotyping, regardless of the professional capabilities and status of individuals.

The nurse educators needed to be accepted as people of worth and value and not as second class citizens. They needed to be recognized as senior people who are knowledgeable and should be given latitude and authority pertinent to their core function. They need to be trusted to perform their duties with minimal supervision. The nurse educators also suggested that the name of the receiving nursing college should change so that they can all identify with the new name.

Managing the integration process and the post rationalization syndrome is imperative if the success of the integration and the healing of the affected employees has to be realized. Managers need to understand that in any integration, emotions such as those experienced by the nurse educators are invariably possible. Reactions to the integration will inevitably lead to a sense of loss of worth, value and self concept in relation to the skills, intellectual capabilities and expertise. What aggravates the integration is the ‘victors’ attitude, that is, the attitude of authenticity of the personnel of the receiving organization as was reflected
in the receiving nursing college, they tend to impose their procedures and strategies on
the deployed or acquired employees.

The managers have to identify and adopt processes, procedures and strategies that are
more efficient and effective from either organizations. Talents of the employees should
be identified during the due diligence stages to avoid conflicts over positions.
Clarification of expectations and possible concerns over privileges should be addressed.
Senior employees who are used to senior level attention and independent functioning will
be frustrated by over supervision. Senior nurse educators should build a relationship with
their new managers (HOD’s) so that their professional functions are aligned to their

Pitchett (1996:56) suggests that supporting the employees in such a manner that they can
rely on management regarding their concerns and that they will be listened to. Their
achievements and contributions towards professional issues need to be openly affirmed
and their expertise and experiences need to be appraised. Employees need to be
motivated by trusting them that they will carry tasks delegated and need to be provided
with the necessary authority to complete those tasks. Nurturing professional development
has to be harnessed because integration erodes the motivation and the enthusiasm to
excellent performance, committing employees to tasks that require accountability and
responsibility will harness motivation.

The name change of the receiving organization is essential because of its psychological
and cultural impact and the different sentiments the employees attach to it. Sherman
(1998:229) is of the opinion that if the name change of the receiving organization is done
cautiously it can be beneficial. The benefit thereof is that the acquiring organization
assumes a new unique identity that corresponds with the vision, mission and the changes
that have occurred in the newly formed organization which must be communicated to the
public, for an example, the name change would communicate to the public the racial
inclusiveness of the receiving nursing college and this will secure the sense of ownership
amongst all members.
- Loss of personal space and privacy

The nurse educators also experienced loss of ownership as was demonstrated by loss of their personal space and above all their privacy because the offices were divided into smaller offices to accommodate large numbers of incoming nurse educators. There was also sharing of offices. Sherman (1998:56) emphasizes on due diligence when mergers are considered. Due diligence is a review of all processes starting from legal aspects, finance, documents, contractual relationships, operational history, organizational structures and human resources integration for the purpose of testing the realities of the merger.

Human resource integration should focus among others, the provision of space such as adequate offices and other material resources. These are the needs of the employee that should be provided for at the initial stages of the integration. The needs include setting up websites for employees, as well as offices and equipment allocation and resource distribution (O’Reilly & Pfeffer, 2000:16). Lack of such provision results in emotional feelings of loss as was experienced by the nurse educators.

In summary fear of loss of ownership is inevitable in any integration situation but management thereof is imperative to avoid the danger that can result in anxiety. Anxiety is counterproductive in any organization because employees become uninspired, apathetic and de-motivated. The feeling of loss of ownership therefore requires effective management which includes mentoring, support, acknowledgement and appraisal of professional experiences and expertise and equitable provision of resources. Respect of all employees regardless of their race. Lastly the name change can bring about sense of belonging because of the neutrality in the sentimental attachment to the receiving nursing college.

4.2.2.1 (c) Fear of being overworked

Both the experienced and inexperienced nurse educators in the receiving nursing college perceived their work as overloaded. The causes were multi-factorial. The rationalization of the nursing colleges in Gauteng on its own was a major contributing factor to the
increased work load because of the need to increase the effectiveness of facilitation of learning. The strategies to achieve this goal resulted in resignation of nurse educators. The National Tertiary Education Union (NTEU) attests to this notion when they state that the perception of work overload is compounded by personnel management strategies for example reduction of the number of personnel in the pursuit of cost containment (The National Tertiary Education Union, 1998).

The factors cited by the nurse educators as contributing towards work overload included the increased number of learners in the receiving nursing college as was stipulated by the Gauteng Department of Health as well as the National Plan for Higher Education 2001 to meet the service demands. Often the requirements for admission to the nursing education courses were reduced below the M Score of 13 to meet the required number of nurse learner recruits. This resulted in an increase in the failure rate at the end of the academic year. Nurse educators have to account for the high failure rate (Edworthy, 2000:43).

Work over load was also related to the high turn over of nurse educators due to voluntary termination of service and the increased frequency of recruiting new nurse educators who were often inexperienced and required in-depth induction and orientation. The orientation and induction programmes were usually not finished because the new incumbents had to begin to be functional as soon as possible. Another contributing factor was that other nurse educators were utilized in non-nurse education functions such as information technology. The implications thereof was that it distorted the learner- nurse educator ratio and increased the workload of the nurse educators who were directly involved with facilitation of learning.

The nurse educators were concerned about the quality of nurse education under these circumstances whereby work overload prevails and their concerns are shared by Bubb & Early (2004:3-9) and the NTEU report, (1998) who suggest that the quality and standard of facilitation of learning deteriorates if nurse educators are overworked. The decline in the quality and the standard of nurse education can be attributed to:
reduced opportunities for nurse educators to develop themselves academically for
the purpose of improving their skills on facilitation of teaching and learning.
• inadequate time to prepare and reflect on facilitation of learning
• lack of learner-educator contact for clinical supervision and correlation of theory
to practice. Learners have limited time for consultation and for remediation
because the nurse educators are committed in other academic demands.

The perceived work overload was compounded by unavailability of guidelines to
facilitate decision making and improve control over the delegated tasks. Poor control and
dependence on management instructions to perform tasks and inability to complete these
tasks increased the perception of being overworked. An organization that lacks clear
guidelines about scope and responsibility and where there is reduced authority over
decisions and discreional control over the work processes aggravates the employees

Edworthy (2000:45) cites an example whereby educators are given drawn time tables that
are not discussed with nurse educators who are going to implement them, illustrates lack
of control over delegated tasks. Such rigidity removes creativity, spontaneity and
professionalism to function independently. Nurse educators should be allowed the
opportunity to control, prioritize and make decisions on work methods and resources to
complete their work. Creativity of nurse educators should be encouraged in determining
work methods that are effective and more efficient for the purpose of reducing work
overload of theoretical and clinical facilitation of learning.

Nurse Education Managers (HOD’s) should become mentors who empower nurse
educators with skills, knowledge, clear guidelines and responsibilities to accomplish
organizational objectives rather than assigning tasks and directing (Gryna, 2004:14, 15,
55, 61).

