STRATEGIC PLAN FOR THE RECONSTRUCTION OF NURSING EDUCATION
WITHIN A PRIMARY HEALTH CARE APPROACH

by

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This study is dedicated to my husband, Awie and beloved children Marle, Michelle and Lynette
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SUMMARY AND ABSTRACT

BACKGROUND AND RATIONALE

The entire country is currently in a process of reconstruction that inevitably lead to reconstruction within the health care system. The ANC (African National Congress) formulated a National Health Plan based on primary health care that is a practical expression of providing an effective and equitable health care to all inhabitants of the country. Recognising the need for transformation, a process was initiated by the African National Congress (ANC) to develop an overall National Health Plan based on the Primary Health Care approach (ANC, 1994:7).

In the light of these present needs, the vision is to develop a strategy to empower our professional nurses that can effectively implement primary health care whilst operating within the limitations of the existing resources (Human Resource Committee for Health, 1994:5).

The context of the study is applicable to the Northern Region of the North West Province. There are various courses available to empower professional nurses to primary health care, but for the purpose of the study is the Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care described.

GOAL AND OBJECTIVE OF THE STUDY

The objective of this study is to provide a strategic plan to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to primary health care.

Emanating from the above mentioned problem, the goal of this study were reached by the following objectives:

- to identify the resources and deficiencies from the stakeholders for the reconstruction of education and training of professional nurses from the Northern Region of the North West Province;

- to describe a conceptual framework by means of a literature control to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to primary health care;

- to describe a strategic plan to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to primary health care; and

- to validate the strategic plan with the stakeholders regarding the education and training of professional nurses in order to adopt a primary health care approach.
RESEARCH DESIGN AND METHOD

The design of this research was, qualitative, inductive, exploratory and descriptive. The aim is to gain information on the reconstruction of the education and training of professional nurses to a primary health care approach. The research was conducted in phases for purpose of logic sequence.

PHASE ONE

The objective of phase one was to identify the resources and deficiencies to reconstruct the education and training of professional nurses to a primary health care approach in the Northern Region of the North West Province.

In phase one a focus group will be used as method of data gathering. Stakeholders involved in education and training for professional nurses from the Northern Region of the North West Province participated. The question for discussion in the focus group is:

How should the education and training for professional nurses be reconstructed to adopt the primary health care approach as required by the National Health Plan?

An assistant moderator will be used to keep field notes in order to prevent important information been lost and he will be responsible for the tape recording of the focus group interview. These will be transcribed and coupled with the field notes. There after analysed according to the protocol of Tesch (1990(in Cresswell 1994:155).

In phase two a conceptual framework will be designed to link the concepts from the empirical data. These concepts will be supported by means of a literature control to give more meaning. The context of the conceptual framework will be described in macro-, meso-, and micro levels.

In phase three the researcher will formulate a strategic plan for the Northern Region of the North West Province to use when reconstructing the education and training of professional nurses to primary health care. Numerous interpretations will be made from the results, structured in the conceptual framework and justified in the literature. These should guide the researcher to formulate the vision, goals and objectives for the proposed strategic plan.

The strategic plan will be validated in a workshop with the stakeholders involved in primary health care education and training of professional nurses from the Northern Region of the North West Province. The final strategic plan to reconstruct the education and training for professional nurses to primary health care will be available for operationalisation.
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CHAPTER 1
OVERVIEW OF THE STUDY

1.1 BACKGROUND AND RATIONALE

The objective of the study is to describe a strategic plan to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach. In this study the researcher refers to the Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care as the appropriate course for the education and training of professional nurses to a primary health care approach.

More than fifty years ago, Henry Gluckman has already started to investigate the health care situation of the country and presented a report of the National Health Services Commission, as the task group was called, to the Union Parliament. The recommendation was then already made to establish an equitable health service for all South Africans (Health System Trust, 1995:ix). The recommendations included a process of restructuring the entire health service with on-the-ground health service development. A functional system of primary health care centres was the practical expression of implementing effective and equitable health care to all. This development of health centres was strongly opposed and undermined. Since then, numerous government committees and commissions investigated health care in South Africa, but, without exception, were never implemented (Health Systems Trust, 1995:ix).

Half a century later the South African government developed a health care system that highlighted this fragmented, inefficient health service and emphasised that these injustices should be redressed. This will involve a complete transformation of the national health delivery system and all relevant institutions (ANC, 1994:7). Recognising the need for transformation, a process was initiated by the African National Congress (ANC) to develop an
overall National Health Plan based on the primary health care approach (ANC, 1994:7). A team of representatives prepared a proposed draft from the ANC’s Health Department, World Health Organisation and United Nations Children’s Fund (UNICEF). Organisations, institutions and individuals were then invited to comment on this proposal. At long last the Government of National Unity could build on a dream. They committed themselves to primary health care in formulating the National Health Plan. This plan was also linked to the Reconstruction and Development Programme (RDP) (ANC, 1994:8).

The RDP is a framework to mobilise all people in the country to finally eradicate apartheid and build a democratic, non-racial, non-sexist future in all spheres of our society, economic, social, health, welfare and many more (ANC, 1994:1-2). The RDP urges that an extensive process of restructuring the entire health system to a primary health care approach be implemented as soon as possible. This includes the education and training system of professional nurses as stated in the National Health Plan, and that the transformation of the health system requires substantial training and reorientation of the existing health personnel (ANC, 1994:11).

In the past years education and training of professional nurses has been implemented in an ad hoc and fragmented manner that has resulted in maldistribution of health personnel along geographic, racial, gender and private/public gradients that are grossly inequitable. There is cause for concern due to the imbalances between primary care providers, a concentration of health personnel in urban areas, inequitable distribution and utilisation of health personnel and neglected nursing education and training. In the light of these present needs, the vision should be to develop a strategy for health care development which will provide motivated and contented health personnel who can effectively address the country’s health needs and who are guided by the primary health care approach whilst operating within the limitations of the existing resources (Human Resource Committee for Health, 1994:5-6).
Throughout the history of education and training and health care policy in South Africa, primary health care occupied a rather neglected position due to the strong emphasis on curative and hospital-based care. Numerous activities did signal the need towards primary, preventative and promotive services, encompassing inter alia the implementation of quarantine and isolation measures, large-scale immunisation and inoculation campaigns, notification of certain diseases, environmental control and interventions in addition to community health work of a varied nature (*Health Systems Trust, 1995:61*).

Although even prior to the proposals of the National Health Plan and RDP, it became clear to the South African Interim Nursing Council (SAINC) that a solution had to be found to base nursing education and training on preventative, promotive as well as curative care based on the needs of the communities. In the spirit of striving to meet the needs of the communities, the SAINC wishes to create a platform for nursing education and training (*SAINC, 1996*). The SAINC also believes that the proposed unified system for nursing education and training will meet the needs of the community and equip nurses to practise independently (*SAINC, 1996*).

Education and training of professional nurses have always been in conjunction with the South African Nursing Council. They prescribe minimum standards for all nursing education and training including standards for post-basic education and training of professional nurses. The SAINC is no longer the only body responsible for the education and training of professional nurses, but as a result of the transformation currently experienced in the country, all education and training in the country have been delegated under the auspices of the South African Qualifications Authority (SAQA) (*ANC, 1994:61*).

This is a statutory body that is responsible for accreditation, certification and maintenance of national standards for all education and training in the
country. The SAQA developed a National Qualifications Framework for all education and training taking place in the country and one of the areas of responsibility is nursing education and training. In other words, the education and training of professional nurses will have to be according to the standards prescribed by both the South African Interim Nursing Council (SAINC) and the National Qualifications Framework (NQF).

As early as January 1982, a regulation for the theoretical course, Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care that qualifies a professional nurse to practise as Primary Health Care Generalist, was promulgated by the South African Nursing Council. The legality of this course was ensured by Section 38A that was inserted in Act 50 of 1978 by the passing of The Nursing Amendment Act 71 of 1981. Only a person registered as a general nurse and in possession of a matric certificate may be admitted to the course. The curriculum tables must be read in conjunction with the directive obtainable from the South African Nursing Council. The course extends over at least one academic year, or at least 200 days (excluding off days) (Vlok, 1996: 40-41).

In addition, the Northern Region of the North West Province, which is applicable to this research, does not have facilities such as universities, nursing colleges or technicons to offer this course. There are two regional hospitals that have been utilised as clinical teaching facilities for basic education and training of nurses. They function in affiliation with Excelcius Nursing College and Bophuthatswana Nursing College and they have only recently been approved as clinical facilities for primary health care education and training of professional nurses. This was the initiative of a private company, Rustenburg Platinum Mines Hospital, who contributed to the primary health care education and training of professional nurses by developing this course for the region.

The responsibility of the private sector should be to optimise the use of the existing infrastructure and avoid duplication of resources in the region.
according to the Committee for Strategic Development (1994:9) which also supports rasionalitation. Rasionaliation as defined by District Health System Committee (1995:74) is the process whereby resources are used most effectively and efficiently; but often used to mean especially in the public service, a cutting back or reduction of resources.

SAINC (1996:7), when proposing the unified system of nursing education and training expressed the same idea of rasionalisation. In support, they proposed that the present diversity of nursing institutions be integrated with a university, nursing college or technicon. The personal, organisational and financial implication will require much discussion and negotiation (SAINC, 1996:7). SAINC (1996:7) proposes that such institutions enter into agreements with a university, nursing college or technicon to support rasionalitation.

The challenge will be to define a strategic plan to direct the nursing education and training of professional nurses from the Northern Region of the North West Province to meet the present needs within the framework of rasionalisation as described by the Sub-Committee PHC (1992) that “the only way to provide an affordable health service to all the inhabitants of the Republic of South Africa, as stated in the RDP, is by means of a partnership between the State and the Private Sector based on the National Health Facilities Plan, with the emphasis on Primary Health Care”.

Never to forget that over decades nursing education and training has been recognised on par with post-secondary education institutions and qualifications, making it possible to maintain nursing standards at the highest level that enabled international recognition of our nurses' qualifications. This status should be maintained for many years even as development, upgrading of standards and struggle are taking place today (Human Resource Committee for Health, 1994:32).
1.2 PROBLEM STATEMENT

Despite all the current problems described in the above background and rationale, such as voluntary transformation with the health system, inequalities, maldistribution of resources, ineffective use of the existing infrastructure in the Northern Region of the North West Province for primary health care education and training of professional nurses, rationalisation, transformation within SAINC and SAQA standard, primary health care is the only way to render an affordable health service to all inhabitants of the country and the only way to support the principles of the National Health Plan.

Furthermore, the Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care that was mentioned in the background, should contribute to the education and training of professional nurses to a primary health care approach.

Guidelines are needed for the Northern Region of the North West Province in order to reconstruct the current education and training of professional nurses to a primary health care approach.

The question to be addressed in this research is: "How should the nursing education and training of professional nurses of the Northern Region of the North West Province be reconstructed to a primary health care approach as described by the National Health Plan."

1.3 GOAL AND OBJECTIVE

This question can only be addressed by determining the goal and objectives related to the problem. The goal of the research is to describe a strategic plan for the reconstruction of nursing education and training for professional nurses from the Northern Region of the North West Province to a primary health care approach.
This goal will be reached by the following objectives:

- To identify the resources and deficiencies from the stakeholders to reconstruct the nursing education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach;
- To describe a conceptual framework for the strategic plan for the reconstruction of the education and training of professional nurses to a primary health care approach for the Northern Region of the North West Province;
- To describe a strategic plan from the perception of the stakeholders and from the conceptual framework regarding reconstructing the education and training of professional nurses to a primary health care approach from the Northern Region of the North West Province;
- To finalise the strategic plan by the stakeholders regarding the reconstruction of education and training of professional nurses to a primary health care approach from the Northern Region of the North West Province.

1.4 ASSUMPTIONS

The following assumptions is applicable to this study:

1.4.1 Environment

In this study, the environment refers to the education and training environment of professional nurses from the Northern Region of the North West Province, which should be reconstructed to a primary health care approach. This environment that needs reconstruction, is based on the relevant assumption that it is divided into three dimensions, the physical, social and psychological dimensions. Reconstructing the education and training of professional nurses to a
primary health care approach will develop from within these dimensions.

1.4.2 The People

The people for the purpose of this study refers to the educators who are involved in the primary health care education and training of professional nurses from the Northern Region of the North West Province. They are all individual spiritual beings who function in an integrated biopsychosocial manner and interact with the external environment. The professional nurses included in primary health care education and training should be physically fit, mentally alert and spiritually alive to reconstruct the education and training of professional nurses to a primary health care approach in order to develop professional and personal wholeness for professional nurses thus enabling them to make independent decisions and solve problems.

1.5 DEFINITIONS OF THE CENTRAL CONCEPTS

The following are central concepts applicable to this study.

Strategic Plan

A strategic plan is a structure plan that guides the participant’s activities and actions in order to attain the defined goals and objectives (Schutte, 1981:6). The goals and objectives that should be attained for this study is to reconstruct the education and training of professional nurses to a primary health care approach, which must be guided by a structured plan.

Reconstruction

Reconstruction is a process to address problems effectively of both private and public sector and their interaction with the view to correct these
problems. The restructuring according to the Department of Health (1996:5) should include:

- Efforts to restrict the growth of global health sector expenditure in South Africa, by focusing on the more efficient and effective use of existing resources for primary health care education and training of professional nurses.
- Improvement of the access to primary health care education and training of professional nurses, as well as the quality of services, particularly at the primary health care level and in geographic areas which are currently under-resourced.
- Promoting the redistribution of resources between levels of care within the public sector.
- Achieving a redistribution of resources currently used only in the private sector to make them accessible to a broader section of the education and training for professional nurses to a primary health care approach.
- Promotion of cost-containment efforts within the private sector.

Some elements of this restructuring can be undertaken in the short term, while other elements will require at least five to ten years to implement (Department of Health, 1996:5).

Nursing education and training

Nursing education can be defined as the personal and professional advancement of nurse practitioners in developing their character, act as independent practitioners and taking responsibility for their own actions (Muller, 1996:36-37). For professional nurses to render a comprehensive health care service, will only be possible through the skills and knowledge developed during primary health care education and training. In this study the researcher refers to the Diploma Course in Clinical Nursing Science,
Health Assessment, Treatment and Care through which the skills and knowledge can be acquired.

**Professional Nurse**

A professional nurse is a person who have complied with the training requirements for registration with the South African Nursing Council as a registered nurse or midwife, and whose practice is directed by the appropriate regulations relating to the scope of practice for professional nurses who are registered under Section 16 of the Nursing Act, 1978 (*Act No. 50 of 1978*) (*SAINC, 1994:18*).

**Primary Health Care Approach**

Primary Health Care is a essential health service based on practical, scientifically sound, socially acceptable methods and technology made universally accessible to individuals and families in the community and country by professional nurses who has completed the Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care (R48) and can afford to maintain every stage of their development in the spirit of self-reliance and self-determination. It is usually the point of contact of the individual, the family and community with the national health care system, bringing health care as close as possible to where people live and work (*Gumbi, 1995:4*).

**Northern Region of the North West Province**

The Northern region of the North West Province can be described as the context of the study. The infrastructure for education and training of professional nurses within this context need to be reconstructed to a primary health care approach through the upliftment of inequalities and optimising the use of resources in collaboration between the public and private sectors (*Private/Public Sector Commission, 1994:10*).
1.6 RESEARCH DESIGN

An inductive, exploring, descriptive and qualitative design is pursued within the context of the Northern Region from the North West Province. The intention is to explore the resources and deficiencies from the stakeholders to reconstruct the education and training of professional nurses to a primary health care approach and to describe a strategic plan for the reconstruction thereof. A qualitative methodology will be used to describe and interpret results and the study will be pursued in four phases.

Phase 1

The objective of this phase is to identify the resources and deficiencies to reconstruct the education and training of professional nurses to a primary health care approach in the Northern Region of the North West Province.

Data will be collected from the relevant stakeholders to ensure diverse views of the phenomenon of this study by conducting focus groups with the different groups as described by Krueger (1994).

The focus group interviews will be conducted with the stakeholders responsible for the current education and training of professional nurses from the Northern Region of this Province. The targeted population is ten.

The decision to include the abovementioned is based on the belief that they all play a very important role in the education and training of professional nurses and that they are motivated for the challenge of restructuring the education and training of professional nurses to a primary health care approach.

Data from the focus group interview will be tape-recorded, transcribed and analysed according to Tesch (1990).
Phase 2

This phase will include describing a conceptual framework for the strategic plan to reconstruct the education and training of professional nurses to a primary health care approach in the Northern Region of the North West Province by means of a literature study. This will only be done after the content of the empirical data have been analysed.

Phase 3

From the data of phase 1 and 2, a strategic plan will be described to reconstruct the education and training of professional nurse to a primary health care approach in the Northern Region of the North West Province.

Phase 4

The final phase includes validating the proposed strategic plan with the stakeholders in a workshop to reach consensus of this plan. A description of a revised plan will be formulated and the validity and reliability will be done through the methods according to Lincoln and Cuba (1985).

1.7 CHAPTER DIVISION

For logic sequence of this study, the chapters will be divided as follows:

Chapter 1 Overview of the study.
Chapter 2 Research Design, method of phase one, phases two, three and four, Validity and Reliability and Ethical Standards of the study.
Chapter 3 Findings of phase one and discussion of empirical data.
Chapter 4 Conceptual framework for the study.
Chapter 5 Strategic plan for the study.
Chapter 6 Evaluation of the study, summary, recommendations and conclusion.