Gryna (2004:3-7) describes work overload as work demands that exceed the time and
resources available, for an example limited material and human resources in relation to
increased number of learners. The description corresponds with the experiences of the
nurse educators. Material and human resources were limited and the number of learners had increased. The rationalization of nursing colleges in Gauteng reduced the number of the nurse educators in the receiving nursing college because other nurse educators from the nursing colleges that were closed down opted to be deployed to other nursing colleges in Gauteng and some resigned and ventured into other professions and into business activities. Offices and computers were not sufficient for all the nurse educators. Class rooms, simulation laboratory, learning resource centre, clinical facilities were also limited due to increased numbers of learner intake. Gryna (2004:7-8) therefore attests to the fact that the organizational restructuring, downsizing, mergers and acquisition (rationalization of nursing colleges in this study) leads to work overload for those who remain in the employment.

Gryna (2004:7-8) continues to state that work overload prevails if:

- 50% of the employees time is spent at work,
- large amounts of work is taken home
- work demands make it difficult to take scheduled vacation
- there are inadequate resources to perform delegated tasks, for an example lack of clinical facilities for placement of learner to meet General, Midwifery, Psychiatry and Community nursing learning outcomes.
- There is inadequate infrastructure such as classrooms, simulation laboratories and learning resource centers in the satellite campuses requiring that the nurse educators improvise in order to facilitate learning.

The nurse educators suggested that work overload could be reduced if the number of nurse educators can be increased through implementing the recruitment and retention strategies; equitable distribution of nurse learners amongst the nursing colleges in Gauteng; "working smart" that is, adopting better work methods or models, use of technology to reduce work load and by using dialogic teaching and assessment methods. The nurse educators also suggested that the nursing colleges that were closed down should be reopened.
Gryna (2004:14-16) supports the standpoint of the nurse educators and identifies essential requirements for managing work overload, that is, making available resources to handle the work load. These resources include material and human resources through recruitment and personnel retention and reengineering work at process level.

- Recruitment and retention strategies

Bubb and Early (2004:28) suggest that recruitment and retention of personnel are relevant in work overload management. Aspects of recruitment and retention should include work benefits such as opportunities for continued professional development, employee well being programs such as mentoring, psycho-social support, affirmation and appraisal of effort expended on professional performance, competitive remuneration and conditions of service benefits such as housing, and medical subsidy.

- Equitable distribution of learners amongst the nursing colleges in Gauteng and equal sharing of the work load amongst the nurse educators

The nurse educators indicated that equitable distribution of nurse learners amongst the nursing colleges in Gauteng will reduce the work overload in the receiving nursing colleges and improve the facilitation of learning and maintenance of standard and quality of nursing education. Furthermore nurse educators suggested fair and equal distribution of work load amongst nurse educators and that they should be relieved from non-nurse education tasks and all should be directly involved with the facilitation of learning. Non-nurse education tasks such as monitoring of learners’ absenteeism, photocopying and facilitation of computer literacy should be transferred to other support staff members. The support staff members include administrative staff, technical staff and information technology staff, counselors, librarians, receptionists and so forth (Bubb & Early, 2004: 93-96).

- Adopting better working methods

The nurse educators acknowledged that increase of learner intake is mandatory from the Gauteng Department of Health and that there was a need to review and explored other
work methods in order to manage the work overload and to achieve institutional goals. The nurse educators suggested that the available resources such as the virtual technology should be utilized optimally as a means to improve work methods and to facilitate learning such as clinical skills and to eliminate duplication. For an example learners can access their test results on the Edulink Services. Test scripts of learners can be obtainable from Student Affairs to reduce nurse educators’ time and work load. Time used for handing out of test script can be used for facilitation of learning. Comprehensive feedback to learners can be done through Edulink Services Allocating the handing out of test scripts to Student Affairs can reduce the nurse educator’s work load.

Antoniou and Cooper (2005:151) attest to the fact that making changes in work methods as explained in the foregone paragraph can reduce work overload and facilitate speedy response to the work demands. Gryna (2004:35-39) concurs with this notion by suggesting the redesigning (re engineering) of the work at operational level to reduce work overload. Redesigning the work at operational level includes the work content, processing of information, new equipment and workplace layout. It may also include making changes in policies and procedures.

- Work content

Making changes in the work content to reduce work overload relates to reviewing work methods for their value and worth and eliminating redundant ones, for an example to reduce marking overload can be achieved through encouraging learners to do group assignments rather than each learner doing the same individual assignment (Bubb & Early, 2004:87-88). Work responsibility can be combined so that individuals can oversee the full spectrum of the activity and thus reducing repetition, for an example centralizing clinical coordination rather than being decentralized at each campus (Bubb & Early, 2004:60; Gryna, 2004:39).

One of the time consumers for nurse educators is lesson planning. When work is overloaded the quality of lesson plans deteriorates, and yet reviewing this aspect of the nurse educator’s work content can reduce the work load. Bubb and Early (2004:80-82)
suggest that lesson plans be centralized, stored and retrieved by all relevant nurse educators when needed. Critics of this approach may argue that pre-planned lesson plans remove the individuals’ approach in lesson preparations. Ausabel’s assimilation theory advocates that nurse educators be creative and be as unique as possible in facilitation of learning, especially of large content. A paradigm shift from rote learning can be facilitated meaningful learning where the nurse educator utilizes facilitation methods such as experiential learning (Mellish, et al.1998:27).

However pre-planned lesson plans can still be useful if modified accordingly to suit individual nurse educators’ facilitation method. The responsible nurse educator must ensure that the learning outcomes meet the principles of Outcomes Based Learning.

Lesson plans design can be done as group effort and be made accessible through the intra-net for both the nurse educators and the learners. Other lesson plans can be downloaded from the inter-net and be amended to suit the learners’ level (Bubb & Early, 2004:80-83).

- Processing information

Communication is essential in the facilitation of work content. Information is communicated through memoranda, intra-mail, meetings and by word of mouth. Adequate time should be allowed to process and to respond to received information. Nurse educators should be allowed to use their discretion in prioritizing their responses to the information related to their work (Gryna, 2004: 40,125).

- New equipment

New equipment like computers, easy access to internet and web site like the interactive tutorial science animation can change the work method and reduce work overload. Pictures on anatomy and physiology can be downloaded rather than copying or drawing these from the text book Weinberg (in Antoniou & Cooper, 2005:155). The use of technology like the virtual technology and computers is an advantage because it relieves the nurse educators of the unpleasant and tedious tasks of repeating simulation of clinical
skills. Communication and processing of information can be improved by using intra-mail for memoranda, documents for perusal like polices.

- Work layout

The nurse educators’ opinion regarding the suggested satellite campuses is that they should be equipped to offer a combination of disciplines for an example one satellite campus to offer General Nursing Science (GNS) and Midwifery; in another campus General Nursing Science and Community Nursing Science and in another General Nursing Science and Psychiatry Nursing Science. Redesigning the work place layout for an example, reopening of the nursing colleges that were closed down can relieve the congestion of the number of learners at the receiving nursing college. Smaller numbers of learners in classrooms can improve facilitation of learning. (Bubb & Early, 2004:19) Another added benefit would be career development for the ‘would be’ coordinators in the reopened nursing colleges.

- Work policies and procedures

Work policies and procedures can be redesigned too, for an example procedures on theoretical and clinical assessment and policies on tests and examination papers can be redesigned to reduce work overload for example, change of case presentation for individual learner at various campuses that continues for up to two weeks, can be changed to co-operative assessment methods conducted over two days.

The nurse educators also experienced lack of support from management. They felt unappreciated for coping and working in remote clinical areas, unfamiliar and poorly resourced satellite campuses; managing large numbers of learners and solving their social problems; performing non-teaching functions like record keeping related to, for an example learner absenteeism; high frequency of orientating new nurse educators and coping with increased demands from the affiliated university. The nurse educators stated that they would appreciate it if management would come to the clinical areas to see for themselves the condition of the offices, equipment, furniture, ablution facilities and general safety and initiate management interventions to improve the situation.
Management needs to provide feedback to the employee, be transparent and fair in managing their concerns. Feedback is the key concept in addressing the personnel concerns. Trust is developed in this manner. Management should be proactive and take the initiative to reach out to people to show humanity. Management should be accessible to personnel to discuss their work concerns and provide support on their performance in meeting their work objectives (Gryna, 2004:59).

Work overload cannot be overlooked because of its effects on the psycho-social aspect of personnel. Every effort has to be expended on identifying the causes of work overload. These causes may be related to the work at operational level, lack of resources (human and material) policies and procedures. Redesigning of these work processes may require drastic measures, commitment and astute management. Nurse educators should be allowed to function independently within clearly defined guidelines and responsibilities to reduce long administrative procedures and the perception of work overload. Management has to be accessible to the nurse educators to provide support, show concern and humanity and provide feedback to concerns raised by the nurse educators.

4.2.2.1. (d) Fear of using English as a second language

The demographics of the receiving nursing college changed due to the rationalization of the nursing colleges in Gauteng. There was multilingualism as nurse educators from all races converged in the receiving nursing college. Learners too, from all races were eligible for admission to the nursing courses offered by the receiving nursing college which was previously designated for Afrikaans speaking white learners under the apartheid regime (Rosenthal, 2000:260). To facilitate communication the receiving nursing college, English was adopted as a medium of instruction. Much as English was a common language among the widely diverse languages spoken in the country but in the receiving nursing college, it was a second, third or forth language to nurse educators who came from the nursing colleges that were closed down and those who were employed in the receiving nursing college (Rosenthal, 2000:255, 261).
The nurse educators were concerned about the ability to communicate with each other without being misunderstood or excluded from social conversation or discussion in meetings. They indicated that using English as a second language impacted on their facilitation of learning because use of language in the classroom is not only a means of communication, articulation and exchanging of views but a way of life based on socio-cultural background, for an example diction, humor etc. Language should be understood within a particular context. English as second language, can limit the mutual understanding and interpretation of articulated words and can be intimidating (McKay & Hornberger, 1996:36).

Nurse educators acknowledged that medical terminology and the learning content is the same in both Afrikaans and English but they feared to be undermined by learners due to poor eloquence and pronunciation in English.

Nurse educators suggested that competency in English can be improved through improving English vocabulary. Using an English / Afrikaans dictionary can be a point of departure. They also suggested that all official languages should be promoted. Promoting multilingualism requires a change of attitudes of all involved so that when languages other than English and Afrikaans are used, they are respected. There was evidence of attitude change towards other languages which was evidenced by one white nurse educator who had enrolled to learn IsiZulu.

Rosenthal (2000:259) concurs with the nurse educators by referring to the ANC language policy documented in *A Policy Framework for Education and Training (ANC 1995)* which emphasizes the right of individuals to develop linguistic skills of their choice that enables them to participate fully in their daily lives. All the eleven languages therefore have the constitutional recognition of equality and can be used to clarify concepts for learners in their small groups to facilitate learning. Much as English as a second language is important, the existence of other languages should not be ignored. Multilingualism should be valued for its complementary role in the facilitation of teaching and learning (McKay & Hornberger, 1996: 63).
In the study conducted in the receiving nursing college (Waterson et al. 2006: 70) it was recommended that nurse educators and staff should attend language proficiency courses to overcome their shortcomings in the use of English for instruction. This is an important recommendation to be taken seriously by all nurse educators.

**4.2.2.2 Perceived behavior of the authorities concerned with the rationalization on nursing colleges in Gauteng**

Human resources is an asset in any organization, it is an element that cannot be overlooked when making major decisions such as rationalization of institutions. They determine the success of organizations. It is important that the information about the rationalization is communicated coherently, constantly and consistently to the employees because the manner in which the announcement is made influences the post integration process. (Morosini, 2003:161).

Announcing the rationalization of the nursing colleges in Gauteng inevitably evoked different emotional responses such as anger and frustration among the nurse educators. The nurse educators felt that they were not adequately consulted and that the authorities concerned with rationalization of nursing colleges in Gauteng betrayed them.

**4.2.2.2 (a) Lack of consultation**

The nurse educators indicated that the communication regarding the rationalization of the nursing colleges in Gauteng was not consultative because their input and their concerns were not considered. The nurse educators stated that the authorities concerned with the rationalization of nursing colleges in Gauteng did not communicate adequately to them the issues pertaining to the personnel provision such as remuneration for traveling expenses. They had indicated that rationalization of nursing colleges would be detrimental to their physical safety when traveling from their residential places which were now far from the receiving nursing college; traveling between the clinical facilities which were far from each other, far from their homes and far from the receiving nursing college.
The nurse educators perceived the consultation by the authorities concerned with the rationalization of the nursing colleges as information sharing and not the means to obtain their input and to allow them to raise concerns related to resources such as offices for nurse educators and material resources such as computers. They also stated that the information that was communicated to them by the authorities concerned with the rationalization of nursing colleges in Gauteng was inaccurate. It did not prepare them to make informed decisions regarding their choice to be deployed to the receiving nursing college or to other nursing colleges in Gauteng. Kusstatscher and Cooper (2005:124-127) argue that authorities concerned with the rationalization of organizations should guard against the behavior that leaves employees with uncertainty, anger and frustration. The author is of the opinion that communication should be clear, open and honest. The perceived existence of top down information leaves feelings of anger and frustration among the employees and these emotional responses are destructive, counter productive and remove loyalty and cooperation from employees.

The nurse educators’ concerns were real in the receiving nursing college. There was no space and resources for all the nurse educators. The nurse educators were frustrated by the fact that they had to share offices and that they had no privacy especially when learners were consulting them for various reasons. Sharing a single computer amongst three nurse educators was also a frustration. The frustration over resources was an expression of ignored concerns related to inadequate consultation of employees.

Very (2004:111) emphasizes the importance of promoting the sense of ownership of the project. Ownership can be promoted by creating the sense of trust and credibility of the authorities and to build morale among the employees. It is imperative therefore to involve the employees in the decision making processes from the beginning.