1.8 SUMMARY

In Chapter one an overview of the research study was given, which comprises of a background and rationale for the study, the problem statement, the goal and objectives of the study, assumptions, definition of the central concepts of the study, research design as well as the division of chapters.

In Chapter two, the research designs, method of phase one, phases two, three and 4, validity and reliability as well as the ethical standards for the research will be described.
CHAPTER 2
RESEARCH DESIGN

2.1 INTRODUCTION

The purpose of this chapter is to describe and justify a research design aimed at gaining insight into the reconstruction of nursing education and training of professional nurses from the Northern Region of the North West Province to the primary health care approach.

Determining the appropriate design for the research, require a process of decision making regarding the data collection, data analysis, sample and methods of reliability and validity referred to as the research design according to Botes (1995:17).

Furthermore the goal of this study is to describe a strategic plan to reconstruct the education and training of professional nurses to a primary health care approach in the Northern Region of the North West Province.

This goal will be reached by the objective of the study. For logic sequence this chapter will be organised according to four phases to reach the objectives of the study.

Phase 1

To identify the resources and deficiencies to reconstruct the education and training of professional nurses to a primary health care approach. The context of the study is the Northern Region of the North West Province.
Phase 2

To describe a conceptual framework for the strategic plan to reconstruct the education and training of professional nurses to a primary health care approach in the Northern Region of the North West Province.

Phase 3

From the data of phases 1 and 2 a strategic plan will be described to reconstruct the education and training of professional nurses to a primary health care approach in the Northern Region of the North West Province.

Phase 4

The stakeholders in a workshop will validate the proposed strategic plan by means of determining consensus of this plan. One should conduct the research in a meaningful manner and thus it was considered best to divide it into phases.

2.2 RESEARCH DESIGN AND METHOD

The research design for the purpose of this study can be described as inductive, exploratory and descriptive. A qualitative design will be used to describe and interpret the results.

Within this design the following strategies will be used:
• **Qualitative**

In qualitative research, such as this one, the researcher will be allowed to describe and interpret results from the data gained during the focus group interview. The insight gained from this focus group interview, will be used to explore the education and training of professional nurses with the view to reconstructing it to primary health care approach and to describe a strategic plan for the reconstruction thereof in the Northern Region of the North West Province.

• **Inductive**

With an inductive strategy, the research will embark without a conceptual framework. After identifying the resources and deficiencies from the stakeholders regarding restructuring the education and training of professional nurses to a primary health care approach, will a conceptual framework be formulated. This is according to Mouton & Marais (1993) an inductive strategy where the projects embark explicitly without a conceptual framework. Where inductive strategy is used, it means the researcher will arrive at conclusions on the basis of new evidence (*Mouton & Marais, 1993:116*).

Stakeholders involved in education and training of professional nurses will participate in the study to identify the resources and deficiencies. These should be considered when restructuring the education and training of professional nurses to a primary health care approach, as indicated in phase one of this study. This information will be justified by means of literature control and will then be conceptualised.
• **Exploratory**

The goal of exploratory strategies is to gain insight into a phenomenon that is unknown. Once understanding and meaning is gained in this unknown research area, central concepts and constructs can then be explicated and described (*Mouton & Marais, 1993:43*).

Reconstruction of education and training of professional nurses to the primary health care approach will inevitably lead to exploring the resources and deficiencies of the stakeholders with the aim to gain new insight into this field of study.

• **Descriptive**

The intention of a descriptive strategy is to give an in-depth clarification of a specific individual, situation, group or organisation. Descriptive studies may be with a contextual interest or a more general interest (*Mouton & Marais, 1993:43*).

The intention of this study is to describe a strategic plan to reconstruct the education and training of professional nurses to a primary health care approach as accurately as possible. A descriptive strategy will allow the researcher to describe the existing education and training of professional nurses and to describe a strategic plan as accurately as possible for the reconstruction thereof. This research is also of contextual interest because it will be applicable for the Northern Region of the North West Province.

The abovementioned strategies are combined for this study but it is important to consider a method to systemise the process of research.
The goals of this research will be described in phases to ensure systemisation.

2.3 PHASE ONE

The purpose of phase one is to determine the resources and deficiencies that exist in the Northern Region of the North West Province, from all the stakeholders, with the view to reconstruct the education and training of professional nurses to a primary health care approach.

Phase one will be systematised in such a way that will best answer the research question by using the following methods and techniques of research.

2.3.1 Data Gathering

Data collection is defined as the precise, systematic gathering of information relevant to the study (Burns & Grove, 1993:48). The researcher believes that a focus group method will best answer the research question. A detailed discussion of using this method will follow.

2.3.1.1 Definition of a focus group

A focus group can be defined as an interview created to accomplish a specific purpose through a defined process. The purpose is to obtain qualitative information in an environment where disclosure is encouraged and nurtured, but, through open-ended questions, disclosure can be focused upon (Krueger, 1994:14-15).
2.3.1.2 Sample

Sample of research can be defined as a subset of the population that is selected for the study (Burns & Grove, 1993:779).

A purposeful sample will be selected for this research. A purposeful sample can be described as a judgmental sample that involves conscious selection of the participants (Burns & Grove, 1993:777).

The number of participants can have a positive or negative influence on the focus group. Less than six can result in a dull discussion and more than twelve participants are difficult to manage for the moderator (Stewart & Shamdazani, 1990:57).

It is ideal to have among 6 - 10 participants in a focus group. Ten have been invited for the interview but only six did show up.

The participants for this study are the stakeholders of the Northern Region of the North West Province directly involved in the education and training of professional nurses. They are from both the Mogwase and Rustenburg regions to ensure information gathered reflects the total Northern Region of the North West Province. This population was chosen purposively and the criterion for selecting the respondents was as follows. They are all:

♦ registered at the South African Interim Nursing Council as registered nurses;
appointed in a post of professional nurse, or nursing service manager, in a hospital, nursing college or education department of the public sector;

from the Northern Region of the North West Province;

and

involved in primary health care situations and are well aware of the needs in this region and thus concerned about the existing infrastructure for education and training of professional nurses.

It is very important to include the right people for the focus group, therefore the preparation of such a focus group is of the utmost importance. The main reason being that the participants of a focus group comprising of 6-10 people have certain characteristics in common that relate to the topic (Krueger, 1994:6).

Another important aspect to consider is that the Northern Region of the North West Province is divided into two districts, Rustenburg and Mogwase. The distance to travel for participants from Mogwase are much farther, therefore the researcher had to invite more candidates from that area to ensure both districts are represented. Rustenburg is close to the venue. Those participants did not encounter transport problems. Fortunately, it was possible to conduct one focus group interview due to the fact that Mogwase and Rustenburg were represented.

These are not the only facts to consider when selecting the group. The interaction and behaviour of people within a group situation have been studied for many years and that existing knowledge can guide the researcher when selecting the participants. According to Stewart & Shamdasani
(1990) group dynamics can be influenced when the researcher does not understand the effect of the physical, temporal, social, cultural, psychological and environmental influences on those group dynamics. Each individual is a unique person with certain physical and personality characteristics. These differences should be carefully matched when selecting the group to ensure maximum participation (Stewart & Shamdasani, 1990:33).

When considering the abovementioned guidelines, the researcher decided to include people who are emotionally in control of themselves, homogeneity exists in terms of their occupation and both genders.

2.3.1.3 Pilot Study

When the researcher planned the data collection, problems had to be anticipated in advance. The pilot study is a method to refine the questions of the interview, to identify problems and give the researcher experience in interview technique (Burns & Grove, 1993:48).

The pilot study for this research helped the researcher to develop her interview skills. The assistant moderator that was selected had the opportunity to participate and monitor the recording of the interview. Both the moderator and assistant moderator discussed problems encountered during the recording and refined the data collection method in advance.
2.3.1.4 The interview guide

A focus group interview cannot be seen as a haphazard discussion between people (*Stewart & Shamdasani, 1990:51*). The agenda of the focus group interview should be consistent with the objectives of the study.

The objective of this study was used as an agenda for the interview. Background information on the National Health Plan care system for South Africa who has adopted a primary health care approach and the suggested unified nursing education and training system according to the National Qualification Framework and SAINC, was explained during the introduction. The researcher explained to them that the discussion could only include the restructuring the education and training of professional nurses to the primary health care approach. The central question of the discussion was as follows:

*The question I would want us to discuss is how are we in the Northern Region of the North West Province going to reconstruct our education and training for Professional Nurses to the primary health care approach as requirement by the National Health Plan?*

The interviewer had to ask the same question to both the representatives from Mogwase and Rustenburg during the focus group interview. As explained before, this region is divided into two districts and the interview guide was designed to address both districts during the same interview. The objectives of the study can help to formulate the interview guide. Questions such as the following will be addressed to both Mogwase and Rustenburg to ensure that both regions respond the same:
What do you regard as our strengths and weaknesses for nursing education and training of professional nurses to the primary health care approach in both Mogwase and Rustenburg?

2.3.1.5 Selecting the Focus Group Location

Another important factor to consider in planning the focus group interview was the venue for conducting the interview.

Focus group interviews have been successfully conducted in many locations according to Krueger (1994:48) but should however be carefully selected to limit any distractions during the interview. Krueger (1994) states that the environment should be neutral and that the location of the session will influence the type of responses provided by participants.

The arrangement of the room was in such a manner that participants faced each other and tables to lean on were available for participants to feel less self-conscious.

A comfortable office located in Rustenburg Transitional Office building was offered as the interview venue. The office has enough space to accommodate the six participants, outside distractions were limited and the telephone was redirected to a different office. Noise from outside was also limited which were essential for the tape-recording of the interview.

Participants were seated around a table that provided space between respondents and even gave some feeling of security to the more reserved participants in the group.
Soft drinks were available during the interview and snacks after the interview. The tape recorder was placed on a separate table for the use of the assistant moderator. All the chairs were comfortable with arm rests.

2.3.1.6 **Role of the Moderator and Assistant Moderator**

The researcher acted as moderator because, according to Krueger (1994:101), the moderator should possess the ability to communicate clearly and precisely both in writing and orally which requires self-discipline. An assistant moderator was responsible for the logistics, took responsibility for the equipment and refreshments, arranged the room, set up the equipment for the recording, welcomed the participants and indicated the seating as Krueger (1994:124) indicates as the usual role of a moderator. The assistant moderator took over this responsibility for purpose of this research.

The assistant moderator for this study was selected because of his attributes, skills and interest in the field of study. He is a person involved in training, identifies with the needs in this region and has the ability to communicate easily. His role was explained to him in advance and he was also present during the pilot study. He was also given a typed responsibility list, refer annexure 3, to use during the interview such as to draw up the seating arrangements and name each participant, capture all important aspects in the field notes, take note of silent agreements or disagreements, offer a summary and seek conformation of critical questions at the end of the interview. The assistant moderator handed a participation information list to complete upon arrival. Information required from the
participants were their names and surnames, gender, current designation, period in that position, previous experience and qualifications of all which will serve as a reminder during the analysis phase, refer to annexure 4.

The assistant moderator devoted his primary attention to the taking of the field notes in order to prevent important information being lost. This information provided insight into the discussion especially where facts could not be captured during the recording (Krueger, 1994:147).

2.3.1.7 The Interview

Krueger (1994) explain that the first few moments of the focus group discussion are critical. The moderator must create an atmosphere that is conducive to the interview, introduce the participants and provide the ground rules. This is also the time to introduce the discussion and how it will proceed.

The moderator conducted a semi-structured interview for this study to determine the positive and negative aspects regarding the resources and deficiencies to reconstruct the education and training of professional nurses in the Northern region of the North West Province to a primary health care approach. This interview provided information from the stakeholders to describe and explore their perception of this important matter.

The interview was tape-recorded to which the participants gave consent. The assistant moderator ensured that the recording was done without distracting the interviewee (Burns & Grove, 1993:367). The tape recorder was placed at
a suitable place to prevent drawing attention to it when changing the cassette tapes.

Various interpersonal and communication skills are required from the researcher during the interview to facilitate it successfully. Listening is not an observable behaviour. However, this is when the interview skills of the moderator are essential. It involves four key dimensions: eye contact, appropriate body language, vocal tone and verbal following (Ivey & Ivey, 1987:52). When listening to a person, direct eye contact is appropriate. When talking, eye contact is often less frequent. Vocal tone can be varied with emotions and slightly bending the trunk forward, facing the person, will communicate interest (Ivey & Ivey, 1987:52-53).

Paraphrasing should be used to clarify the main words and thoughts of the participants. But a clear understanding of the facts is not enough. Reflection of feelings will provide an opportunity to “check-out” emotions. Paraphrasing is concerned with facts and reflections within the emotions regarding those facts (Ivey & Ivey, 1987:73).

Probing is an essential skill because most answers, particularly open questions, are inadequate in some instances. Probing allowed the researcher to obtain exactly the right amount of detail. The moderator must have the skill to analyse information almost instantaneously and thus ensure sufficient detail of the topic (Downs et al, 1980:92).

2.3.1.8 Transcribing

After collecting the data, the researcher made copies of the
tapes and handed the tapes to a transcriber for entry into a computer. Krueger (1994:143) refer to this method of analysis as transcribed-based analysis.

The transcriber had a tape recorder available that adjusts the speed of the recorded tapes. This method will save valuable time.

When the transcribed raw data returned, the moderators listened to the tapes, add names of speakers and completed missing data. A set of copies of the tapes and transcriptions was stored safely. The transcriptions coupled with the field notes and the discussion from the debriefing of the moderator team was handed to the analyst.

**2.3.2 Data Analysis**

Data from the focus group interview was analysed using Tesch’s method (1990 in Cresswell, 1994:155). The eight steps suggested by Tesch (1990) will be described. Immediately after the interview has been completed, the researcher will:

1. *Get a sense of the whole by listening to the tapes, reading through the transcriptions carefully and jotting down some ideas as they come to mind.*

   The researcher listened to the tapes repeatedly to internalise the content and then transcribed the content verbatim, read through the transcriptions carefully and wrote down ideas as they came to mind.

2. *Pick one interview tape (the most interesting and shortest*
one) and go through it, asking herself what it is about, thinking of the underlying meaning. Then write thoughts in the margins.

The researcher selected the tapes in sequence and listened to it thoroughly and repeatedly, considering the underlying meaning and wrote the emerging thoughts in the margin.

3. When the researcher has completed the task, the researcher will make a list of all topics. Cluster together similar topics. Arrange these topics in columns under major topics, unique topics and leftover.

The researcher had one focus group interview. From this interview, she clustered together similar themes.

4. The researcher will take the list and go back to the data, abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try the preliminary organising scheme to see whether new categories and codes emerge.

5. Find the most descriptive wording for the topics and turn them into categories. Reduce the total list of categories by grouping together topics that relate to each other. Draw lines between the categories to show interrelationships.

The researcher combined steps 4 and 5 and followed the preliminary organising scheme to identify new categories and emerging codes, found the most descriptive wording for the themes and turned them into categories. The researcher then reduced the total list of categories by grouping themes that are related.
6. Make a final decision on the abbreviation for each category and alphabetise these codes.

7. Assemble the data belonging to each category in one place and perform a preliminary analysis.

8. If necessary, recode the existing data.

The researcher did not need to recode the existing data.

In this study, to increase trustworthiness, an independent coder who is a qualitative data-analysis specialist, was engaged in data analysing and coding of the information gathered. The protocol by Tesch (1990) was used. The researcher and the independent coder met to discuss the results of the data analysis and to reach consensus on major categories and sub-categories and the relation between them.

2.4 PHASE TWO

The objective of this phase is to describe a conceptual framework to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach.

The conceptual framework for this study will be done after phase one because it is an inductive study.

The conceptual framework can be defined as a map that diagrams the interrelationships of the concepts and statements of the study (Burns & Grove, 1993; 764) to understand the phenomenon.
Through logical reasoning from results of Phase one, will concepts emerge from the statements.

These concepts will be illustrated in a manner that is easy to understand and clustered together to determine interrelationships that are the purpose of constructing a conceptual framework.

2.5 PHASE THREE

Data from phase one and phase two allowed the researcher to describe a strategic plan to reconstruct the education and training of professional nurses to primary health care approach from the Northern Region of the North West Province.

A strategic plan will be formulated with the purpose to guide the people involved in the primary health care education and training for professional nurses in the region towards restructuring.

Clear goals and objectives will be formulated which are related to the information from chapter four. Each objective will be tabled to indicate the action plan, method of implementation and method of monitoring and evaluation.

The sequence of the objectives will be formulated in such a way that it will be practical for implementation.

2.6 PHASE FOUR

The last phase of this study will include validating the strategic plan through consensus of all the stakeholders in a workshop. The six participants from the focus group interview will be invited to attend the workshop.
Any changes that were suggested in the proposed strategic plan by stakeholders will be included in the final plan and presented in chapter five of this study. The proposed plan will be attached as an annexure.

2.7 VALIDITY AND RELIABILITY

Reliability and validity according to Lincoln and Guba (1985) were used in the research to apply and maintain trustworthiness.

2.7.1 Trustworthiness

This model of trustworthiness is based on the identification of four aspects of trustworthiness that is relevant to both qualitative and quantitative studies. These are the truth-value, applicability, consistency and neutrality. Guba (1981) maintains those four criteria; namely truth value, applicability, consistency and neutrality must be defined differently for qualitative and quantitative approaches.