Consultative communication should be constant and should be consistent at various levels of the organization, that is, at management level and at lower personnel level to prevent grapevine because inconsistent information leads to speculations and more anxiety. Communicating the news about the integration of the institutions should be accurate and should clearly state the rationale for rationalization and the envisaged
benefit for the employees so as to gain their trust, commitment and loyalty (Galpin & Herndon, 1999:94-97).

There was evidence of anger among the nurse educators. Their anger was evidenced by defiance, as one participant stated that she occupied a vacant office though it was not allocated to her and refused to participate in the re engineering committee of the receiving nursing college. The reasons she cited were emanating from the contributions they had forwarded during the consultation stages that the receiving nursing college is not equipped to cater for a large number of nurse educators. Money was wasted on enlarging the receiving nursing college and yet a relatively new college with a potential of being developed was closed down. Some nurse educators stated that they resigned as an expression of their anger. They were taking a stand to resist the rationalization of nursing colleges in Gauteng.

Nurse educators were of the opinion that if the authorities concerned with rationalization of nursing colleges in Gauteng had done a thorough research in this regard, the massive renovation of the receiving nursing college would not be necessary. Jansen and Bandi (2002:2,9) concurs with the nurse educators and states that in the study they had conducted in five institutions of higher education in South Africa, the mergers of the institutions of higher education were not motivated and informed by scientific research but by resource - dependency perspective (cost effectiveness) and political explanation, for an example the merger that is based on the need to equitably distribute resources between institutions that were previously advantaged and disadvantaged and the need to improve accessibility of the institutions of higher education to all eligible people regardless of color or race.

The extent to which the employees are involved, the manner in which their concerns are addressed and the manner in which the rationalization process is implemented has an impact in the employees’ trust of the authorities concerned with the rationalization process. Communication should therefore be a dialogical and bilateral consultative tool for the purpose of involving the employees and to allow them the opportunity to make contributions and to listen to their concerns. The benefit thereof, is to acquire a broader
understanding of the reaction of the employees to the integration and prevent reactive and opportunistic reaction to problems by management and to eliminate confusion and misinterpretation before emotions such as feeling of betrayal surface (Kanter et al, 1992:388-389; Morosini, 2004: 171-172).

4.2.2.2 (b) Sense of betrayal

Nurse educators felt betrayed by the authorities concerned with the rationalization of nursing colleges in Gauteng because they did not keep their promise, for an example they had promised that the name of the receiving nursing college would change to reflect the changed political era in the country. The name has yet to be changed. The nurse educators also felt betrayed and left to their means because the authorities concerned with the rationalization of nursing colleges in Gauteng did not provide the necessary structures and support to ensure a reasonable and a humane integration in the receiving nursing college. They referred to this as lack of psychological safety related to human interaction in the receiving nursing college.

The nurse educators stated that they needed the support of authorities and that they should show concern in the unfolding of the integration process after the rationalization of the nursing colleges in Gauteng. The nurse educators were of the opinion that the psychological safety had to be provided for and managed from outside the college and not from within because both the nurse educators, the heads of departments (HODs) and the college principal (Deputy Director) were part of the integration process and needed direction and support from outside.

Kusstacher and Cooper (2005:112-113) concur with the nurse educators by stating that the behavior and the attitude of the authorities concerned with the merger of institutions influences the post integration process and the attitude of the employees towards them and towards the integration process. The disposition of the authorities, when communicating the news about the rationalization of institutions had an impact on their integrity. To avoid alienation and distrust by the employees the authorities should have demonstrated transparency and coherency. The authorities concerned with rationalization
needed to work jointly with the relevant institutions to distribute the resources that nurse educators have worked hard to design and to accumulate. The authorities concerned with rationalization of the nursing colleges in Gauteng, had to ensure a humane integration of personnel, reassure them and build their morale (Morosini, 2004:171).

The relevance of psychological support from external structures is supported by Morosini (2003:162). A strong and reliable leadership team whose authority is respected, should be established to deal with human integration issues such as prejudice and discrimination. Jansen and Bandi (2002:174 - 177) suggests that the members of this strategic leadership team should be selected for their analytical and technical skills and their ability to resist irregularities and cooperate when necessary, rather than for their familiarity with the culture and the environment of the organization taking into account the political history of the institution (Jansen, 2002: vi).

The team should have the quality and capacity to steer the rationalization process so that when issues related to intolerance amongst the nurse educators occur, the team should be able to resolve them in an amicable manner. Team members who lack academic credibility and managerial capacity, do not benefit the institution during the integration period. The members of the strategic team should therefore be knowledgeable and have insight into the whole integration process, should be devoted and determined to make the rationalization process succeed.

The government also has a critical role to play in the rationalization of public sector institution. It is the prerogative of the government to intervene or hold back, to give direction, nurture and support when a decision has to be made. Some issues in the receiving nursing college may not be resolved through negotiations; they need governmental intervention, considering the historical background of the receiving nursing college. The government needs to give a directive for an example, the name change of the receiving nursing college can be facilitated by the Gauteng Provincial Government.

However, the nurse educators suggested that they needed to care, support and assist one another. They still maintained that a debriefing session would have helped them to
verbalize their feelings related to the rationalization process from when it began to the present moment. Counseling would have assisted individuals to deal with their anger and pain so that the healing process can begin, however it is not too late to mend. Belated healing process would still help the nurse educators to make peace with the situation.

Reddy (1989:126) concurs with the nurse educators and states that counseling should be a service provided for people who acknowledge the existence of a problem and need help to solve it. The organization should therefore accept ownership of the problem and unequivocally offer counseling to enhance and restore the employees’ wellbeing and ensure productivity in the receiving nursing college when the performance of the nurse educators improve. Reddy (1989:137, 139) maintains that management should be committed to the counseling service for it to succeed. Counseling requires trust and openness. The employee must trust that their confidence will not be abused and openness of the employer to the possibilities that counseling will reveal weaknesses on the organizational structure that will need to be rectified.

In summary, the nurse educators’ experiences regarding the lack of consultation and the poor communication from the authorities concerned with the rationalization of the nursing colleges in Gauteng were predetermined, that is, the decision to close down some nursing colleges was already made. Inputs from the nurse educators were not considered. The nurse educators felt betrayed and they were angered by this attitude. Some nurse educators took a stand against the rationalization of nursing colleges in Gauteng by resigning. There was a need for an independent support structure or a strategic team established to oversee the integration process in the receiving nursing college. Considering the political history of the receiving nursing college, the structure and the team from outside the receiving nursing college was needed to carry the mandate of the authorities concerned with the rationalization of the nursing colleges in Gauteng and to ensure a humane integration of all nurse educators in the receiving nursing college.

4.2.2.3 Aspect pertaining to racial issues

4.2.2.3 (a) Racism
The experiences of nurse educators pertaining to racial issues were related to racism. There was optimism among nurse educators that rationalization of nursing colleges in Gauteng will bring together different race groups in a working environment, but racism was one issue that they had to deal with. Scraping off of apartheid laws was not enough to eradicate racist attitudes because these were beliefs embedded in the racists mind to keep other groups subordinate and maintain racial supremacy (Blee, 2002:25).

The nurse educators were confronted with racism which was denied by the college management. Management referred to the racial concerns of the nurse educators as perceptions regardless of the findings of the Simunye Project that confirmed that racism prevailed in the receiving nursing college. Whilst racism was denied, racial bullying continued. Sullivan (in Leicester, Modgil, C. & Modgil, S., 2000:80) refers to racial bullying as repetitive oppression, psychological or physical, of a less powerful person or persons by a more powerful individual or a group of persons. Racial bullying in the receiving nursing college was manifested by name calling like referring to blacks as baboons and generalization statements such as ‘blacks can’t think multidimensional’. It was also evidenced by intolerance of white nurse educators who would rather resign than to have a black Head of Department.

Sullivan (in Leicester et al, 2000:85) further states that racism continues in an environment where cultural safety does not exist and where management is not equipped to manage a multicultural work force. The author elaborates on cultural safety as emanating from the culture and values of the group to which the victims of racial bullying and the perpetrators belong. It entails a psychological safety in an environment that upholds fundamental human rights.

The nurse educators said that the cultural conditions in the receiving nursing college remained unchanged because the receiving nursing college was established on racial segregation principles to accommodate Afrikaans speaking whites. Racial supremacy and inferiority attitudes prevailed, characterized by the super ordinate race that justifies, accepts and defends racial prejudice or simply does not care (Bonilla-Silva, 2001:62). Reported cases of racial utterances for example name calling which are a dismissible
offence were ignored by management. The covert and informal protection of the white nurse educators who are removed from teaching in the classroom because of large numbers of learners who are black are indicators of a cultural intolerance in a privileged environment that favors them.

Denying racism is an emotional defense against acknowledging a painful phenomenon which is a widespread common reaction of whites when they need to consider the realities of racism and denying their own capacity of indifference. Bonilla –Silva (2001: 69) identifies three characteristics of denial of racism which were prevalent in the receiving nursing college as indicated below:

- Avoidance of the term racism. When nurse educators complained about racism, it was referred to as a perception.
- Contemporary race talk, that is, rhetorical shields to avoid being labeled a racist for example, ‘we are one in this college, we are a united front’.
- Rhetorical incoherence. Preference of the “white squatter camp” to the common tea room is incoherent with the rhetoric ‘we are united’.

The nurse educators also stated that the effects of racism were traumatic to them and the Stereotype Reducing Workshop undertaken as a team building exercise was not effective because it failed to acknowledge the existence of racism, to confront it and provide guidelines that will assist management to deal with issues of racism. The traumatic effects of racism on the nurse educators were that their self esteem was lowered and they felt devaluated and less deserving than their white counterparts. Sullivan (in Leicester et al. 2000:84) concurs with the nurse educators by stating that racial bullying undermines individuals’ or groups’ sense of worth and self esteem.

Sullivan (in Leicester et al. 2000:84) continues to state that people who react to racial bullying are often seen by perpetrators as aggressive and are labeled trouble makers. Hence nurse educators who spoke out against racism were ostracized. There was also instigation of black nurse educators even HOD against each other as a means to shift focus on racism. Such strategies are ineffective in dealing with racism. Brown and Mazza
(2005:3) are of the opinion that more energy has to be directed towards making people allies rather than enemies to prevent defensiveness and resistance to any undertaking of reducing racism. The nurse educators made several suggestions on how to manage racism in the receiving nursing college. They stated that the management of the receiving nursing college has to be transformed to allow for new leadership with a different perspective towards racism. Such leadership should create a safe environment that will ensure effectiveness of activities such as counseling, reduction of victimization of nurse educators who are vocal about racism and ensure that all managers (HOD’s) are respected regardless of their race.

The nursing college needed a neutral leadership that was not part of the rationalization process that is open minded and with a strong personality to transform the receiving nursing college and dismantle the structures that perpetuate racism, through equity, transparency and frequent multilateral meetings with for example, the nurse educators’ forum and the Unions. There should be equity in the allocation and accessing of the resources of the receiving nursing college such as mobile telephones and college cars by relevant persons. There should be transparency regarding all financial matters, college projects, filling of permanent and part time posts. Brown and Mazza (2005:129-135) allude to these suggestions. The authors have drafted principles that can assist management to lead diverse communities. Leadership in a diverse environment like the receiving nursing college requires a mind shift in attitude and the ability to face their own prejudices first.

The change in attitude will facilitate decisions making on matters of racism to be free from presuppositions. The change in attitude has to be disseminated from top management to all personnel in the college. Sullivan (in Leicester et al., 2000:86-87) is of the opinion that this can be achieved through formulating a clearly articulated and inclusive philosophy statement and value system upon which any response is built, for example a philosophical statement that clearly denounces any racial prejudice. The leadership has to disseminate the value system expressed in the philosophical statement down to all employees in the receiving nursing college and ensure adherence to them.
Adherence can be achieved by identifying areas of racism and bullying and formulating policies to deal with those racial issues.

Formulation of the policies and procedures should be a collaborative effort of the nurse educators, college management and administrative personnel to promote ownership of the policies and procedures formulated. Formulating the policies should be done through an open discussion where even politically correct responses are quickly identified and confronted rather than adopting them because they undermine the process of confronting racism and lead to resentment of the processes, policies and procedures formulated to confront and respond to all racial bullying in the receiving nursing college. Blaming should be avoided to prevent defensiveness and polarizing people.

Leaders in a diverse work environment should therefore have the courage of their convictions to act with integrity in implementing the policies and procedures without waiting for the popularity of their decision (Brown & Mazza, 2005:129-135).

The nurse educators indicated that they needed to feel safe to report acts of racism without fear to avoid mistrust and fear over trivial issues. They suggested that Head Office should provide strategic support structures which are accessible to deal with issues emanating from racism. Brown and Mazza (2005:57-58) support the nurse educators view by stating that racist behavior should be talked about and communicated in a controlled environment without being emotional, knowing that there are set guidelines to deal with racist behavior appropriately and decisively. In this manner mistrust and suspicion is reduced.

In conclusion, effectiveness in dealing with racism can be achieved through honesty and trustworthiness. Ignoring the existence of racism renders the work environment explosive because employees become polarized. Managers who themselves are involved in the radicalized situation have little effect in the resolution of racism. A leader who has no preconceived ideas but working on principles is better capable of building inter-racial relationships and create an environment that nurtures respect and trust. Policies should be formulated to facilitate appropriate decision making when responding to racial offences.
Counseling and other forms of team building exercises can only be effective if the work environment has transformed or is in the process of transforming. During counseling people speak up and voice their opinions, they therefore need to feel safe to do so without victimization. An accessible support structure should be established to deal with racial problems emanating from rationalization of nursing colleges in Gauteng

4.3 SUMMARY

In this chapter the positive and the negative experiences themes were conceptualized and support by relevant literature. The purpose of conceptualization was to identify guidelines that will assist nurse educator to cope in the receiving nursing college. The positive category was characterized by themes that the authorities concerned with rationalization envisaged, that is, sharing of resources, empowerment of nurse educators, collaboration of the receiving nursing college with the community to improve nursing education and acquisition of trans-cultural knowledge. The negative category was characterized by themes that were counter productive and detrimental to the success of the rationalization process, suggestive of a phenomenon of human integration especially in a previously racially segregated community. The themes included fear, perceived behavior of the authorities concerned with rationalization of nursing colleges in Gauteng and aspects pertaining to racial issues.