In this study, the qualitative approach will be used, that is, credibility (internal validity); transferability (external validity); dependability (reliability) and confirmability (objectivity). Words in brackets represent the quantitative approach (Lincoln & Guba, 1985:300).

2.7.1.1 Credibility

It is argued that there cannot be credibility without dependability (Lincoln & Guba, 1985:316). Lincoln and Guba (1985) define credibility as the truth value obtained by informants. Lincoln and Guba (1985:301) describe the activities that increase the probability of credible findings, namely:
2.7.1.2 Prolonged Engagement

The researcher has been involved in nursing education and training for ten years especially in the Northern region of the North West Province. Enough time has been spent in this culture not to be a “stranger in a strange land” that prolonged engagement requires (Lincoln & Guba, 1985:302). Being involved in this culture gave the researcher an opportunity to build a relation of trust. When conducting the focus group interview, participants will be confident that nothing will be used against them in future. Anonymity will be honoured, there will be no hidden agendas and the interest of the participants will be honoured. Prolonged engagement is a necessity for a focus group if adequate trust and rapport are to emerge (Lincoln & Guba, 1985:303).

The credibility of a focus group may be affected by the extent to which participants are comfortable with communicating openly on the topic. They must feel free to express their views and opinions (Stewart and Shamdasani, 1990:33). Building trust over a period of time will increase participation and will result in a rich factual data gathering interview.

2.7.1.3 Persistent Observation

Lincoln & Guba (1985:304) states that the purpose of persistent observance is to identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued. The assistant moderator should focus on relevant and irrelevant items during the interview that is important for this study. He must be well
informed of his role as explained previously.

Considering persistent observance, the researcher selected an assistant moderator who remained in the room with participants and lets the perceptions unfold without being biased in any way. Field notes were made during the interview that was compared with the researcher's impressions after the interview.

### 2.7.1.4 Triangulation


In this study, data will be validated in the literature and with the stakeholders in a workshop.

### 2.7.1.5 Peer Debriefing

This technique is also useful to establish credibility. This process is a manner of exposing oneself for the purpose of exploring aspects that might otherwise remain unsaid (*Lincoln & Guba*, 1985:308).

The assistant moderator will also play a role in debriefing because he will take note of the body language, posture and keep field notes of the interview and observances during the interview. The assistant moderator will summarise the discussion at the end of the focus group interview to clarify uncertainties and justify interpretations.
For data analysis, the researcher will engage an expert independent coder who has been involved in coding qualitative information.

2.7.1.6 Member Checks

According to Lincoln & Guba (1985:314), member checks are a method whereby data, analytic categories, interpretations and conclusions are checked by the stakeholders from whom the data was collected, the most critical technique for establishing credibility.

The participants of the focus group by means of workshop will confirm the interpretations from this data collected. This will confirm what the respondents intended to say. Any misinterpretations can be corrected, giving them the opportunity to add information and providing the respondents an opportunity to assess overall adequacies in addition to confirmation of individual data points.

The group can even air their disagreements but the researcher should not be naïve or be misled by members. Lincoln & Guba (1985:315) say that member check is probably a reasonably valid way to establish the meaningfulness of the findings and interpretations.

2.7.1.7 Transferability

Transferability is different from establishing external validity. Only a broad description of the interview can be provided which can be used as data base that makes transferability possible (Lincoln & Guba, 1985:316).
The data gathered for this study will be described within the context of the Northern Region of the North West Province. The information can be used as a database to repeat the study in the other regions of this province.

To allow other to assess how transferable the findings are may not relate to other regions and hence conclusions may not be transferable.

**2.7.1.8 Confirmability**

The major technique for establishing confirmability is through the audit trail and the audit process (*Lincoln & Guba, 1985:319-320*).

Collecting the data for this study form the first requirement of the audit trail. The audit trail categories that are applicable for this study are as follows:

- raw data such as the tape recorded data from the interview which will be transcribed as well as the field notes;
- data reduction and the analysis product including the write-ups of the field notes;
• data reconstruction and synthesis products including the structure of the categories, interpretations and inferences;
• process notes, including methodological notes, trustworthiness notes relating to credibility, dependability and confirmability (Lincoln & Guba, 1985:319-320).

The confirmability will be assessed further to ascertain whether the findings are grounded in the data. The logic of the data, the analytic technique, appropriateness of categories and quality of interpretations can be used to judge all these aspects of the confirmability.

2.8 ETHICAL STANDARDS

Ethical standards for research according to SANA (1991) will be applied as guide for this research.

• Quality of the research

The highest possible standards will be adhered to when planning, implementing and reporting this research. The researcher has the capabilities to attempt this research and will approach it with integrity and honesty. All the findings will be reported in full, without omission of significant data, including full detail regarding explicit theories, methods and research design that may influence the interpretation of data. Acknowledgement to all participants will be given orally and in writing (SANA, 1991).
• **Right to confidentiality and anonymity**

The researcher will ensure that making it impossible to link any specific information to a specific person protects the anonymity of any participant. It can seldom be possible to ensure this, but all participants should at least be made aware of it. If anonymity is threatened, all research records will have to be destroyed (*SANA, 1991*).

• **Right to privacy**

As defined by the South African Nursing Association (1991:2), privacy means that a person can behave and think without interference or the possibility of private behaviour or thoughts being used to embarrass or demean that person later.

In phase one of the study (focus group interview), participants are free to discuss the questions, they have to respect each other's opinions and domination is discouraged. The focus group interview will be conducted in a quiet environment, free from disturbances.

• **The right to informed consent**

Written consent for the research that is included on the information list given to the participants will be obtained from all. This form is included as annexure 4. They will be informed on the objectives of the research, type of participation expected, recording of data and method of research (*SANA, 1991*).

In this study, written consent will be obtained from participants in Phase one. Annexure 4 is attached to the study to indicate consent given by the participants. Participants will be made aware of their right to withdraw their consent if they wish despite their initial consent to participate. Permission from participants will be requested to use a
tape recorder and the tapes will be destroyed afterwards.

Participants will be informed of the following in a clear and comprehensible way:

- the goal of the research;
- the design and methods;
- the duration of the research;
- the type of participation expected of participants;
- how results will be implemented; and
- the identity and qualification of the researcher.

Participants and district health authorities will be informed of research results on request.

2.9 SUMMARY

The purpose of this chapter was to describe and justify research design that is applicable to this study. The aim is to gain information on the reconstruction of education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach.

The next chapter will be a description of the empirical data from Phase one of the study after it was analysed.
CHAPTER 3

FINDINGS OF PHASE ONE

3.1 INTRODUCTION

In chapter three the researcher will describe the findings of phase one. The resources and deficiencies for the reconstruction of education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach will be identified from the findings.

3.2 RESULTS OF THE ANALYSIS

A discussion between the researcher and an independent analyst from a tertiary institution were arranged to discuss the results of the analysis, using the protocol developed by Tesch (1990 in Creswell, 1994:155). At a date agreed upon, responses of the data from the participants were compared. The intention was to reach consensus on categorisation. Results were prioritised and arranged logically in table 3.1 and 3.2.

Concluding statements will also be given at the end of this chapter that will provide the concepts for this study.

3.3 DESCRIPTION OF RESULTS

Responses of the participants will be interpreted and described. Examples will then be given by quoting the exact words to support the interpretations. In this study, two major categories were identified from the empirical data, which will be described.
The first major category resulted in gaining insight into the existing strengths for the reconstruction of education and training of professional nurses to a primary health care approach in the region. The second major category indicated the most significant weaknesses for the reconstruction of the education and training of professional nurses to a primary health care approach. The first major category that was identified was the strengths. Table 3.1 indicates this category and sub-categories:

Table 3.1: Strengths available for primary health care education and training in the region

<table>
<thead>
<tr>
<th>MAJOR CATEGORIES</th>
<th>SUB-CATEGORIES</th>
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<tbody>
<tr>
<td>Strengths:</td>
<td>Human Resources</td>
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<tr>
<td></td>
<td>Physical Resources</td>
</tr>
<tr>
<td></td>
<td>Financial Resources</td>
</tr>
<tr>
<td></td>
<td>Current Primary Health Care Education and Training</td>
</tr>
<tr>
<td></td>
<td>Positive Attitudes</td>
</tr>
</tbody>
</table>

3.3.1 Strengths

Strengths in the context of this study can be described as the existing assets available for primary health care education and training of professional nurses in the region (Sykes, 1983). Participants from both regions agreed that there are sufficient facilities available for the primary health care education and training of professional nurses. Although it was not primary
health care education and training that was presented during the past years, the participants all commented positively on aspects such as the resources which could be utilised for the purpose of primary health care education and training for professional nurses. But, undoubtedly is this new approach, to implement primary health care education and training for professional nurses must be seen as a challenge. Positive attitudes for training that exists amongst participants involved in education and training of professional nurses in the regions is identified as sub-categories and indicated in table 3.1.

The citations from the raw data that follows will motivate why there are sufficient facilities for implementing primary health care education and training of professional nurses in the Northern Region of the North West province.

3.3.1.1 Human Resources

Human resources is one of the assets available when reconstructing the education and training of professional nurses to a primary health care approach. It refers to the qualified tutors who are currently involved in education and training for professional nurses although not primary health care education and training.

Human resources should not be a problem when reconstructing the education and training of professional nurses to a primary health care approach. All the participants are qualified tutors and they even mentioned the availability of tutors for theoretical and clinical teaching in the region. They have always been involved with nursing colleges and tertiary institutions in other parts of the province.
One participant remarked: "...there are two tutors who are qualified at the department of health in Rustenburg ... clinical tutors from Excelsius at Paul Kruger. I think they are two."

The participants specifically mentioned the following human resources as another strength in the region:

"...as far as manpower in Mogwase is concerned, there we have tutors....we have teaching sisters who may help us in the practical situation. This is at the clinical teaching department we utilise the teaching sisters."

Another strength that was mentioned was physical resources in the region.

**3.3.1.2 Physical Resources**

Physical resources is also one of the existing assets that might be used for primary health care education and training of professional nurses in the region. Some participants displayed involvement in various training institutions, which function in affiliation with Bophuthatswana Nursing College or Excelsius Nursing College. Both of these institutions are allocated outside the region. One participant indicated that this region is fortunate to have a private company investing in primary health care education and training of professional nurses namely Rustenburg Platinum Mine Hospital. In 1996 the SAINC approved a curriculum for Clinical Nursing Science, Health Assessment, Treatment and Care (R48), which allowed Rustenburg Platinum Mines Hospital to present this course.
The participant said: “A primary health care course is going on at the mine.” Further remarks were made regarding institutions involved in primary health care education and training.

“As far as Mogwase area is concerned, we have George Stegman Hospital where students are able to go for practical. Hospitals used by Bophuthatswana Nursing College for clinical training are there, we allocate them to the various clinics around the hospitals.”

Another participant mentioned: “We utilise the Health centres to place students because the tertiary institutions itself send students for training for areas like Moreteletsi Hospital and George Stegmann Hospital, Mogwase Health Centre and Bafokeng Health Centre.”

Calculating the numbers of training institutions in the northern region of the North West Province given by the participants, it can summarise as follows:

- Hospitals : 3
- Health Centres : 2
- Nursing colleges : 0
- Hospital Training Schools : 1

Another participant remarked on physical resources and cited: “We do have in the Rustenburg District office lecture rooms.... we do have projectors and all the equipment of this kind that we need for training because there has been training going on for some time, family planning, Tuberculosis, STD training. At Mogwase there is no models we have got such an old doll”.
One of the most important factors that should be considered when reconstructing the education and training of professional nurses to a primary health care approach is to combine all the resources.

Combining the resources can be described as putting together resources in the region and thus strengthening ourselves for the new approach towards primary health care.

One participant said: "I would say Rustenburg and Mogwase could sort of join together rather than dividing our strengths. I am venging on the strengths of both, facilities like the personnel, the teaching personnel, facilities like the clinics, and hospitals we can put those facilities together and get something quite adequate and efficient for training."

Another strength that was identified is the financial resources.

3.3.1.3 Financial Resources

Financial resources can be defined as another asset that exists for primary health care education and training because finances, especially for primary health care, are available. Although there seems to be uncertainty regarding the details of the budget for primary health care education and training which management has the information on, the participants agreed that there are available funds because whoever asks to go for such training is never refused. The professional nurses forwarded requests for this training through the person in charge of the institution where they are employed. There
are even private organisations that are funding primary health care training.

One participant remarked: "There is a budget for primary health care training...because it was once mentioned that there was a budget it was send over...for at least a year."

Another said: "As far as the mine budget is concerned...I can't say much.... we only make arrangements to send our students over to such a programme, and we don't pay anything."

Yet another mentioned that: "When they do the National Budget there is a budget for each programme that we are now starting..."

One more strength that was identified is the current training for professional nurses in primary health care in the region.

3.3.1.4 Current Primary Health Care Education and Training

It became evident from the empirical data that there are only one course currently presented in the region which is a Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care. This course is accredited by the SAINC. The Rustenburg Platinum Mines Hospital implemented it. This was also confirmed by one participant, "We have quite a number of professional nurses in primary health care training in clinical skills... a primary health care course is going on at the mine"

The participants mentioned that there are currently only eighteen students involved in the course at the mine and a
few are allowed to attend primary health care education and training in other provinces.

In support, one participant said: “I remember at Kalafong they asked for two primary health care students from us and the region will be responsible for the funds.”

Even in this changing environment where the participants are currently involved in, there are still positive behaviour or attitudes identified in the data.

### 3.3.1.5 Positive Attitudes for training

A positive attitude for training refers to the positive behaviour of the stakeholders towards education and training of professional nurses in accepting the concept of primary health care.

The group seems to be aware of the current transformation of the country that will inevitably lead to transformation within the training institutions. They are aware of the National Qualification framework who, together with the South African Interim Nursing Council, are looking into uniformity within the education and training system of the country. They do expect changes such as hospital training institutions to be integrated with tertiary institutions.

One participant remarked: “I am happy at the end of the day at least education and training which used to be done at hospitals will automatically be integrated by the nursing colleges...it will be used for campuses so I can foresee no that there will definitely going to be some changes...integration.”
They also mentioned discrepancies between tutors of these different training institutions. It become clear those tutors providing education and training at hospitals are regarded as inferior to those of a Nursing College. Although uncertainty exists regarding the changes they see the changes as opportunity that all will benefit from.

This was evidenced by a participant: “...if we don't transform ourselves as functional members it poses to be a problem. You know being a clinical tutor employed at a hospital and a tutor at the Nursing College there is a lot of discrepancies. If only this can be corrected then I don’t think there will be any problems, and as far as the National Qualification Framework is concerned there has to be uniformity. And I am happy at the end at least hospital nursing education and training will be integrated by Nursing Colleges which means that facilities which used to belong to the college will be utilised by those at the hospitals as well.”

Another positive attitude mentioned by the participants is that professional nurses even came forward and requested to go for primary health care education and training. They want to use this opportunities to empower themselves and are aware of the primary health care approach that must be adopted.

In support one said: “They want to be informed, they want to get new knowledge. But in general it is expected as urgency and the approach is positive about training and we want to share in training in the area.”

Another stated that: “...at Mogwase there are those who offer themselves to go for training...they are professionals.”

A description of the second major category that was
identified from the data, weaknesses, will follow.

3.3.2 Weaknesses

Weaknesses refers to the existing weak points, either ineffective people or lack of action, which needs to be changed (Sykes, 1983). For the purpose of this study, weaknesses refers to weak points that needs to be reconstructed in the education and training of professional nurses in order to implement a primary health care approach.

Table 3.2 indicates the major category and sub-categories.

Table 3.2: Existing weaknesses for Primary Health Care education and training in the region

<table>
<thead>
<tr>
<th>MAJOR CATEGORY</th>
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</tr>
</thead>
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<td></td>
<td>Discrepancies</td>
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<td>Ineffective Physical Resources</td>
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<td>Fear towards change</td>
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3.3.2.1 Human Resources Discrepancies

The problem regarding human resources is not the number of tutors but the existing discrepancies between tutors from a hospital and those from a nursing college. The feeling also exists that the tutors involved in education and training at a hospital are inferior to the tutors from a tertiary institution such as a university.

In support one participant cited:

“You know being a hospital nurse educator and a college nursing educator there is a lot of discrepancies if only this can be corrected.”

The physical resources were identified from the data to be a weakness as well.

3.3.2.2 Ineffective Physical Resources Utilisation

Physical resources as a weakness, refers to the lack of or ineffective use of these existing resources which can be utilised when reconstructing the education and training of professional nurses to primary health care. Thus, the ineffective utilisation reflects the reason it was identified as a weakness.

Within the geographical area of Rustenburg and Mogwase there are hospitals that are approved by SAINC to empower professional nurses towards the primary health care approach. These hospitals are approved by the SAINC as a training facility, which means they have adequate
resources for primary health care education and training and yet they are not providing education and training for professional nurses.

"...We have George Stegman hospital where students are able to go for practical...we allocate students to various clinics around the hospitals for basic training. We utilise health centres to place students..."

Another weakness that was identified from the data is that the participants feel there should be effective communication between stakeholders involved in primary health care education and training of professional nurses.

### 3.3.2.3 Lack of Communication

Lack of communication can be described as a weakness due to uncertain channels of communication to address primary health care education and training issues for professional nurses in this region.