Conceptualization of both the categories indicated that the success of the rationalization depends on sustainability of the positive themes that can be achieved through effective management of the negative themes, by the management of the receiving nursing college and that of the authorities concerned with the rationalization of the nursing colleges in Gauteng. The guidelines identified through conceptualization in this chapter will be described in chapter 5.
CHAPTER 5

GUIDELINES, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

51. INTRODUCTION

Chapter five focused on the description of the guidelines that may assist the nurse educators to cope in the receiving nursing college that has undergone the process of rationalization. The limitations recommendations and the conclusions of the study were made. The guidelines that were described were conceptualized from the research findings. These guidelines were formulated through the findings of focus group interview. The participants were asked about what could be done to assist the nurse educators cope in the nursing college that has undergone the process of rationalization. The guidelines will follow the format as in table 3.1. First the guidelines on positive experiences will be made followed by the description on negative experiences.

5.2 GUIDELINES TO ASSIST NURSE EDUCATORS TO COPE IN THE NURSING COLLEGE THAT HAS UNDERGONE THE PROCESS OF RATIONALIZATION

Table 5.2.1 MAIN CATEGORY: POSITIVE EXPERIENCES

<table>
<thead>
<tr>
<th>Sub-Category</th>
<th>Themes</th>
<th>Guidelines</th>
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<tbody>
<tr>
<td>5.2.1.1.Sharing of resources</td>
<td>5.2.1.1.(a)Human resource</td>
<td>Rationalization of the nursing colleges in Gauteng was positive in that the nurse educators shared their knowledge on how to reduce the curriculum overload, the effects of critical thinking on curriculum content overload; effective learning patterns on curriculum</td>
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content overload and the relevance of the learners’ knowledge background on curriculum content overload. They assisted each other on how to improve methods of evaluation such as OSCE and on work ethics.

The guidelines to reduce curriculum content overload

- The selection and the organization of the curriculum content should be done in a manner that does not lose the rationale of its existence that is the development of a comprehensive nurse practitioner.
- The curriculum content should be arranged in manageable volumes across the levels and be progressively organized moving from simple to complex according to the professional development of the learners.
- The content should be learnable. It should coincide with the learner’s intellectual ability.
- Recruitment should focus on intellectually and emotionally capable learners who will be able to cope with the curriculum content.
- The curriculum content should be applicable, valid, significant and beneficial to the learner, taking into cognizance the cultural, political, socio-economic relevance and technological advancements.
- All the obsolete content should be omitted when selecting and organizing the curriculum content.
Effects of critical thinking on curriculum content overload

To be able to connect the pre-existing knowledge framework to the new situation for better understanding of the curriculum content the nurse educator should:

- Assess the knowledge background of the learners
- Give clear instructions and guidance on how to proceed with the problem solving scenario. This will prevent ambiguity.
- Develop the learners’ critical thinking in an environment that is non-judgmental and allows free interaction so that learners can be meaningfully engaged in dialogue and interactive discussions.
- Allow dialogical discourse, brainstorming, open mindedness to promote understanding.
- Challenge learners with thought provoking scenarios that require a learner to apply their reflective and critical thinking skills.
- The learners should receive positive feedback from the facilitator and also be allowed to reflect on their own work.

Effects of learning patterns on curriculum content overload

Nurse educators should:

- Encourage deep holistic learning pattern rather than superficial atomistic learning pattern.
- Superficial learners perceive the learning content as overloaded as they have to cram the content instead of understanding.
- Support the learners when they try a learning pattern the nurse educator is recommending.
- The nurse educator encourages the learners to study in groups for the purpose of brainstorming, exploring and engaging in dialogical discussions.

**Relevance of the learners’ knowledge background on curriculum content overload**

- The background knowledge of the learners should be ascertained so that the nurse educator gains insight on the learners’ academic performance and institute appropriate remediation.
- Academic support should be available for learners whose knowledge background impacts negatively on the academic progress.

**How to improve evaluation methods like OSCE in the clinical setting**

- For Objective Structured Clinical Evaluation to be successful, there should be careful planning and coordination of OSCE.
- There should be an OSCE coordinator and a clinical evaluation committee that will plan, organize and manage the OSCE; draw up the OSCE program and ensure that the venues are adequate.
- Review the OSCE implementation according to the
changing procedures and treatment modalities of the patients.

- Arrange for pre OSCE orientation of evaluators to ensure inter-rater consistency.
- Preparation of the simulation laboratory to resemble the real life situation.
- Standardization of patients or persons who will be used as patients during OSCE.
- Facilitate the formulation of valid and reliable instruments that will measure knowledge, psychomotor and affective competencies that ensure patients’ safety.
- Clinical learning outcomes should be evenly distributed during the OSCE.
- Arrange for a controlled flow of learners between the waiting areas and the examination rooms.
- Communicate with learners to get their input regarding the assessment criteria, and the OSCE environment.
- After the OSCE, the committee must conceptualize the learners’ and evaluators’ comments on the OSCE and compile a report on how the OSCE was conducted and institute remedial action to improve OSCE.

**How to improve work ethics**

- Work ethics in the receiving nursing college should capitalize on positive attitudes of the nurse educators towards work.
5.2.1.1 (b). Material resources

5.2.1.2 Empowerment of nurse educators

- The nurse educators and the management should formulate a mission statement that values the nurse educators and inspire loyalty.

- A multicultural work ethics approach should be adopted because it protects the individual nurse educator’s rights.

### Material resources

- Management should negotiate with the hospital management where the satellite campuses are located to provide adequate space for resources such as the library, resource center, classrooms and offices in the satellite campuses. Satellite campuses should be provided with working fridges, heaters, computers and office furniture.

### Technology

- The use of information and communication technology in a learning institution such as the nursing college is imperative. Its uses should be well managed to ensure easy access to the equipment such as computers / laptops and other software.

- Implementation of all technological programs should be coupled with in-service education and continuous support should be available to nurse educators and the learners.

- Security for all information such as examinations
and tests should be maximized to prevent unauthorized persons having access to it.

- Extended hours for the use of the computer centre should be arranged.

**Staff development**

- A staff development program that takes into account the educational needs of the nurse educators and the service needs of the employer should be formulated.
- The staff development committee should consult with the nurse educators on aspects to be included in the program and also include all the relevant aspects of training that are scheduled by the Department of Health.
- A staff development policy regarding study leave should be formulated to ensure consistency and fairness.

**Affiliation to the University**

- The nurse educators benefited from the affiliation of the nursing colleges to the university because of the sharing of the resources like the library which the learners and the nurse educators could use to facilitate teaching, learning and research.
- The university representatives provide the support and guidance to the nurse educators regarding maintenance of academic standards.
5.2.1.3 Collaboration of the nursing college with the community to improve nursing education.

- The affiliation agreement elevated the Nursing Education status to that of the university.
- Learners had an added advantage of being credited on certain subject when they wish to proceed to higher education institutions.
- The representatives from the university should be of high academic caliber to be able to maintain standards and ensure quality of nursing education in the nursing college.

Community involvement

- A community-based curriculum should be utilized to facilitate training and development of nurse learners who are knowledgeable about the community’s health needs, trends, and values.
- Participatory collaboration and partnership between the receiving nursing college and the community representatives promote ownership of the nurse practitioner who graduates from the receiving nursing college.
- The contributions of the community representative who are knowledgeable and conversant with the community’s socio-economic and cultural attitudes, goals, objectives, strategies and health promotion framework assist in the shaping of a community-based nursing curriculum.
- The partnership between the receiving nursing college and the community representatives should
5.2.1.4. Acquisition of trans-cultural knowledge

be independent but also interdependent, strengthened by open and effective communication to meet the common goal - that is of nurse education. Mutual trust, respect and support should prevail.

**Acquisition of trans-cultural knowledge**

- In order to facilitate acquisition of trans-cultural knowledge the receiving nursing college management should create an environment that acknowledges the needs of diverse cultures.
- It is a moral imperative for management to formulate policies, practices and procedures that enhance cultural diversity and uphold them.
- Cultural imposition should be avoided; all cultural values and beliefs should be embraced and approved and should not be undermined to avoid conflict in the work environment.
- Adjustment in the new culturally diverse work environment facilitates the acquisition of trans-cultural knowledge.
- Examining and exploring the individuals socialization and transcending over ethnocentrism, stereotypic thinking, behavior and biases ensure tolerance, accommodation, acceptance and respect for others.
- Broadening knowledge about other’s culture through constant interaction and communication is important in making accurate and appropriate judgment in relation to different ways people
conduct themselves.
- The interaction and communication is important in obtaining feedback regarding understanding of others personal and social conduct so as to reduce misinterpretation of actions and intent.
- Self awareness is an essential element in cross cultural interaction. It promotes cultural competence, objectivity and regulates behavior, attitudes and emotions.
### 5.2.2 MAIN CATEGORY: NEGATIVE EXPERIENCES

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<thead>
<tr>
<th>Sub-category</th>
<th>Themes</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.2.1 Fear</td>
<td>5.2.2.1. (a) Fear of insecurity</td>
<td><strong>Insecurity related to fear from multiple factors</strong></td>
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</table>

Concerning impending job losses and poor career prospects:

- The employer should reassure the nurse educators that no posts will become redundant during the rationalization process.
- The nurse educators should engage in professional development activities to improve their core competencies to enhance self benchmarking and employability in side and outside the organization.
- The nurse educators should become multi-skilled in relation to the job market needs so as to reduce redundancy when their posts are restructured. Being multi-skilled improves internal placement when other posts are created.
- Explicit information regarding the reduced or increased post structure (organogram) of the receiving nursing college should be explained so that the nurse educators can have insight of the positions in the receiving nursing college.
- The employer should offer training that will assist
the nurse educators cope with their work related issues to facilitate efficiency and boost the nurse educators’ confidence.

- Accurate information about job allocation and placement in the clinical area should be provided to the nurse educators. Depending on the model used for nurse educator allocation for example clinical accompaniment only at satellite campus “A”
- Restructure departments so that in each department there should be a deputy with full authority to tasks delegated.
- Guidelines should be formulated to facilitate succession strategies especially for eligible senior nurse educators to ensure career pathway and smooth transition of leadership.
- The nurse educator should keep a management portfolio and should be supported and mentored during the period as departmental deputy. The portfolio can be used as evidence for managerial preparedness when applying for a senior position.
- Allocate coordinators in each satellite campus to prepare senior nurse educators for management positions.
- The employer should provide a substantial infrastructure to support the employees. The infrastructure should include services such as counseling, training and development opportunities.
- Employees should be provided with scenarios for
future development of the organization so as to allay fear of the unknown.

- During the counseling sessions the employees should be allowed to verbalize their fears and aspirations regarding career prospects.
- Support and mentoring of the nurse educators who were deployed from the nursing colleges that were closed down will assist them to adjust to their new work environment. An orientation program will minimize uncertainty and facilitate quick adaptation.

On the aspects related to maladjustment in the receiving nursing college:

- Team building activities should be promoted to encourage coordinated effort of acceptance and embracing one another starting from management cascading down to the nurse educators.
- The management should create an atmosphere of consideration of others’ contributions, acceptance and acknowledgement of others’ capabilities.
- All nurse educators in the receiving nursing college should evidence understanding and respect of each other’s previous organizational cultures, structures and processes.
- Orientation and induction programmes for nurse educators in their new work environment to a reasonable functional level.
<table>
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<tr>
<th>5.2.2.1 (b) Loss of ownership</th>
<th><strong>Loss of self concept, self worth and value</strong></th>
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<tr>
<td>The feeling of loss of ownership requires effective management which includes:</td>
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<td>▪ Reduction of anxiety through: support of the employees, sensitivity to the concerns of the nurse educators, open communication and empathic listening.</td>
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<td></td>
<td>▪ The achievements and contributions towards professional issues need to be openly affirmed, expertise and experiences need to be appraised.</td>
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<td></td>
<td>▪ Nurse educators need to be motivated by trusting that they will carry tasks delegated to them. They need to be provided with the necessary authority to complete those tasks.</td>
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<td>▪ Nurturing professional development has to be harnessed by committing nurse educators to tasks that require accountability and responsibility.</td>
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<td>▪ Professional capabilities of the employees should be identified during the due diligence stages to avoid conflicts over positions.</td>
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<td></td>
<td>▪ Clarification of expectations and possible concerns over privileges should be addressed.</td>
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<td></td>
<td>▪ Senior nurse educators who are used to senior level recognition from their nursing colleges should build a relationship with their new managers so that their professional functions are aligned to their professional seniority.</td>
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<td>▪ The managers should identify and adopt</td>
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processes, procedure and strategies that are more efficient and effective from the rationalized nursing colleges to avoid imposing work methods from one nursing college over the other.

- The name change of the receiving nursing college should be in line with the new unique identity that corresponds with the vision and mission of the changes that have occurred in the newly formed receiving nursing college which must be communicated to the public, for example the name change should communicate the racial inclusion to the public of the receiving nursing college.

**Loss of personal space and privacy**

- Nurse educators should be provided with individual offices and office equipment such as computers.
- Nurse educators should have their own websites.