There are different forms of communication and communication channels that can be utilised effectively for primary health care education and training. The participants are not sure if there will ever be separate posts for primary health care education and training which will at least indicate a hierarchical structure for communication.

One participant remarked: "There are no proper training staff as I mentioned.... training has got to go under one umbrella because there is a lot of uncertainty......as long as we can belong to any of the nursing Colleges, we will be very comfortable."
There are a number of reasons to assume that communication does not take place effectively. The participants referred to various occasions where persons in charge of hospitals or education and training institutions never gave feedback. Important information is accidentally read in documents.

In support one participant said: "There was a report that we got that at some stage the Nursing Council did come for an inspection but there are still no follow up. Because whoever was doing the inspection found the same mistakes ... there are never ever corrective measures." Another cited: "There is a problem with consultation. People at the top don't discuss with the people or the information does not reach the real concerned people. Whereby we saw in one of the documents that the nursing school like Jubilee will automatically fall under Excelsius."

They have even mentioned a list of people whom they would communicate with when reconstructing the education and training of professional nurses to a primary health care approach. One participant mentioned:

"We should include some people in the community... some civic leaders who are in control and can be influential... because they are people with influence on the community who can give us information."

According to the analysis it was clear that participants are already aware of the important role of the community in establishing effective education and training which addresses the needs of the people.

Another concern raised by the participants is the lack of
primary health care education and training of professional nurses taking place in this region.

3.3.2.4 Lack of Primary Health Care Education and Training

As mentioned earlier in the study, Rustenburg Platinum Mines Hospital is the only approved institution providing a course in Clinical Nursing Science, Health Assessment, Treatment and Care. Lack of primary health care education and training refers to the fact that only 18 professional nurses are attending this course. One remarked: "Rustenburg Platinum mine ... right now there is a primary health care course going on ... which is a joint venture between the mine and public sector."

There are still ±200 professional nurses in this region to be trained in primary health care. This poses a threat because if the one course that is presented is not optimally utilised, we will only conclude the primary health care education and training for professional nurses for this region in 2017 and the needs of the community is the priority. In support one participant said: "So if we train more people in the field were reaching out to our community."

Participants highlighted that the largest part of the Northern Region of the North West Province is rural.

They cited: "The most important thing that we should emphasise is primary health ...specifically because they are relevant...for those around us are mainly rural area. It addresses the needs of the rural areas because people cannot afford private health care. So if we train more people in this field we are reaching out to our community. I think primary health care is a breakthrough and if others like pharmacology...honestly it should all be in line with
The final sub-category that was identified is the fear that exists amongst the participants regarding the changes that is inevitable.

3.3.2.5 **Fear Towards Change**

Fear towards change refers to the uncertainty that is a normal behaviour when changes are inevitable.

Changes always bring about fear. The participants do seem to be concerned because they feel the changes that are taking place should be more transparent. Participants raised various concerns: ".... if we can just belong to some institution....." Another cited: "The top do not discuss with us.... we don't know."

3.4 **CONCLUDING STATEMENT OF PHASE ONE**

The statement from the empirical data regarding the above can be summarised as follows:

1. The Northern Region of the North West Province has sufficient human resources that has been identified as strength and weakness to implement primary health care education and training for professional nurses. Reconstruction is however necessary to ensure effective utilisation of these human resources, proper distribution and removal of discrepancies between them.

2. There are sufficient physical resources available in the Northern Region of the North West Province when reconstructing the
education and training for professional nurses to primary health care. However, optimal use, equal distribution and effective combining to ensure equity should be the guiding principles.

3 Financial resources refer to the budget that exists for primary health care education and training in the Northern Region of the North West Province. Proper systems of approval of funds need to be implemented to ensure control of the budget and alternative resources are determined to absorb funds.

4 Current training refers to the only course namely a Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care that is presented by a private company for professional nurses of this region. Optimal utilisation of this course is a method to address the urgent need to provide more primary health care education and training of professional nurses in the Northern Region of the North West Province. This is an opportunity to empower the professional nurses from the Northern Region of the North West Province.

5 The positive attitude towards the primary health care education and training refers to the positive behaviour of the professional nurses in a changing environment that is currently in the region. Despite the reconstruction process, which is essential in order to be in line with the primary health care approach of the National Health Plan, the participants can see the opportunities and they want to be empowered.

6 The lack of communication exists in the Northern Region of the North West Province due to a lack of uncertainty whether educators will belong to a tertiary institution or not, a lack of downward communication procedures are in place and a communication platform established with the community leaders.
Rustenburg Platinum Mines Hospital is the only institution contributing to primary health care education and training of professional nurses in the region. Lack of primary health care education and training of professional nurses in the region can be seen as a threat due to the ineffective utilisation of the current course been presented at this institution.

Fear refers to the uncertainty that exists during a changing period. Fears can eliviate by keeping everybody involved in primary health care education and training of professional nurses through effective communication.

3.5 SUMMARY

In Chapter three the findings of Phase one of the research study was described. In Chapter four concepts from the concluding statement will be illustrated in a conceptual framework to indicate relevancies. The context of the study will be described theoretically and then will the concepts as they have been identified from the empirical data, be justified by means of a literature study.
CHAPTER 4

CONCEPTUAL FRAMEWORK FOR THE STUDY

4.1 INTRODUCTION

In the previous chapter, statements were formulated from the empirical data. In chapter four, a conceptual framework, developed from the concepts that emerged from these statements, the researcher will firstly give a theoretical description of the context of the study that will support the reason to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to primary health approach. Thereafter will the literature control of the empirical data be described according to the conceptual framework to add more meaning to the concepts.

4.2 CONCEPTUAL FRAMEWORK

Figure 1 is a diagrammatic expression of the relevant concepts and context of the study. The purpose of the conceptual framework is to illustrate interrelations of the concepts.

For the purpose of description, the context of the study will be divided into the macro, meso and micro levels.
4.3 CONTEXT OF THIS STUDY

The contextual framework illustrates the National Health Plan and the RDP at macro level. The South African Interim Nursing Council and National Qualification framework is the meso level of the study.

In support, the context will be described theoretically to give more meaning.

4.3.1 Macro Level: The National Health Plan and RDP

As the conceptual framework illustrates, the National Health Plan (NHP) and the Reconstruction and Development Programme (RDP) are the first context or macro level that needs to be described. The reason is that they dictate the road to the future that is to strive towards a primary health care approach (ANC, 1994:44).

According to the National Health Plan for South Africa (ANC, 1994), primary health care offers the only alternative for sustainable and equitable health care for everyone, rich and poor alike, in any society. Furthermore, it was stated in the Government Gazette (RSA, 1997:61) that primary health care education and training of professional nurses are listed as one of the most important training priorities.

Being listed as a priority, this region has an obligation to implement reconstruction measures for the education and training of professional nurses to a primary health care approach. District Health Authorities were implemented to support the Provincial Health Authorities in the reconstruction process and in the transformation of the health care delivery system (ANC, 1994:44). In addition, each District Health Authority must be responsible for the primary health care services (ANC, 1994:44) and should see how to implement transformation of the health system and ensure primary health care is adopted. For the purpose of this study, we need to address the reconstruction of
education and training of professional nurses from the Northern Region of the North West Province to the primary health care approach.

The transformation of the health system to a primary health care approach will require reorientation of existing personnel. Assessment of their present skills and acquisition of new skills to play a more effective role, requires changes in the education and training of professional nurses (ANC, 1994:79). This is a method to empower professional nurses.

However, no reconstruction of any education and training in the nursing profession can even be considered if not within the prescribed regulations of the South African Interim Nursing Council. The SAINC together with SAQA through the National Qualification Framework are striving to work towards a unified nursing system (SAINC, 1996) which are illustrated as the meso level in the conceptual framework.

4.3.2 Meso Level: South African Interim Nursing Council and National Qualification Framework

The South African Interim Nursing Council believes that nursing education and training must meet the needs of the diverse population of South Africa that is described within the Reconstruction and Development Programme and the National Health Plan (SANC, 1996:1).

At present the SAINC prescribes the philosophy and policy with regard to education and training of professional nurses. The philosophy describes the objectives of the SAINC that are determined in section 3 of the Nursing Act, 1978 (No. 50 of 1978) to set standards. Furthermore, the philosophy defines nursing as a caring profession that enables and supports the patient ill or well and defines nursing science as a clinical health and human science that constitutes the body of knowledge for the persons registered or enrolled under the
Nursing Act (SANC, 1992:1-2). The SAINC, as statutory body should protect and promote standards of education and training, thus also protecting the rights and interests of the patients and clients (ANC, 1994:45). SAINC currently has only one regulation and directive available that addresses the existing needs towards primary health care and that is the Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care (SARV, 1993).

The regulation and directive for the Diploma in Clinical Nursing Science, Health Assessment Treatment and Care describes the minimum standards for the training of professional nurses in terms of programme objectives, course content, number of periods, learning experience, clinical practica, evaluation, examinations and qualifications of lecturers (SAINC, 1985).

This course can only be presented at training institutions that have been approved by SAINC. The problem in this region according to the empirical data is that there are only one institution approved to present such a course that is a company in the private sector. They fortunately offered to train professional nurses from the public sector as well.

Furthermore, the contribution of the private sector is supportive to the National Health Plan that emphasises the partnership between the public and private sector (Sub-committee: Primary Health Care, 1992:1) as the only way to provide an affordable health service to all inhabitants of the Republic of South Africa.

Together SAINC and NQF are striving towards a unified education and training system for South Africa. Outcome standards will be defined according to the requirements of the NQF, who are facilitating the function of the South African Qualifications Authority (SAQA) in placing candidates on an appropriate level (SAINC, 1996). Nursing education and training is placed at levels 5, 6, 7 and 8 of the NQF.
Level 5 indicates people with basic diplomas/qualifications. Level 6 indicates persons with a first degree or higher diploma and Level 7 indicates higher degrees or professional qualifications. Level 8 is all doctorates or further research degrees (SAINC, 1996). Primary health care education and training are a specialisation programme and professional nurses with such a qualification will be placed at level 6.

According to the proposal from SAINC (1996:7) all training institutions should be incorporated into universities or technikons. SAINC (1996) clearly mention integration of such institutions to become campuses for a university or technicon.

Unfortunately the Northern Region of the North West Province does not have a university, nursing college or technicon to present the Diploma Course in Clinical Nursing Science, Health Assessment and Treatment professional nurses. Rustenburg Platinum Mines hospital as mentioned earlier in the chapter, should affiliate with a tertiary institution that is within reach of most of the professional nurses. This would entail entering into formal agreements and contracts (SAINC, 1996:7). Integration will support the District Health System who appointed forums to investigate the rationalisation of the administration and personnel, and negotiate implementation of rationalisation.

Due to the fact that the only training currently is at Rustenburg Platinum Mines Hospital, the lack in primary health care education and training of professional nurses in this region refers to the fact that the Northern Region of the North West Province has only one accredited institution presenting primary health care education and training for professional nurses. Only 18 professional nurses will qualify per year and there are approximately 200 remaining. The concern was raised that education and training of professional nurses are taking place too slow.
But, this too is only possible if the capacity to drive the process exists amongst the stakeholders. To give effect to this aspect, it is essential that the District Health System be entrusted to establish effective management structures to move forward (RSA, 1997:17). Increase access to the current courses such as Clinical Nursing Science, Health Assessment, Treatment and Care presented at Rustenburg Platinum Mine Hospital that will support the proposal from SAINC (1996) of integration and rationalisation. The Department of Health will not have to build additional facilities or appoint more staff if they, together with the private sector expand the current training at Rustenburg Platinum Mines Hospital.

The purpose of this study is to formulate guidelines, by means of providing a strategic plan for management to follow when restructuring the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach. Restructuring the education and training of professional nurses of this region will be within the micro level that will reveal the detail that needs to be reconstructed to implement primary health care education and training for professional nurses.

4.3.3 Micro Level: Restructuring Process of the Northern Region of the North West Province.

As mentioned previously, reconstruction for the purpose of this study will be within the micro level. Assessing the micro level of the Northern region of the North West province should provide information on how to formulate a strategic plan that management of the region can apply in order to reconstruct the education and training of professional nurses to a primary health care approach. In support, Muller (1996:102) indicates the purpose of restructuring is to restore or rebuild an infrastructure that will provide access for a persons basic needs, thus also develop the potential for further advancement.
According to Schutte (1981:72) it is essential for management in their strategic planning to apply the SWOT analysis. The SWOT analysis can also be used to assess the education and training system of professional nurses and as such direct the way towards adopting a primary health care approach for the Northern Region of the North West Province.

4.3.4 SWOT

Management during the management process uses a SWOT analysis and it requires management to look very closely and analytically at every management aspect (Eyre, 1987:57). Within the education and training system of professional nurses, management of the Northern Region of the North West Province will have to look very closely at restructuring the infrastructure to a primary health care approach.

All the information from the empirical data contributed to identify the existing foundation to build on when restructuring of education and training of professional nurses to a primary health care approach that is the purpose of this study. This information from the empirical data described strengths and weaknesses in the region that need to be restructured. From the description certain opportunities and threats were also mentioned. Combining them the researcher identified (SWOT) strengths, weaknesses, opportunities and threats that is a route management should follow when restructuring the education and training of professional nurses to a primary health care approach.

Nursing for the whole person’s theory will provide the framework within SWOT. This theory reflects the three dimensions in the contextual framework i.e. Physical, Social and Spiritual dimension of the environment (Oral Roberts University: Anne Vaughn School of Nursing,
The strengths, weaknesses, opportunities and threats (SWOT) will be described in detail by means of the literature.

4.3.4.1 **Strengths**

Strengths can be defined as the degree or respect in which a person or this region is strong enough to address the needs (Sykes, 1983:1053). The strengths will be discussed under the sub-headings human resources, physical resources and financial resources, current training and positive attitudes.

- **Human resources: Social Dimension**

Commenting on the human resources as strength in this study, human resources refer to the people with the necessary skills and qualifications as required by the SAINC, who can implement education and training of professional nurses to the primary health care approach. In other words, a professional nurse who is registered under section 16 of the Nursing Act (Act No. 50 of 1978)(SANC, 1994:18)

According to the Government Gazette (RSA, 1997:21) are human resources a critical factor to support the RDP priorities and ensure availability, equitable redistribution and providing of primary health care education and training of professional nurses in this region.
The distribution as it is currently available, shows that the majority of training staff are placed at only two of the health centres in the Northern Region of the North West Province. According to the statistics of professional nurses, there are sufficient qualified tutors for both theoretical and clinical teachings in this region that needs proper distribution.

Another problem with human resources that exists is the present deployment of staff in the public sector. It was not possible to obtain the exact total of tutors in the region. Only an estimated number could be obtained. It was stated that there is at least ten professional nurses registered as tutors currently involved in education and training of professional nurses in the region. Based on the above discussion, clearly all professional nurses involved in primary health care education and training should firstly have the appropriate knowledge and skills, secondly be redistributed and thirdly should their qualifications and overall responsibilities be submitted to SAINC for accreditation (SAINC, 1991) as follows:

- person in charge of the programme
- persons responsible for the clinical accompaniment
- any other persons involved with either the clinical or theoretical component of the programme (SAINC, 1990).

Qualifications of persons involved in the teaching programme are not specified. However, the following categories have been mentioned according to SAINC (1987) to make a contribution such as medical and nursing practitioners with specialised knowledge of the health
needs, social workers, pharmacists, microbiologists, community nurses and health service administrators.

Administrative personnel will be required to monitor and keep student records up to date. These should be presented to SAINC for final evaluations. The clinical component of this course should be under the general supervision of a preceptor (SAINC, 1985).

The next strength from the empirical data is our existing physical resources.

**Physical Resources: Physical Dimension**

Physical resources refer to all objective or objects with the persons external environment that leads directly or indirectly to any change in one or more aspects of behaviour (Freedman, et al. 1981).

Physical resources also refer to the available assets that can be drawn from to reconstruct the education and training of professional nurses (Sykes: 1983:887) to the primary health care approach. Physical resources are according to the Government Gazette (RSA, 1997:40), the resources for training that should be allocated equitably to ensure optimal utilisation for the entire region, for example institutions and equipment.

All institutions that intend to provide education and training for professional nurses need to apply for approval of the institution with the SAINC. According to SAINC (1992) such education and training institution will have to submit a concise outline of the physical facilities and
equipment for presentation to the Executive Committee of the Council, for example:

- classrooms;
- clinical simulation laboratory if relevant;
- teaching aids;
- clinical areas to be utilised for clinical placement; and
- facilities for setting and safekeeping of examination papers.

From the empirical data, it seems that there are adequate physical resources for theoretical and practical training. The region has training hospitals such as Paul Kruger Memorial Hospital and Rustenburg Platinum Mines Hospital in the Rustenburg district and Saulspoort Hospital in the Mogwase district that are presenting some form of training for professional nurses. There are even health centres and clinics that are approved by SAINC as clinical facilities for education and training of professional nurses that means that they are up to standard.

When Rustenburg Platinum Mines Hospital had their institution approved as an education and training facility, a number of clinics and health centres were also approved as clinical facilities to place students attending the Clinical Nursing Skills, Health Assessment, Treatment and Care course. Summarising, the approved clinical facilities for the abovementioned course in this region is as follows:

- Mogwase Health Centre in the Mogwase district;
- Hartebeestfontein Clinic in Rustenburg district;
- Drosdy clinic in the Rustenburg district;
George Stegman Hospital in the Mogwase district;  
Tlhabane clinic in the Rustenburg district;  
Bafokeng Health Centre in the Rustenburg district;  
Paul Kruger Memorial Hospital in Rustenburg and  
Transitional Council Clinics (SAINC, 1997).

The above clearly shows the majority of clinical facilities that are approved by SAINC, to be in the Rustenburg district. Investigation of proper utilisation should be established with the view to implementing primary health care education and training of professional nurses.

Commenting on the utilisation of available facilities for education and training as cited in the official policy document of the Department of Health (1996:5) should all resources be made accessible to a broader section of the population.

Not only did the empirical data reveal the availability of buildings for education and training of professional nurses but also the equipment. Apparently these are inadequately distributed and utilised mainly in the Rustenburg district according to the empirical data. There is currently no specific information regarding the total amount of equipment available for education and training of professional nurses. The only information from the empirical data is that there is equipment in the Rustenburg area because they have been training nurses for a long time.

Even if this was not primary health care education and training the equipment can obviously also be used for
primary health care training. The other fact is that Rustenburg always loans equipment for training to others. In the long run, we need to do a proper analysis of the availability and distribution of equipment to be able to restructure the education and training of professional nurses to a primary health care approach.

In line with the above, recommendations are in the White Paper on the Transformation of the Public Service (RSA, 1995) that resources are allocated equable between departments, provinces and regions.

Taking time to seriously and systematically examine assets or strengths will give a firm foundation to build on. Undoubtedly, implementing of primary health care education and training of professional nurse will incur financial costs. But, according to the empirical data, financial resources can be described as strength because there seem to be definite funds available to provide primary health care education and training of professional nurses.

- **Financial Resources: Physical Dimension**

Sykes (1983:399) defines financial resources as the funds set aside for a purpose. For this study, the purpose is to provide education and training of professional nurses towards primary health care. The Government Gazette (RSA, 1997:47) also refers to the funding of education and training within this region to shift expenditure towards primary health care; improve efficiency with regard to the use of finances; reduce wastage and eliminate duplication of training.
A report of the Committee into District Health Authorities (DHSC, 1995:50) the funding requirements for the envisaged primary health care system were assessed. These funds flow via the normal budgetary mechanisms at National level to the District Health Authorities (DHSC, 1995:64). These funds will be utilised to achieve the goals and objectives in the district. One of the objectives at district level is to establish a education and training programme in primary health care of professional nurses (Sub Committee: Primary Health Care, 1992:7).

According to the Government Gazette (RSA, 1995:39), the regions should move away from the incremental budgeting of the past and departments will be required to set priorities in relation to Government policy that is primary health care. Even over-resourced departments will no longer be able to rely upon an incremental increase as in the past as indicated in the Government Gazette (RSA, 1995:39). All possible options to share costs must be considered such as the private sector.

The empirical data confirmed the existence of a specific fund for the sole purpose of primary health care education and training of professional nurses. Should there be a request for such training, funds will be made available from this training budget.

However, it is suggested that whilst the funds are available, the fact remains from the above that the public sector has limited funds for education and training of professional nurses and no increases will be allowed.
Giving primary health care education and training of professional nurses priority, funding is essential but the need exist to assess the current training in this region for primary health care before developing other programmes.

The above mentioned aspects, human resources, physical resources and financial resources are all part of the physical dimension of the micro level that needs to be restructured. The following strength to be discussed is current training.

- **Current primary health care education and training: Physical Dimension**

The SAINC and NQF are responsible for determining the changes required for the education and training of professional nurses and to ensure it addresses the primary health care approach, as mentioned previously. The National Qualification Framework (NQF) facilitates the function of South African Qualifications Authority (SAQA) in placing education and training candidates on an appropriate level. Professional nurses completing primary health care education and training will be placed on level six (SAINC, 1996) as mentioned earlier in the study. Current training can then be defined as the generally accepted training that is taking place (Sykes, 1983:233).

As it was mentioned before, a private institution is presenting a Diploma Course in Clinical Nursing Science, Health Assessment Treatment and Care. In support, it is important to draw from all different authorities, including the private sector when striving to implement new
education and training courses (Committee for Strategic Development, 1994:4).

According to the policy document from the Department of Health (1996) should contractual arrangement between the District Health authorities (DHS) and private provider such as Rustenburg Platinum Mines Hospital be drawn up. The purpose of such agreements is to motivate collaboration and optimum use of available primary health care education and training of professional nurses of the region.

In support it is cited that more effective planning by management to utilise the existing sources for primary health care education and training should be seen as a positive opportunity that should not be ignored (Committee for Strategic Development, 1994:4).

Although constraints were expected when dealing with changes, the empirical data actually indicated a number of positive attitudes towards education and training.

- **Positives attitudes: Spiritual Dimension**

Without any doubt changes of this nature, to reconstruct the education and training of professional nurses to a primary health care approach, will have either a positive or negative reaction. The empirical data revealed positive attitudes, which are those qualities that can be ascribed for a certain purpose (Sykes, 1983:57). In other words, even when changes are taking place, those involved in the reconstructing process are still demonstrating a positive behaviour. Behaviour can be defined as the norms to
which one conforms in a specific situation (Napier & Gershenfeld, 1985:124).

Furthermore, the resistance to the restructuring of education and training of professional nurses to the primary health care approach, is limited because the empirical data revealed that most professional nurses are aware that restructuring will be an incentive for them. In support to the above, the Department of Health (1996) comments on the importance to strengthen the human resources which will immediately empower professional nurses to render a comprehensive service. According to Oldcorn (1989:192) the responses to change can be described as ‘behavioural effects’. Undoubtedly the people should be kept informed and involved in the changes that must be implemented. People who take a creative idea, are the true ‘agents of change’ (Oldcorn, 1989:191). According to Oldcorn (1989:195) change is more acceptable if the ideas come from the people. This aspect will be discussed under the following category because it refers to communication that was mentioned as a weakness.

4.3.4.2 Weaknesses

Weaknesses refer to the weak points, either ineffective people or lack of action (Sykes, 1983:1217). It is further stated that weaknesses must be investigated and faced because they represent retarding influences on the success of change (Eyre, 1987:56).

The weaknesses from the empirical data will be described and justified by means of literature to give more meaning.
Human resources discrepancies

The discrepancies regarding the human resources as weakness refers to the difference of stakeholders involved in the education and training of professional nurses from a tertiary institution and those of the nursing colleges.

Ineffective Physical Resources Utilisation: Physical Dimension

As previously mentioned, physical resources for education and training refer to the assets that should be made available to allow previous neglected facilities be optimally utilised (Committee for Strategic Development, 1994:4). Despite these difficulties, resources are maldistributed on a geographic basis and between levels of care (Health Systems Trust, 1995:91). The rural and urban disparities reflected in this geographical area of the Northern region of the North West Province indicated the inequity in the resource allocation and that availability to centres for education and training is very limited. This requires urgent redress (Committee for Strategic Development, 1994:4).

The above was surely confirmed from the empirical data. Only certain areas in this region have sufficient resources for training. This is particularly true because urban areas seem to have resources for education and training of professional nurses but not the rural areas.

As far as the private sector is concerned, is there only one private company in the region that participates in the primary health care education and training for professional nurses.
With regard to the private sector, the ANC (1994:71) the private sector will have to be more effective. They will have to share resources. Looking at the above, attention must be given to the allocation of resources for primary health care education and training. We need to improve the access to primary health care education and training of all professional nurses. Furthermore, addressing the concentration of education and training resources at hospitals and certain health centres should be established by removing inequitable distribution of resources (Department of Health, 1996:34).

Physical resources are not the only constraint or weakness that was identified. There is, however, no hierarchy structure for primary health care education and training. The data made it clear that this is a major concern that results in uncertainty amongst people.

- **Lack of communication: Social Dimension**

Communication is a central human activity and has a list of definitions. To mention a few, communication can be defined as the verbal interchange of thoughts or ideas or a process of transmission of information by symbols such as words (Whalen, 1996:20). Thus, a lack of communication refers to a lack verbal interchanging of thoughts and ideas.

The hierarchical structure as referred in the empirical data, unfortunately does not exist within education and training of professional nurses involved in primary health care training. Without this line of communication the transmission of information is not taking place. The
information received, according to the empirical data, is only through meetings and in training institutions outside this region. Another method mentioned was through an internal circular that was read by accident that mentioned that the education and training of professional nurses need to be restructured to a primary health care approach. It was also mentioned that only a few people even saw that document and that makes one think that the methods to ensure everyone receives the messages are in doubt.

A hierarchical structure for primary health care education and training refers to division of jobs that indicates the order of rank and relevant direction for responsibility and accountability of the job levels and the employees in each job (Muller, 1996:158-159). It also reflects the line of communication.

However, at national level a Co-ordinating Education Committee is responsible for the planning, implementation, monitoring, evaluation and reviewing of all education and training including primary health care training of professional nurses. Communication should start from this National Committee to Provincial level. (District Health Systems Committee, 1995:112).

At district level, a management team drives the co-ordination of all district health services. This District Management Team is responsible for advising the communities and other stakeholders on all aspects of health care. A governance structure is required that will, at all times, be accountable to the communities (District Health Systems Committee, 1995:25). For this study, it is
the communities of the Northern Region of the North West Province.

At district level, the District Health Council is the governance structure. Each district will have to structure a community forum. One of their most important functions will be to participate in needs analyses, planning, implementation, education and training of primary health care in the area (District Health Systems Committee, 1995:27-28).

Surely, after developing the forums as discussed, diversity is the next challenge. Communication strategies must be constructed to ensure effective communication taking place at all times. In other words, diversity challenges communication (Whalen, 1996:xiii). Because communication is a human activity, people should act as communicators to pass on the information. Managers involved in the reconstruction of education and training of professional nurses to a primary health care approach should be the communicators in this region. These managers should know what they are talking about and messages should evolve from proper analysis and planning (Whalen, 1996:1).

The empirical data indicates that a lack of knowledge regarding the new structure for primary health care education and training exists. It seems the stakeholders are under the impression that a specific structure is necessary. However, proposed hierarchical structures, are not suggested for the education and training of professional nurses to adopt a primary health care approach, not only forums.
The key to success according to Whalen (1996:9) is an attitude of sharing ideas. Sharing is only possible if all the stakeholders are included in these forums and some are representatives for the education and training of professional nurses. All the members should share the same message that is to reconstruct the education and training of professional nurses to a primary health care approach.

When effective communication is mastered within the forums, all constraints and opportunities will be identified for the reconstruction of education and training of professional nurses to a primary health care approach. Having these forums in place will allow managers to organise and direct the process to reconstruct the current education and training of professional nurses to a primary health care approach. Refer to 4.4.5 for description of organising, directing and control.

Another weakness that needs attention according to the empirical data is the lack of training for the professional nurses in this region with regard to primary health care.

- **Lack of Primary Health Care Education and Training: Social Dimension**

Lack of primary health care education training according to the empirical data does not contradict the principles of rationalisation. The participants were rather concerned about the small number of professional nurses involved in primary health care education and training. There are ±200 professional nurses that should still be included in
the primary health care education and training in the region.

Sykes (1983:559) defines that 'lack of training' implicates not to have the desirable amount. In this study, not to have sufficient education and training taking place for professional nurses to empower them with primary health care knowledge and skills in the Northern Region of the North West Province.

At present there is only one group of eighteen students who will be completing a Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care. A few others are training outside the borders of this region. Accreditation of this course is according to the requirements of SAINC that states that any programme to be considered should be according to the requirements for submission of nursing programmes to the SAINC (1992).

The programme should include:

- programme and course objectives;
- summary of content of each subject;
- clinical learning objectives, clinical learning opportunities and the duration of exposure in each clinical area;
- programme timetable, spread of theoretical and clinical learning opportunities over the total programme and
- evaluation system and possible accommodation if required.
Lack of education and training of professional nurses will have to be addressed in terms of the abovementioned standards should the region decide to implement this course at other institutions.

This brings us to the next weakness as identified in the empirical data.

- **Fear towards Change: Spiritual Dimension**

The status quo of the previous education and training for professional nurses are no longer acceptable. The whole country is in a transformation era that is unlikely to affect the environment of education and training of professional nurses as well. The only problem seems to be the uncertainty that exists among the people according to the empirical data.

Any changes normally bring about uneasy expectations (*Sykes, 1983:354*). Fear can be associated with increases in affiliate behaviour (*Freedman et al, 1981:640*), in other words to follow the new direction of primary health care. Whilst most people involved in nursing education and training acknowledges the need for change, the majority prefer the known comfort to the discomfort and fear of moving towards the unknown (*Nel, 1990:8*). Oldcorn (1989:189) raised the concern that managers wishing to make change should be aware of the underlying influences.

In this study, the underlying influences can prevent successful restructuring of education and training of professional nurses to a primary health care approach. Other influences such as values and perceptions should be
recognised to prevent people being the victims rather than the initiators of change (Nel, 1990:8). In addition, by getting people to believe they are in charge of their destiny and that they should be empowered by change, they will respond positively to change (Pheiffer, 1989:33).

In the above an explanation was given regarding the strengths and weaknesses that should be used by managers to assess the changes necessary for the restructuring of education and training to a primary health care approach in this region.

Opportunities are the next important issue that needs to be assessed in detail for the reconstruction of the education and training of professional nurses to a primary health care approach.

4.3.4.3 Opportunities: Social Dimension

The important point to remember regarding opportunities is that they should be recognised. Opportunities can be defined as grasping challenges immediately when they arise, giving preference to what can be done rather than to what should be done (Eyre, 1987:57). As the empirical data indicated, the managers have the opportunity to implement education and training of professional nurses because this approach coincides with the goals of the country.

Furthermore, the empirical data revealed the eagerness of professional nurses who want to empower themselves but due to a lack of opportunities in this region, find it impossible. According to Oakley-Smith (1992:27),
opportunities for education and training should be identified for each individual, thus also for professional nurses towards primary health care. The expectations of the professional nurses must be addressed in order to allow them to empower themselves in primary health care.

Thus, the managers should as part of the planning process, recognise the opportunities and identify strategies to improve the education and training of professional nurses to a primary health care approach in the region, thus giving all the professional nurses equal access to these opportunities.

It is important to market and promotes primary health care education and training for professional nurses. Marketing according to Pryde and Muller (1995) refers to recruitment of potential nursing students and advertising the profession. In the context of this study, advertising refers to advertise the Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care to ensure equity in this region. This, is a method to ensure equal access and an opportunity for professional nurses to empower themselves.

Like opportunities, there are also threats that should be recognised and steps taken to deal with them in order to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach.
4.3.4.4 Threats: Spiritual Dimension

Threats can be defined as constraints either due to management complacency or inadequate financial management (Eyre, 1987:57). Complacency because management will always remain as they are and has no plans to change and as for this study, as in this study to implement primary health care education and training for professional nurses.

The empirical data made it clear that they are not aware of a manager who is specifically responsible for the education and training of professional nurses.

Should the problem be complacency, the managers will have to make a close analytic examination of their total responsibilities and then re-define the goals and objectives (Eyre, 1987: 58).

Considering the above discussion, it becomes clear that reconstruction of the education and training of professional nurses is a management function. Management during the planning phase of the management process applies SWOT.

After determining what needs to be reconstructed in the education and training of professional nurses to primary health care approach, can management proceed with organising, directing and controlling the reconstruction process.

4.3.5 Management Process

We need to look at the management process in more detail before formulating an effective strategic plan to reconstruct the
education and training of professional nurses to a primary health care approach. The management process, planning, organising, directing and control are a systematic method to proceed with the restructuring process.

4.3.5.1 Planning

Planning requires a purposeful assessment of what needs to be achieved and the activities of how to achieve them (Muller, 1996:122). This will involve applying SWOT for assessing the resources available for education and training of professional nurses, prioritising and decision-making. Planning can further be defined as the broad lines that will direct the activities to be carried out and thus meeting the objectives.

4.3.5.2 Organising

Whereas planning determines needs to be achieved when reconstructing the education and training of professional nurses to a primary health care approach, organising according to Smit & Du Plessis (1994:85) focuses on how the planning should be carried out. In other words, after assessing the strengths, weaknesses, opportunities and threats (SWOT) which is synonymous for planning the reconstruction of education and training of professional nurses to a primary health care approach, organising focuses on how to achieve this goal. In support, organising can be defined as grouping together the activities necessary to attain common objectives (Smit & Du Plessis, 1994:85).

The organising process normally follows certain steps as follows:
• determine the objective and plans to be achieved which is to restructure the education and training of professional nurses to a primary health care approach;
• analyse the primary tasks involved to restructure the education and training of professional nurses;
• subdivide these tasks; and
• combine tasks where necessary

Organisation implies indicating the lines of authority and thus accountability in addition to allocating responsibilities by means of job-descriptions, (Muller, 1996:124) which requires decision-making skills.

4.3.5.3 Directing

When restructuring education and training for professional nurses, we need to understand the role of leadership to keep people motivated and committed to reach the goals and objectives (WHO, 1993:1-2). Leadership can also be defined as a quality that enables a manager to exert a positive influence over the behaviour of the subordinates (Eyre, 1987:140). In other words, the manager or leader sets the management activities in motion and keeps them going until the goals are attained (Smit & Du Plessis, 1994:156). According to Muller (1996: 124) guiding people, directing them refers to the manager's leadership responsibilities.