**Recruitment and retention strategies**

- The recruitment and retention strategies of nurse educators should be implemented as a means to reduce the nurse educators’ work load. To retain nurse educators, employment benefits such as continuous staff development programmes; employee wellness programmes; competitive employment benefits such as medical and
housing subsidy and competitive remuneration should be provided. Retention of nurse educators in the receiving nursing college will reduce work load because there will be adequate stable staff complement, less nurse educator turn over and reduce nurse educators who are less functional because they still need orientation and induction.

**Equitable distribution of learners amongst nursing colleges in Gauteng and equal sharing of workload amongst nurse educators.**

- Learners should be equitably distributed amongst the nursing colleges in Gauteng
- Work load should be fairly and equally shared amongst the nurse educators.
- All nurse educators should be directly involved in the facilitation of learning.
- Non-nurse education tasks that are performed by the nurse educators should be transferred to the support staff such as the Information technicians and other administrative staff.

**Adopting better work methods**

- To reduce work overload, work content, processing of information, equipment, work layout and work policies can be reviewed and explored for their value and effectiveness.
- Better work methods should be adopted (best practices). Reengineering of the work at
4.2.2.1(d) Fear of using English as a second language

operational level for example, test scripts could be issued by student affairs, tests results be accessed through Edu-Link.

- Nursing colleges that were closed down should be re-opened.
- Nurse educators should be able to exercise control over their work, make decisions pertaining to work guided by policies and procedures, prioritize their response to information and the resources required to complete their tasks.
- Managers should be mentors rather than dictators and should allow the nurse educators autonomy, creativity, professionalism and responsibility;
- Management should obtain first hand information about the working conditions, that is, offices, furniture, equipment, ablution facilities and general safety in the satellite campuses by visiting the satellite campuses frequently.
- Management should be accessible and show concern and a humane attitude towards nurse educators.

**Fear of using English as a second language**

- Language proficiency programs should be developed to assist nurse educators and learners to improve their language proficiency.
- Multilingualism should be valued for its complementary role in clarification and the
5.2.2.2 (a) Lack of consultation

The credibility of the authorities concerned with rationalization of nursing colleges in Gauteng could be improved through consultation and effective communication.

- Consultative communication regarding the rationalization of nursing colleges should commence from the onset with the aim of considering the nurse educators’ inputs.
- There should be feedback regarding the inputs on intention of rationalization from the nurse educators.
- Communication should be accurate, truthful and consistent at all levels of employees to prevent distortion of information and grape vine.
- The communicated information should be coherent and transparent. There should be no hidden agenda.

5.2.2.2.(b) Sense of betrayal

A strategic team outside the receiving nursing college should be established to oversee the integration process and to ensure that the outcomes of the rationalization process, that is, cost effectiveness on human and material resources are achieved.
5.2.2.3 Aspects pertaining to racial issues

5.2.2.3. Racism

- The Gauteng Department of Health intervention is necessary to give a directive on issues that are not accomplished by the strategic team.
- Counseling services should be available for the nurse educators to allow them to verbalize their pain and anger and begin the healing process.
- Management in the receiving nursing college should respond appropriately to the recommendations of the counseling services that are provided so that the nurse educators can trust their authenticity.

Racism

- Effective measures should be taken to transform the receiving nursing college so that it becomes possible to confront issues pertaining to racism.
- Management should be supported and be empowered with leadership skills that will enable them to react with integrity in a racialized workplace.
- Policies and procedures pertaining to racial issues should be formulated inclusively to ensure ownership and adherence by all affected parties.
- These policies should be derived from the philosophy and value statement that categorically denounce racism.
- Structures that perpetuate racism should be dismantled through equitable allocation and access to resources, transparency of all college projects, activities and multilateral engagement of
A safe environment should be created whereby issues of racism should be reported without fear of being ostracized and victimized.

Counseling to assist individuals and groups to deal with racial bullying could be effective if the work environment has transformed.

Racism should be confronted and not denied or ignored because the effects thereof are counter productive as they render the oppressed group less valuable than their counterparts.

There should be a change in attitude of all concerned so that racism can be reduced.

White racism should not be replaced by black racism.

An accessible structure at Provincial Head Office should be established where all racist related matters could be dealt with in an environment that protects the offended employee and ensure fair resolution of issues.
5.3 LIMITATIONS

The study was conducted without any limitations. Permission to conduct the study at the receiving nursing college was granted, data collection, data analysis, and conceptualization of findings occurred without hindrance.

5.4 RECOMMENDATIONS

The finding of this research study has shed light on nurse educators’ responses to rationalization of nursing colleges. It is recommended that the authorities concerned with the rationalization of nursing colleges in Gauteng and the management of the receiving institution should consider the guidelines formulated in this study to assist nurse educators to cope in the rationalized work environment.

5.5 NURSING RESEARCH

The findings of the research can be replicated in other provinces to validate the findings. A hypothesis can be formulated and tested regarding the relationship between the unhappy experiences of nurse educators on rationalization of nursing colleges in Gauteng and the effective management of the rationalization process.

5.6 CONCLUSION

Chapter 5 focused on describing the guidelines that may assist the nurse educators cope in a nursing college that has undergone the process of rationalization. The research problem, questions, the purpose of the study and the research objectives were stated to direct the research study. An appropriate research design and method were used. Trustworthiness of the study was ensured and ethical consideration upheld. The findings may be in cooperated to the body of nursing knowledge. Nursing education is dynamic and will from time to time be challenged by changes motivated by politics of the country, socio-economic factors, evolution in the nursing profession or policies affecting the
general education system of the country such as the position of nursing education within the High Education Institutions. Nurse educators will inevitably be affected by such internal and external forces, how the nurse educators respond to these challenges is dependent on the management of the change processes. It is hoped that the guidelines raise awareness of the authorities to consider the nurse educators’ input when major decisions such as rationalization of nursing colleges are made. The implementation of rationalization occurred but the healing process is taking long.
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FACULTY OF HEALTH SCIENCES

Date of meeting: 23 September 2005
Clearance Reference Number: 55/05

TO WHOM IT MAY CONCERN

TITLE OF RESEARCH PROJECT: “Experience of nurse educators on transformation following the rationalisation of nursing colleges in Gauteng.”

RESEARCHER: Nompi Tsele

SUPERVISORS: Prof. M.M.Chabeli
CO-SUPERVISOR: Mrs. K Engelbrecht

The Committee for Academic Ethics of the Faculty of Health Sciences of the University of Johannesburg evaluated the research proposal and consent letters of the above research project and confirms that it complies with the approved Ethical Research Standards of the University of Johannesburg.

The study supervisor and researcher demonstrated their intent to comply with the approved Ethical Research Standards during conduct of the research project, excepting that feedback of results has not been offered to the participants in the informed consent letter.

Please include this item in the informed consent letter in order that the research project may be fully ethically compliant.

Yours sincerely

[Signature]

MARIE POGGENPOEL (PROF)
CHAIRPERSON: FACULTY COMMITTEE FOR ACADEMIC ETHICS