Managers of this region should exercise interpersonal influence and should take responsible initiatives to change situations. When restructuring the education and training
of professional nurses to a primary health care approach, a proactive approach from management will motivate the stakeholders to willingly support the change. These same recommendations were made in WHO (1993:3).

One outstanding point for successful reconstructing of the education and training of professional nurses to a primary health care approach, are control.

### 4.3.5.4 Control

Control is a management activity whereby management needs to check whether the set objectives are achieved and quality care as well as cost-effectiveness is promoted (Muller, 1996:124). These objectives would be to reconstruct the education and training of professional nurses to a primary health care approach. The controlling function of management can be divided into proactive, continuous and reactive control. As from the planning phase when applying the SWOT analysis, measures must be put in place such as setting standards, formulating policies that refer to proactive control (Muller, 1996:125). The supervising and directing function of management to empower sub-ordinates to deliver quality care refers to the continuous control. Reactive control refers to the problem-solving strategies that are implemented as obstacles occur (Muller, 1996:125).

Once the goal to reconstruct the education and training of professional nurses from the Northern Region of the North Wet Province to a primary health care approach has been achieved, management will have to manage this process of
change. It is imperative to monitor the change and thus ensure change is taking place in the whole region.

4.3.6 Management Change

The final important concept from the conceptual framework is management change. The managers involved in primary health care education and training will have to update and refresh their management skills according to Government Gazette (RSA, 1995:50). They should be equipped to manage change so that it helps move people forward rather than setting them back (Laurie, 1990:87). Furthermore, people can only move forward if they are lead by a team who knows how to lead them. As stated by Oldcorn (1989:199) it is useful to have a team whose responsibility it is to make sure change is taking place and that change is an important managerial function that must be planned.

In other words to manage change, which is necessary to ensure the reconstruction the education and training of professional nurse to primary health care approach is moving ahead, we need a team in place to drive the process. The process that needs to be driven starts by applying the SWOT analysis and then by proceeding with the management process to achieve the goals. To achieve the goal of recontructing the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach, proactive change will benefit the management team because they will according to Smit & Du Plessis (1994:108) be able to anticipate future events. Indeed, the ability to look ahead is the key issue to keeping up with change.
Management needs to check whether the set objectives are achieved and quality care as well as cost-effectiveness are promoted (Muller, 1996:124), Thus, managers should determine whether reconstruction of nursing education and training of professional nurses to a primary health care approach is taking place.

4.4 SUMMARY

To summarise the chapter, the following interpretations can be made. The macro level of the conceptual framework illustrates the National Health Programme and the Reconstruction and Development Programme that is the initiators of the changing process the country is experiencing. The SAINC, at meso levels, are responsible for the education and training of professional nurses, and the NQF, also at meso level, is responsible to standardise all education and training in the country. Together they prescribe the policies and minimum standards required for primary health care, education and training for professional nurses, and function under the auspices of SAQA.

Reconstruction will occur with the micro level that is current infrastructure of the education and training of professional nurses from the Northern Region of the North West Province. Management from this region will use the management process such as planning, organising, directing and control to obtain the goal of reconstructing the education and training of professional nurses to a primary health care approach.

It is suggested that the institution presently presenting primary health care education and training of professional nurses enter into a formal agreement and thus need to be affiliated with a tertiary institution. A management team responsible for the reconstruction of education and training of professional nurses to primary health care will have to
negotiate this affiliation. This will support the rationalisation process as described by SAINC and NQF.

Reconstruction of the education and training of professional nurses will develop from within physical, social and spiritual dimensions and directed by the management process.

The persons who are involved in primary health care education and training of professional nurses should be able to communicate effectively with each other and the community. Furthermore, a governance structure should be implemented to ensure community involvement. Communication will bring about a positive attitude amongst the people involved in primary health care education and training as indicated in the spiritual dimension. Everybody will be working towards the same goals and objectives.

The final aspect that was described in this chapter, is the reconstruction process that needs to be managed properly in order to ensure that restructuring of education and training of professional nurses are implemented in this region, and thus empowering them.

The following chapter will provide the strategic plan for restructuring education and training of professional nurses. The proposed plan will be attached as annexure five. After validating the proposed plan will it be described in the following chapter.
CHAPTER 5

THE STRATEGIC PLAN

5.1 INTRODUCTION

In chapter four, the researcher described a conceptual framework to add more meaning to the concepts. This was phase two of the study.

This chapter will describe phase three, which is the strategic plan to reconstruct the education and training of professional nurses to primary health care.

Phase four includes the validation of the proposed strategic plan with the stakeholders in a workshop to reach consensus. The proposed strategic plan to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach will be attached as annexure 5. The final strategic plan will be described in this chapter.

Pheiffer (1991:x) describes strategic planning the process to envision the future and to develop procedures to achieve that future. However, strategic planning is more than an envisioning process. Clear goals and objectives should be set and attainment of these goals and objectives should be within a specific period of time in order to reach them (Pheiffer, 1991:x).

In providing the strategic plan to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach, the point of departure was based on the premise that primary health care is the only way to provide and affordable health service for all inhabitants of the country (Sub-Committee Primary Health Care, 1992:1).

During phase one, a focus group was conducted to gain information on
restructuring the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach. The responses were categorised into major and sub-categories such as strengths, weaknesses, opportunities and threats. The results were structured in a conceptual framework and justified by means of a literature control. Numerous interpretations could be made which guided the researcher to formulate the proposed strategic plan.

The interpretations that guided the researcher to formulate the strategic plan can be described as follows:

- Uniform standards as prescribed by the SAINC and NQF need to be adhered to when restructuring the education and training of professional nurses from the Northern Region of the North West Province;

- Education and training of professional nurses need to be made available in the Northern region of the North West Province and equity should be ensured;

- Restructuring the education and training of professional nurses from the Northern Region of the North West Province should be within the physical, social and psychological dimensions of the environment for purpose of this study;

- Communication structures need to be implemented in order to ensure restructuring of the education and training of professional nurses from the Northern Region of the North West Province is taking place;

- The process of restructuring need to be managed appropriately by using the management process of planning, in other words applying the SWOT analysis, then organising, directing and control to ensure proper implementation.
These interpretations guided the researcher to formulate goals and objectives for the strategic plan to reconstruct the education and training of professional nurses in the region to a primary health care approach. The strategic plan was validated in a workshop to reach consensus.

5.2 PHASE FOUR: VALIDATING THE STRATEGIC PLAN

After formulating the strategic plan, it needed to be validated by the stakeholders involved in education and training of professional nurses from the Northern Region of the North West Province.

The six participants from the focus group interview were invited to the workshop to validate the strategic plan. Their contribution to finalise the strategic plan is regarded as very important due to the fact that they are committed to reconstruct the education and training of professional nurses to a primary health care approach. All six were present at the workshop.

A brief background on the purpose of the study was given to the participants. The researcher summarised the findings of the analysis and explained the conceptual framework to the participants. The strategic plan was presented on an overhead projector to ensure all participants respond on the same objective. After each objective was described, participants were requested to respond individually. The workshop proceeded in this manner until all the objectives were covered and consensus was reached between participants. The strategic plan that is provided in this chapter can be considered as the final plan.

The vision and objectives of this study will be described and thereafter will the final strategic plan be provided.

5.3 VISION
When formulating a vision, as necessary for the strategic plan based on the reconstruction of the education and training of professional nurses, the vision must be clear and energising to make people committed (Pheiffer, 1989:25). The vision for the purpose of the strategic plan of this study is as follows:

“For the Northern Region of the North West Province to be in line with the National Health Plan, which is that primary health care is the only way to ensure health care to all inhabitants of the country, we need to empower people to provide this affordable, accessible, available and comprehensive service”.

The vision will be achieved through formulating goals and objectives regarding the reconstruction of the education and training of professional nurses to a primary health care approach.

5.4 GOALS AND OBJECTIVES

The goals and objectives of the study will be formulated in the strategic plan. Actions, time limitation as well as the method of evaluation will be described.

5.4.1 Goals

The goal of the strategic plan is as follows:

- To make primary health care education and training of professional nurses towards primary health care available in the region; and

- To manage the process of restructuring the education and training for professional nurses to a primary health care approach in the Northern Region of the North West Province.

These goals will be achieved by the following objectives:
5.4.2 Objectives

- To establish a management team skilled to manage the process to reconstruct the education and training of professional nurses to a primary health care approach in this region.

- To draw up a contractual agreement between institutions that were identified for primary health care education and training in the region and a tertiary institution of choice.

- To develop and submit a curriculum to the Executive Committee of the SAINC for accreditation of the programme;

- To determine and reconstruct the available physical resources in order to ensure availability and fair distribution;

- To determine the available human resources skilled to assist in the primary health care education and training and reconstruct the discrepancies by ensuring equity;

- To determine the availability of funds and financial control that exists for primary health care education and training of professional nurses and reconstruct the current system;

- To establish and reconstruct communication structures that will ensure effective communication during the process of restructuring education and training of professional nurses to a primary health care approach in the region.

The abovementioned objectives will be illustrated in table form, adding actions, time limitation as well as method of monitoring.
### 5.5 STRATEGIC PLAN

<table>
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<tr>
<th>OBJECTIVES</th>
<th>ACTION</th>
<th>IMPLEMENTATION</th>
<th>MONITORING</th>
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<tr>
<td><strong>5.51</strong> To establish a management team skilled to manage the process of</td>
<td>Establish contact with relevant stakeholders involved or intend to become involved in primary health care education and training for professional nurses including the private sector.</td>
<td>Set a meeting with the stakeholders to elect a management team to manage the restructuring process.</td>
<td>Keep minutes of the meetings and schedule all meetings.</td>
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<td>reconstructing the education and training of professional nurses to a primary health care approach.</td>
<td>The management team will elect a team leader to coordinate the restructuring process in the region.</td>
<td>Elect the co-ordinator from the management team at the first scheduled meeting.</td>
<td>Re-election of management team and co-ordinator annually.</td>
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<tr>
<td><strong>5.5.2</strong> Draw up a contractual agreement between institutions that were identifies for primary health care education and training and a tertiary institution of choice.</td>
<td>Set date to sign contracts between the tertiary institutions and institutions in the region.</td>
<td>Sign agreements before developing the Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care.</td>
<td>Renew contract annually or as agreed upon.</td>
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<td><strong>5.5.3</strong> To develop and submit a curriculum for the Diploma Course in Clinical Nursing Science, Health Assessment, Treatment Care to the Executive Committee of the SAINC for accreditation of the program.</td>
<td>Apply for all documentation from SAINC regarding the minimum requirement for implementing this course, Regulation48 (SANC, 1993).</td>
<td>Management team will follow these requirements when developing the course.</td>
<td>Approval of the curriculum must be obtained from SAINC before implementing the courses.</td>
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<td>OBJECTIVES</td>
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<td>Draw up a curriculum according to the minimum requirements as stated in the regulation and directives for this course.</td>
<td>Provide the following information in the curriculum for submission to the executive committee of the council:</td>
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**Program:**
- Program and course objectives;
- Clinical learning objectives, opportunities and duration of exposure in each clinical area;
- Summary of content of each subject;
- Program time-table, spread of theoretical and clinical learning opportunities over the total program;
- System of evaluation, evaluation policy, formative, summative evaluation.

**Physical facilities for training:**
- Number of lecture rooms and location in the district;
- Clinical simulation laboratories;
- Teaching aids; |
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<td></td>
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<td>• clinical areas for placement of students during the training;</td>
<td>Proof of information should be available at all times for SAINC inspections.</td>
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<td>• facilities for setting of and safekeeping of examination papers.</td>
<td>Establish and maintain a database for information, which also reflects the distribution of equipment in the region.</td>
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<td>Audio-visual facilities:</td>
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<td>• cameras and additional equipment;</td>
<td>Establish and maintain a database with information including geographic location thereof.</td>
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<td>• overhead projectors;</td>
<td>Compare statistics annually and update information.</td>
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<td>• television and video recorders;</td>
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<td>• Photocopying facilities.</td>
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<td>Clinical facilities for practical experience:</td>
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<td>• names and location of these facilities;</td>
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<td>• situation analysis of facilities including the disease profile, classification of diseases and population statistics of the region.</td>
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<td>OBJECTIVES</td>
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<td>5.5.4 To determine and reconstruct the available physical resources in order to ensure equality, availability and fair distribution.</td>
<td>Management team must conduct a survey in the region to determine the existing physical resources for education and training for professional nurses.</td>
<td>Compile an inventory database of all physical resources in the region including the private sector.</td>
<td>Establish and maintain an inventory database for the physical resources annually.</td>
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<td>5.5.5 To determine the available human resources skilled to assist in the primary health care education and training and reconstruct the discrepancies.</td>
<td>Conduct a survey in the region to establish the number of qualified people available to assist in the primary health care education and training of professional nurses in the region.</td>
<td>Management team to develop a database reflecting the particulars of members who wish to be involved in the education and training of professional nurses to primary health care.</td>
<td>Establish and maintain a database of all persons involved in PHC education and training in the region.</td>
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<td>Submit the detail regarding the qualification and overall responsibilities of:</td>
<td>Provide detail regarding the persons involved in the program to SAINC as follows:</td>
<td>Submit all changes of people involved to the SAINC immediately.</td>
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<td>- the person in charge of the program;</td>
<td>- name and qualification of the person in charge of the course;</td>
<td>Update all qualifications annually with SAINC.</td>
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<td>- persons responsible for the clinical accompaniment;</td>
<td>- names and qualifications of the people involved in the theoretical component of the program;</td>
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<td></td>
<td>- any other persons involved for either the clinical or theoretical component of the program to SAINC for accreditation.</td>
<td>- names and qualifications of the persons responsible for the clinical accompaniment;</td>
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<td><strong>OBJECTIVES</strong></td>
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<td>5.5.6 To determine the availability of funds and financial control that exists for primary health care education and training of professional nurses and reconstructs the current system to prevent irregularities.</td>
<td>Management team must draw up a budget for primary health care in education and training in the region.</td>
<td>• Names and qualification of each person available for clinical accompaniment at each of the practical institutions when placing students there.</td>
<td>Control and monitor expenditure monthly and draft a new budget annually.</td>
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<td>Draw up a policy for application of funds for primary health care education and training.</td>
<td>To make funds available for primary health care education and training in the region according to the budget.</td>
<td>Establish and maintain a database on applications for primary health care courses and approval of funds.</td>
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<td>OBJECTIVES</td>
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<td>5.5.7 To establish and recon- struct communication struc- tures which will ensure effective communication during the process of restructuring education and training for professional nurses to a primary health care approach.</td>
<td>The management team should negotiate and draft a communication policy for primary health care education and training in the region. To provide representation from the region at the Coordinating Education Committee at National level. To establish a community forum representing the communities of the region.</td>
<td>Distribute all information regarding the primary health care education and training for professional nurses according to the policy. Elect a member from the management team to act as district representative on the committee. Forum should provide information regarding the existing needs in the communities before restructuring the education and training of professional nurses to a primary health care approach.</td>
<td>Ad hoc checks can be done in the region to establish effectiveness of communication. Re-election of the representative can be done annually. Keep minutes of forum meetings and monitor actions and deadlines that should be met.</td>
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5.6 SUMMARY

The purpose of chapter five was to formulate a strategic plan for the Northern Region of the North West Province to use when reconstructing the education and training of professional nurses to a primary health care approach.

In formulating these guidelines, as point of departure, the premise was adopted that primary health care is the only way to provide an affordable health service to all inhabitants of the country. This inevitably led to redressing the current education and training of professional nurse to ensure they are skilled to render such a service.

The availability and utilisation of resources are of critical importance in achieving the goals. Personnel, whom are primary health care orientated and supported by appropriate facilities and finances, should support it. To ensure success, it is only possible by means of a team approach.
CHAPTER 6

SUMMARY AND CONCLUSION

6.1 INTRODUCTION

In Chapter five, a strategic plan was described to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach. In this chapter, a summary of the study, evaluation, recommendations for further study and conclusion will be given.

6.2 JUSTIFICATION OF THE OBJECTIVES REACHED IN THE STUDY

The overall objective of this study is to provide a strategic plan to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach.

In view of the existing transformation in the entire health sector to a primary health care approach, we need to empower professional nurses to be able to provide an affordable, available, accessible health service to the inhabitants of the country. There are various courses that will empower professional nurses in primary health care, but for purpose of this study is the Diploma Course in Clinical Skills, Health Assessment, Treatment and Care discussed.

Emanating from the above mentioned problem, the goal of this study to provide a strategic plan to reconstruct the education and training of professional nurses to a primary health care approach, was conducted in four phases.

In phase one the researcher identified the resources and deficiencies from the stakeholders to reconstruct the education and training of professional nurses
in the Northern region of the North West Province to a primary health care approach.

The purpose of phase two was to describe a conceptual framework by means of a literature control to reconstruct the education and training of professional nurses to a primary health care approach.

In phase three the researcher described the strategic plan to reconstruct the education and training of professional nurses to a primary health care approach.

The purpose of phase four was to validate the strategic plan with the stakeholders regarding the reconstruction of education and training of professional nurses to a primary health care approach.

The research design for this study was, qualitative, inductive, exploratory and descriptive. Nursing for a Whole Person’s Theory provided the framework for the conceptual framework.

In phase one a focus group was used as method of data gathering. Six participants involved in education and training of professional nurses from the Northern region of the North West Province participated. An assistant moderator was used to keep field notes in order to prevent important information been lost. The question for discussion in the focus group was:

*How should the education and training of professional nurses be reconstructed to the primary health care approach as required by the National Health Plan?*

Data were analysed according to the protocol of Tesch (1990[in Cresswell 1994:155]. An independent analyst was arranged to discuss the results. The intention was to reach consensus. Guba’s (in Lincoln and Guba, 1983) model of trustworthiness in qualitative research was followed.
During phase two a conceptual framework was designed to link the concepts from the empirical data. These concepts were supported by means of a literature control to give more meaning. The context of the conceptual framework was described in macro-, meso-, and micro levels. Reconstruction for purpose of this study was within the micro level. Nursing for the Whole Person’s Theory provided the framework. Thus, the reason of describing the reconstruction of the education and training of professional nurses into the physical, social and spiritual dimensions of the environment.

From the results of phase one and two, a strategic plan was formulated with the view to provide guidance to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach. The strategic plan was validated in a workshop and the final plan described as phase four of the research.

6.3 EVALUATION OF THE STUDY

Providing an affordable, accessible, available and comprehensive health service to all inhabitants of the country, motivated the Northern Region of the North West Province to assess the current education and training of professional nurses and to reconstruct it to a primary health care approach.

Stakeholders from both districts attended the focus group interview, which made it possible to gather meaningful information related to the entire region. Another positive aspect to mention is that according to the criteria of selecting the representatives as discussed in chapter 2 of the study, are they all involved primary health care situations and could give relevant information to this study.

Furthermore, does this study provide a strategic plan to implement reconstruction of the education and training of professional nurses to a primary health care approach.
One important limit of participation is the private sector to determine the resources and deficiencies that can be utilised when reconstructing the education and training of professional nurses to primary health care.

6.4 RECOMMENDATIONS

Various recommendations can be made with regard to this study. Successful implementation of the strategic plan should be recommended as first follow up research.

Thereafter can a study be conducted on the manpower profile needed to implement primary health care education and training in the region. It can also be recommended to do a study the physical facilities available for primary health care education and training in the region in both the private and public sector.

A study on the private sector of the Northern Region of the North West Province regarding their involvement in education and training of professional nurses to the primary health care approach can also be recommended.

Research on the health care needs of the communities in the region in order to ensure relevant curricula is implemented at all times for the primary health care education and training should be done.

Furthermore, should research with the view to draw up an individual development plan (IDP) for each professional nurses in the region be recommended. This will provide a database on the knowledge and skills of every professional nurse in the region and ensure equity.

6.6 CONCLUSION

The purpose of the research was to formulate a strategic plan that serves as guidance to reconstruct the education and training of professional nurses Northern Region of the North West Province to a primary health care
approach. Despite of voluntary transformation within the health services, maldistribution of resources, ineffective use of the infrastructure, rationalisation, transformation within the SAINC and SAQA, primary health care is the only way to provide an affordable health service to all inhabitants of the country. Thus, also for the Northern Region of the North West Province.

The Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care that is applicable for this study, will empower the professional nurses to render this affordable service to the inhabitants of the Northern Region of the North West Province. The strategic plan that have been described should provide the region with a systematic method to reconstruct the education and training of professional nurses from the Northern Region of the North West Province to a primary health care approach.
AFRICAN NATIONAL CONGRESS 1994: The Reconstruction and Development Program, Johannesburg, Umanyano Publications


SOUTH AFRICAN NURSING ASSOCIATION 1991: Student Status: The Board’s view regarding supernumerary status of student nurses. Pretoria: SANA.


THANK YOU FOR COMING I REALLY APPRECIATE ALL OF YOU HERE. WHAT WE ARE GOING TO DO IS I JUST AM GOING TO GIVE YOU SOME BACKGROUND SO THAT WE SEE IN THIS REGION WHERE ARE WE GOING WITH THE TRAINING. THE NATIONAL HEALTH SYSTEM IN SOUTH AFRICA AS WE ALL KNOW IT ADOPTED THE PRIMARY HEALTH CARE APPROACH, AND ON THE OTHER HAND THEY WANT TO UNIFORM THE NURSING TRAINING. IN THE NATIONAL QUALIFICATION FRAMEWORK AS YOU ALL KNOW THEY ARE IMPLEMENTING THE LEVELS OF TRAINING. I AM SURE YOU WILL ALL AGREE ON THAT. BUT WHAT I WOULD LIKE US TO DO IS THAT WE MUST JUST TALK THIS MORNING ON HOW ARE WE GOING TO TRAIN WITHIN THIS CHANGES FROM THE NATIONAL SIDE AND THE NATIONAL QUALIFICATION FRAMEWORK IN OTHER WORDS HOW ARE WE GOING TO WITHIN THE NORTHERN REGION OF THE NORTH WEST PROVINCE ACKNOWLEDGE THESE CHANGES AND THEN RECONSTRUCT THE NURSING EDUCATION AND TRAINING IN THIS AREA TO MEET THE CHANGES AS REQUIRED IN THE NATIONAL HEALTH CARE SYSTEM AND THEN OF COURSE THE NATIONAL QUALIFICATION FRAMEWORK. THAT IS THE MAJOR QUESTION THAT I WANT TO ASK YOU THIS MORNING. WE CAN LOOK AT THIS QUESTION. I WOULD LIKE US TO LOOK AT CERTAIN THINGS WITH REGARD TO THIS MAJOR QUESTION. I CAN REPEAT THE QUESTION IF YOU LIKE. WE MUST LOOK AT THE NORTHERN REGION'S RECONSTRUCTION OF THE NURSING EDUCATION AND TRAINING IN THE NORTHERN REGION WHICH IS MOGWASE AND RUSTENBURG. TO MEET THE NEED OF THE CHANGES AS REQUIRED BY THE NATIONAL HEALTH SYSTEM AND ALSO BY THE NATIONAL QUALIFICATION FRAMEWORK. RIGHT ARE YOU CLEAR ON THAT QUESTION. THEN I THINK WE SHOULD FIRSTLY LOOK AT THE STRENGTH IN OTHER WORDS WHAT WE HAVE IN RUSTENBURG AND WHAT TO WE HAVE IN MOGWASE WITH REGARD TO OUR PRESENT CENTRES IF WE COULD CONCENTRATE FIRST OF ALL ON THE CENTRES IN OTHER WORDS THE RESOURCES FOR TRAINING IN RUSTENBURG AND IN MOGWASE. CAN WE START BY ASKING YOU IN THE MOGWASE AREA. WHAT IS THE CENTRES WHAT CENTRES DO WE HAVE AVAILABLE WHAT FOR TRAINING SPECIFICALLY IN THAT AREA.

ARE YOU REFERRING SPECIFICALLY TO PRIMARY HEALTH . NOT SPECIFICALLY IN GENERAL WHAT . TRAINING IN GENERAL... TRAINING IN GENERAL WHAT DO
WE HAVE AVAILABLE BECAUSE I SHOULD THINK THAT WE CAN USE THE FACILITIES WHICH IS EXISTING ALSO IN THE NEW UNIFIED TRAINING WHATEVER WE ARE GOING TO GO TO.

OK IN RESPOND IN RESPONDING AS FAR AS MOGWASE AREA IS CONCERNED I WILL SAY BEFORE THE FACILITY WE SHOULD RECENTLY IS BUSY TRAINING LOWER CATEGORIES OF STUDENTS NAMELY BRIDGING COURSE AND BROAD NURSING AND .....NURSING ASSISTANTS. WE ARE NO LONGER TRAINING FOR TWO YEARS ..... IS ALMOST ABOUT 2 YEARS IT HAVE BEEN SORT OF CUT OFF BECAUSE THEY HAVE DIDN'T HAVE ENOUGH (.....) AND A WE GOT GEORGE STEGMAN HOSPITAL WHERE STUDENTS ARE ABLE TO GO FOR PRACTICAL. THE HOSPITALS ARE UTILISED BY BOP COLLEGE, BOPHUTHATSWANA NURSING COLLEGE STILL IS WHERE SO ARRANGEMENT ARE BEING DONE PRIOR THAT WE SEND A COLLEGE MAN MANAGEMENT ARRANGES WITH THE HOSPITALS. AS FOR LOWER CATEGORY STUDENTS AUTOMATICALLY ARE STILL AT THE HOSPITAL POSTS AND THEN AGAIN AS FAR AS MANPOWER IS THERE WE GOT TUTORS THOUGH AT THE PRESENT MOMENT IF MY MEMORY SERVERS ME QUITE WELL WE GOT TEACHING SISTERS WHO MAY BE HELP US IN PRACTICAL. THAT IS AT THE CLINICAL TEACHING DEPARTMENT WE UTILISE THE TEACHING SISTERS. I DON'T KNOW IF I HAVE FORGETTING ANYTHING. I THINK MRS MAZIBUKU MAY TOUCH ON THAT

OK WHAT IS OUR CLINICS AS WELL ARE AVAILABLE ESPECIALLY WHEN THERE ARE STUDENT IN OUR OWN COMMUNITY DO COMMUNITY SCIENCE WE ALLOCATE THEM TO THE VARIOUS CLINICS AROUND THE HOSPITALS. WE UTILISE THE HEALTH CENTRES BECAUSE THE INSTITUTION ITSELF IS TRAINING FOR AREAS LIKE MORETELE HOSPITAL AND GEORGE STEGMAN HOSPITAL AND THEN MOGWASE HEALTH CENTRE AND BAFOKENG HEALTH CENTRE. SO WHAT THIS INSTITUTION DO THEY ARE THE VERY THEY SENT CANDIDATES TO GEORGE STEGMAN BUT THE SUGGESTION HAS BEEN THAT PREVIOUSLY THAT THEY ARE TO INTERVIEW THAT THEY DO PRE-SELECTIONS THEY PRESELECT THEIR CANDIDATES THEN THEY COME TO THE HOSPITAL FOR THE MAIN INTERVIEW. BECAUSE AND THEN WE EVEN HAD TO FORMULATE A POLICY BECAUSE WHAT WE HAVE REALISED THIS WAS NOT A PRACTICE, STUDENT WERE JUST TAKEN JUST THEY MUST JUST GO TO WHERE MANY OF THE PEOPLE LOOK AT SOCIAL
BACKGROUND OF THE PERSON NOT THE CAPABILITY OF THE CANDIDATE AS SUCH.

THANK YOU VERY MUCH IS THERE ANYTHING THAT YOU CAN MENTION IN MOGWASE. NO ALL THAT I CAN MENTION IS THAT THE MATERNITY WING WE STILL HAVE THE 4 YEAR COURSES WE NEED TO ADJUST THAT.. FOR NEW COURSE JUST EXPLAIN THAT TO ME. THE 4 YEAR COURSE THOSE WHO HAVE....... THE INTEGRATED 4 YEAR COURSE LIKE WE KNOW THAT WHEN THEY DO COMMUNITY AND PSYCHIATRIC AND ... IS THAT WHAT THEY ARE STILL CAN I ASK YOU HOW FAR THEY HAVE ANOTHER INTAKE THIS YEAR ARE THEY STILL CONTINUING. ... WE TOOK NINE STUDENTS.... ONLY NINE STUDENTS. AND WHERE ARE THEY BASED, WHERE ARE THEY TRAINED AT GEORGE STEGMANN? THEY ARE ACTUALLY TRAINED AT BOPOLONG AT THE COLLEGE MMABATHO ..PARTICULAR THEY COME TO GEORGE STEGMAN. AGAIN TO WHAT SHE HAS SAID THEY STILL CONDUCTING ONE YEAR MIDWIFERY COURSE BUT IS THE RESPONSIBILITY OF THE COLLEGE. ORAAIT SO AM I HEARING YOU RIGHT IF I SAY WE HAVE GOT RESOURCES FACILITIES, LECTURES ROOMS WE DO HAVE SUFFICIENTLY PEOPLE IN THE MOGWASE AREA FOR TRAINING. ANY TYPE OF TRAINING? WOULD THOSE PEOPLE IN THOSE FACILITY ALSO BE ABLE TO ACCOMMODATE THIS NEW STRUCTURE AS REQUIRED BY NATIONAL QUALIFICATIONS TRAINING LIKE 4 YEARS COURSE

JA THEY HAVE , I'M SORRY THE STRUCTURE IS THERE BUT IN AS FAR AS STANDARDS ARE CONCERNED ESPECIALLY IF ONE IS LOOKING AT THE NATIONAL QUALIFICATION FRAMEWORK TO START .. NURSING SCHOOL IS ONE OF THE INSTITUTIONS WHICH IF THE NURSING COUNCIL CAN GO AND MAKE AN INSPECTION I AM AFRAID THEY IT MAY BE DISQUALIFIED. IT IS NOT CONDUCIVE IN THE FIRST PLACE IS SO CLOSE TO THE NURSING SCHOOL SECONDLY IS SO CLOSE TO THE KITCHEN IN SUMMER IT IS EXTREMELY HOT, THE STUDENTS CAN HARDLY CONCENTRATE ESPECIALLY AFTER LUNCH AND IN WINTER IS EXTREMELY COLD OK IT HAS BEEN A STRUCTURE OF COURSE IT HAS BEEN ... SOMETHING BUT NOW WE'RE LOOKING AT STANDARDS WHICH ARE TO BE SAID FOR US... TO CAN REALLY TO BE COMPARED WITH THE OTHER PEOPLE. ORAAIT SO YOU SAY THAT WE MUST LOOK AT THE STANDARD IT HAS BEEN IT IS THERE
ON THE STANDARDS WHO USE TO TAKE THE STANDARD WHO WAS RESPONSIBLE FOR THESE STANDARDS DID THEY HAVE INSPECTIONS AT THE PREVIOUS BOPUTHATSWANA DAYS ...

DURING MY PRESENCE I JUST REALISED THERE HAS NEVER BEEN ANY INSPECTION EVER SINCE 1991 UP TO 1996 AND FOR YOUR INFORMATION THERE WAS A REPORT THAT WE GOT THAT AT SOME STAGE THE NURSING COUNCIL THE S.A. NURSING COUNCIL DID COME FOR AN INSPECTION BUT THERE ARE STILL NO FOLLOW UP. BECAUSE NOW THERE INITIALLY WHOEVER WAS DOING THE INSPECTION FOUND THE SAME MISTAKES AND WITH AN INSPECTION WE HAVE WHY THEY DON'T COME THEY ARE NOT LOOKING FOR MISTAKES THEY ARE THERE TO COME AND HELP US ..... THERE WERE NEVER EVER ANY CORRECTIVE RESOURCES BUT FROM 1991 TO 1996 THERE HAVE NEVER BEEN INSPECTIONS.

CAN YOU OR ANY OF YOU MOGWASE STAFF .... WHERE HAVE YOU BEEN ALSO BEEN INVOLVED. ALSO BEEN INVOLVED..... BUT I DON'T KNOW HOW BUT THEY DID HAVE PEOPLE FROM MMABATHO COMING FOR INSPECTIONS SO I DON'T KNOW HOW AS SHE WAS AT SCHOOL... SO YOU DON'T HAVE INFORMATION ON THIS STANDARDS ACCORDING CAN YOU JUST ELABORATE ON THE STANDARDS WITH REGARD TO YOUR FEELING WHAT SHE HAS JUST MENTIONED PREVIOUSLY. HOW DO YOU FEEL ABOUT THE STANDARDS

WELL THE STANDARDS ARE NOT AS BAD AS ALL THAT. BECAUSE WE HAVE GOT ENOUGH TUTORS, WE'VE GOT FACILITIES WE GOT BASIC FACILITIES FOR TEACHING.. I THANK ALL ONE CAN SAY IS ABOUT WHEAT THE SAID ABOUT THE CONDITIONS SUCH AS NURSING SCHOOL NEXT TO THE LECTURE ROOM AND THAT IS ALL THAT I CAN SAY. OK IT HAS BEEN MY EXPERIENCE AS A TUTOR FOR THE PAST 6 YEARS THE SAME INSTITUTIONS EQUIPMENT.... WE DON'T IS NOT ENOUGH EQUIPMENT, .... LIKE TEACHING MODULES

YOU KNOW I DON'T KNOW WHETHER IT SOUNDS TOO POLITICAL BECAUSE LIKE WE HAVE MADE MENTION OF THE FACT THAT THERE ARE STUDENTS,
COMPREHENSIVE STUDENTS UNDER THE BOPHUTHATSWANA NURSING COLLEGE AND THE NURSING SCHOOL BEING UNDER THE HOSPITAL SO NOW IT USED TO BE A PROBLEM WHEN COMING TO FACILITIES LIKE THE TEACHING CHARGE FOR THE NURSING SCHOOL. OK WE USE TO ENCOUNTER A PROBLEM. WHEN YOU ARE ACTUALLY USE AN EQUIPMENT WE HAVE BEEN TOLD THAT THIS IS FOR THE COLLEGE... YOU IF SOMEONE WANTS TO SO THEN IT WAS DOMESTIC ISSUE MAINLY IF IT MEAN IT DID GIVE THEMSELVES TIME TO GET IS HARD TO ..... BUT IS NOW THAT IS WHY I AM SAYING I DON'T KNOW WHETHER IT IS POLITICALLY OR THAT .... EVEN IN OUR CLINICAL DEPARTMENT THERE IS NO MODULES WE GOT SUCH AN OLD OLD .DOLL AND YOU ARE TO DEMONSTRATE AS TO TEACH THE STUDENTS BUT NOW IN MOST CASES ... IT SERVES THAT PEOPLE BUT DURING A ... OF CONCERN IS TOO OLD. AN YOU SUGGEST THEN MAKE A SUGGESTION WHAT YOU KNOW. THEN ARE WE ARE TO GET MODULES AND I HOPE THAT IN THE NEAR FUTURE I HOPE THAT THINGS ARE GOING TO CHANGE .

WHAT WOULD YOU LIKE TO SEE CHANGE THERE. OK THE OTHER THING IS'NT THEN THAT THERE ARE REASONS FOR RESPONSIBLE FOR BURNING OUT WE GOT ONE DEMONSTRATION ROOM THAT DEMONSTRATION ROOM IS FOR CATERING FOR OUR OWN STUDENTS AND THIS IS AND FOR COMPREHENSIVE STUDYING AND IS BEING UTILISED FOR THE MEETINGS WE PAYING THE INSTITUTION THINGS LIKE ... EDUCATION, THINGS LIKE WHEN THEY INVITE PEOPLE FROM OUTSIDE AND SOMETIMES YOU WILL FIND THAT IF THE CLINICAL TEACHERS MAYBE GOT STUDENTS ON INDUCTIONS WHO ENCOUNTER PROBLEMS SO IF ... I KNOW A STRUCTURE IS A STRUCTURE YOU CANT CHANGE BUT IF POSSIBLE THERE CAN ... THERE SHOULD BE A SPECIFIC ROOM OR ACCOMMODATION WHERE MEETINGS ARE HELD SO THAT THEY ARE NOT GOING TO INTERRUPT IF SOMEBODY IS BUSY WITH WHATEVER SHE IS DOING LET SAY I AM .. EDUCATOR AND I HAVE SCHEDULED SOMETHING FOR THAT PARTICULAR DAY THEN THERE IS CLINICAL INSTRUCTOR SHE HAS TO TELL THE STUDENTS SOMETHING MAYBE THINGS MAY CHANGE. JUST ELABORATE ON LITTLE BIT FOR ME ON THE WOULD YOU OVERCOME THE PROBLEM WITH THIS IS THE BELONGINGS OF BOPCON AND THIS IS MY BELONGINGS OF THE TRAINING SCHOOL. WHY CAN WE BRIDGE THAT GAP BETWEEN SHARING RESOURCES
YOU KNOW TRANSFORMATION IS A PROBLEM IF I NEED TO SAY THAT YOU KNOW EVEN IF THEY ... AT THE TOP EXPECT THINGS TO BE THEY WAY YOU SUGGEST IF THEY DON'T TRANSFORM OURSELVES AS FUNCTIONAL MEMBERS IT POSES A PROBLEM YOU KNOW BEING A NURSING SCHOOL NURSE EDUCATOR AND A COLLEGE NURSE EDUCATOR THERE IS A LOT OF DISCREPANCIES IF ONLY THIS CAN BE CORRECTED THEN I DON'T THINK THERE WILL BE ANY PROBLEMS, AND IN AS FAR AS THE NATIONAL HEALTH FRAME WORK IS CONCERNED THERE HAS TO BE UNIFORMITY . AND I AM HAPPY AT THE END OF THE DAY AT LEAST NURSING SCHOOLS WILL AUTOMATICALLY BE ABSORBED BY THE NURSING COLLEGES WHICH WILL MEAN THAT FACILITIES WHICH USED TO BELONG THE NURSING COLLEGES WILL ALSO BE UTILISED BY THOSE WHO AT THE NURSING SCHOOL BECAUSE NOW ALL THIS NURSING SCHOOLS IN THE NEAR FUTURE WILL BE USED AS CAMPUSES FOR THE COLLEGES SO I CAN FORESEE THAT THERE WILL DEFINITELY GOING BE SOME CHANGES.. DO YOU SEE THAT AS A DEFINITE INTEGRATION ..... NOW THAT YOU ARE MENTIONING THAT YOU ARE GOING TO INTEGRATE WITH THE COLLEGES THE BOP COLLEGE AND THE UNIVERSITY AND THE COLLEGE THERE HOW CAN I ASK YOU ABOUT THE GEOGRAPHICAL AREA, WOULD THAT BE SUFFICIENT FOR THEM RATHER TO INTEGRATE IN THAT COLLEGE OR WOULD YOU THINK THAT THEY CAN ALSO USE A COLLEGE LIKE FOR INSTANCE EXCELSIUS NURSING COLLEGE. WHAT WOULD BE MORE FEASIBLE FOR THEM WITH REGARD TO THE GEOGRAPHICAL AREA.

THAT IS ANOTHER GOOD QUESTION. AS A FACT LATE LAST YEAR WE SENT A DISCUSSION DOCUMENT AND SEEMINGLY... AS SHE JUST TALKED ABOUT TRANSFORMATION THERE IS A PROBLEM OF CONSULTATION. PEOPLE AT THE TOP DON'T DISCUSS WITH THE PEOPLE OR THE INFORMATION DO NOT REACH THE REAL CONCERNED PEOPLE. WHEREBY WE SAW IN ONE OF THE DOCUMENTS THAT THE NURSING SCHOOL LIKE JUBILE, GEORGE STEGMAN, WERE NOW BE FALLING AUTOMATICALLY UNDER A EXCELSUIS. AND THEN COLLEGES LIKE TSWARA NURSING SCHOOL LIKE TSUSONG, TAUNG WILL AUTOMATICALLY FALL UNDER BOPCOL. BUT IN AS FAR AS WE ARE CONCERNED IT LONG AS REALLY I HAVE ALREADY HIGHLIGHTED IN NURSING SCHOOL NEAR ME ....ITS NOT NICE. .. TO ASK AS LONG AS WE CAN BE BELONG OF ANY OF THE NURSING COLLEGES, WE WILL BE VERY COMFORTABLE. IF WE SAY WE MOVE
NOW TO THAT TRAINING BEFORE EXCELSUIS TRAINING COLLEGE LIKE YOU HAVE SEEN IN THE DOCUMENT, DO YOU THINK THAT STUDENTS LIVING IN THAT AREA HOW ARE WE ARE WE GOING TO ACCOMMODATE ALL THE STUDENT LIVING OUT OF THAT VAST RURAL AREAS, AND TEACH THEM ALSO WOULD THEY BE .. DO YOU THINK THAT WE ARE GOING TO TAKE THE STUDENT FROM MOGWASE AREA TO EXCELSUIS OR EXCELSUIS TO MOGWASE. WHAT WOULD BE THE MOST PRACTICAL. MOST FORTUNATELY FROM THE DISCUSSION THAT WE HAD AT KLERKSDORP WITH THIS LADY FROM THE NURSING COUNCIL. I HAVE FORGOTTEN HER NAME .... JA, IT IS NOT A PROBLEM . WHAT WAS DISCUSSED IS THAT LET ALONE WE WANTED CHANGES.. ALREADY WE HAVE GOT STUDENTS CURRENTLY WHO ARE AT NURSING SCHOOLS SO THIS IS GOING TO CONTINUE OF COURSE WHAT IS GOING TO HAPPEN THAT GIVING NURSING SCHOOLS AND NURSING COLLEGES AT LEAST TWO YEARS TO DECIDE WHETHER ARE WE GETTING TO UNIVERSITIES OR TO THE TECHNIKONS. WHICH MEANS IN 1999 ALL THOSE STUDENTS THAT YOU HAVING AT NURSING SCHOOLS MOST OF THEM WILL BE QUALIFIED OR ENROLLED. SO NOW EVERYBODY AFTER 1999 WILL FOLLOWING THE NATIONAL QUALIFICATION FRAMEWORK WHICH MEANS WHAT'S BEEN DONE IN THE GAUTENG PROVINCE WILL HELP TO BE APPLICABLE IN THE NORTHWEST PROVINCE. THAT I DON'T SEE ANY PROBLEMS BECAUSE NOW STUDENTS COULD HAVE TO APPLY THEIR APPLICATIONS TO THE NURSING COLLEGES. THEY WILL BE INFORMED THAT WE ARE NO LONGER TO BE RESPONSIBLE, THAT COLLEGES ARE NOW GOING TO BE RESPONSIBLE BECAUSE THE OTHER TIME WE HELD A MEETING WITH THE MRS MAREE AND THE TASKFORCE IN NURSING EDUCATION CONCERNED. OK IT HAS BEEN SAID THAT THEY CAME TO THE HOSPITAL TO COME AND NEGOTIATE WITH THE RESPECTIVE MATRONS CONCERNING RESPECTIVE NURSING SCHOOLS. WHAT IS GOING TO HAPPEN TO THE STUDENT POSTS AND THE TUTORS POSTS. SO WHAT IS GOING TO HAPPEN NOW THE HOSPITAL ARE NOW GOING TO GRANT THEM POSTS TO THE NURSING COLLEGE THEY EVEN REQUESTED THAT THE TUTORS POSTS FROM THE MATRONS ARE YOU GOING TO BE ABLE TO CAN GRANT THE POST FOR THE NURSING COLLEGE. SO IN AS FAR AS STUDENTS POST ARE CONCERNED THAT WILL BE THE COLLEGE RESPONSIBILITY. IN AS FAR AS I AM CONCERNED, I DON'T FORESEE ANY PROBLEM BECAUSE FOR NOW FOR THOSE WHO ARE AT NURSING SCHOOLS THEY BEING CATERED FOR. THIS IS NOT JUST ACCORDING
TO THE ... ISSUE THEY WILL BE GIVEN A CHANCE UP TO 1999. A POSSIBILITY WILL THEN DEFINITELY BE EITHER THE POTCH UNIVERSITY OR EXCELSUIS NURSING COLLEGE REGARDING THE MOGWASE AREA, IS THAT IT WHAT IS HAPPENING WHAT IS GOING TO HAPPEN. CAN I JUST ASK YOU ANOTHER QUESTION IN THAT AREA, MRS MASIBUKU, THE PRESENT CURRICULUMS WHAT IS AVAILABLE WITH REGARD TO PRIMARY HEALTH CARE TRAINING HAVE THEY ALREADY ARE THEY ALREADY WORKING ON A CURRICULUMS FOR THIS NEW NATIONAL QUALIFICATIONS FRAMEWORK LIKE THE GENERIC NURSES WHICH THEY WANT TO HAVE ... ARE THOSE ... CAN YOU ELABORATE A LITTLE BIT ON THAT .... IN HOW FAR WE ARE.. WE DO HAVE ABOUT THE CURRICULUM I DON'T KNOW BUT ALREADY WE DO HAVE NURSING SCHOOLS WHO ARE AND PROFESSIONALS WHO ARE WORKING ON GENETIC DISEASES WHO GO TO ANOTHER HOSPITAL. NO BUT WHAT I AM SAYING IS THE GENERIC NURSE TRAINING BECAUSE THEY ARE GOING TO TRAIN GENERIC NURSES NOW AFTER TWO YEARS TRAINING AT THE NATIONAL QUALIFICATION FRAMEWORK IS .... IS THE DEVELOPMENT ALREADY MOVING IN MOGWASE. SO FAR NO. SO FAR NOT TO YOUR KNOWLEDGE... SO FAR THEY HAVE ANNOUNCE TO COME IN .... BECAUSE AS I SAID AT THEIR OWN... IT WAS JUST DISCUSSION DOCUMENT PEOPLE HAVEN'T STARTED WITH THAT. MAYBE TOWARDS THE END OF 1998 THEY WILL START DOING SOMETHING I DON'T KNOW ... ORAAIT IT THINK TO ROUND OFF ARE THERE ANY OTHER STRENGTH ANY OTHER RESOURCES THAT WE DIDN'T TALK ABOUT IN THE MOGWASE AREA WHICH YOU KNOW IS AVAILABLE FOR TRAINING THERE, IS THERE ANYTHING THAT YOU CAN THINK OF.

OK ALL I CAN THINK OF MY AREA IS ..THE PRIVATE SECTOR....OWN COMMUNITY AND THE OTHER THING IS SWARTKLP MINE WHICH IS ABLE TO GET SENT OUR STUDENTS WHERE THEY ARE NOW DOING THEIR PRACTICAL ON COMMUNITY SCIENCE. ARE YOU USING THAT ALSO .... CLINICAL TEACHING.... SO YOU GOT SWARTKLP... AND THEN WE CAN USE SUN CITY ... IS THERE A CLINIC AVAILABLE ..... WHERE YOU CAN PLACE YOUR STUDENTS ALSO. EVEN THE ..... SO THERE IS SUFFICIENT CLINICAL FACILITIES THERE IN THAT AREA. CLINICALLY YES. NOTHING ELSE THAT YOU CAN MENTION FOR MOGWASE. ALSO USE THE AECI. AECI FOR OCCUPATIONAL HEALTH TRAINING AND THE COMMUNITY. ORAAIT, DO YOU THINK THIS WAS ALSO THAT WE NEED TO SAY ABOUT THE MOGWASE AREA.
I CANT THINK OF ANYTHING ELSE.

LETS GO OVER TO THE RUSTENBURG AREA. IF YOU CAN JUST COMMENT ALSO.. WE ARE FIRST LOOKING AT THE STRENGTH JUST TO REMIND YOU OF TRAINING, SO WE ARE LOOKING AT THE FACILITIES IN THE RUSTENBURG AREA NOW TO WHICH WE HAVE AVAILABLE FOR TRAINING. CAN YOU COMMENT ON WHAT WE HAVE PRESENTLY. WE HAVE LIKE IN THE DISTRICT OF WHERE I AM WE DO HAVE LECTURE ROOMS WE DO HAVE FACILITIES FOR TRAINING BECAUSE THERE HAS BEEN TRAINING GOING ON FOR SOME TIME FAMILY PLANNING TRAINING, TB TRAINING, STD TRAINING AND OTHER TRAINING. SO WE DO HAVE FACILITIES IN THE DISTRICT OFFICE...SUCH AS LECTURE ROOMS.. WE DO HAVE PROJECTORS AND ALL THE EQUIPMENT OF THIS KIND THAT WE NEED FOR TRAINING. AND WE DO HAVE STAFF FOR TRAINING NOT NECESSARILY THROUGH TUTORS, AS FAR AS I KNOW THERE ARE JUST THE TWO TUTORS WHO ARE QUALIFIED AND THAT IS THE PROGRESS. AND THEN WE ALSO HAVE TRAINING FACILITY, I THINK MAYBE I SHOULD ALSO MENTION THE TECHNIKON WE HAVE THE RUSTENBURG TECHNIKON I SEE IT AS A POTENTIAL TRAINING FACILITY BECAUSE I KNOW THEY ARE TRAINING OTHER THINGS IN CERTAIN HEALTH RELATED KIND OF TRAINING, SO IT COULD ALSO, I DON'T KNOW WHAT FACILITIES ARE THERE BUT I TAKE IT AT THE TECHNIKON IT WOULD HELP BASIC THINGS LIKE YOU... LIKE OVERHEAD PROJECTORS, SLIDE PROJECTORS THEN ALL JUST... FOR SPECIFIC TRAINING, LIKE PRIMARY HEALTH CARE...I AM SURE THEY CAN IMPLEMENT THAT. AS A TRAINING FACILITY AND THEN IT HAS PAUL KRUGER HOSPITAL THIS IS ALSO HAVING TRAINING FACILITIES I KNOW THEY ARE TRAINING ENROLLED NURSE,RIDGING COURSE AND I THINK THEY ALSO TRAIN... FOR 4 YEARS. ... THEY ARE BLOCKING AT EXCELSUIS NURSING COLLEGE... SO IT IS ANOTHER TRAINING FACILITY. SO WHAT IS THE PRESENT TRAINING AT PAUL KRUGER, THAT THEY ARE CONDUCTING.

CONDUCTING A BRIDGING COURSE THEY ARE CONDUCTING A FOR NURSING ASSISTANTS.... THE BRIDGING COURSE IS ONLY COME FOR PRACTICAL. THEY DO THEIR THEORY IN EXCELSUIS. AND OTHER TRAINING PRESENTLY AT EXCELSUIS. SORRY, AT PAUL KRUGER. THEY HAVE DONE NOTHING YET. THEY ALSO THEY CAN.... CAN THEY... CLINICAL FOR THE COMPREHENSIVE COURSE. YE... DO
THEY STILL HAVE STUDENTS TOTAL NUMBER ALLOCATED TO PAUL KRUGER HOSPITAL. YE THEY ... DOES THE STUDENTS ALSO BLOCK IN EXCELSUIUS AND THEY WORK UNDER THE DIRECT SUPERVISION OF A CLINICAL TUTOR.... FROM EXCELSUIUS AT PAUL KRUGER SO IF THAT IS STILL HAPPENING. IT IS JA. WHAT ABOUT THE CLINICAL TEACHERS. THEY ARE SITUATED AT PAUL KRUGER... PLACED AT PAUL KRUGERS ORAAIT. PLACED HERE FOR TRAINING, NOT NECESSARILY COMING FROM EXCELSIUS BUT ARE WORKING FOR THE COLLEGE AT PAUL KRUGER HOSPITAL. ANY OTHER FACILITY I THINK THEY HAVE TWO NOW. ORAAIT. OK I DON'T KNOW IF I SHOULD MENTIONED THE RPM TRAINING CENTRE. RPM TRAINING CENTRE BECAUSE IT IS ALSO IN RUSTENBURG ALTHOUGH IT BELONGS TO THE MINE BUT IT BELONGS TO RUSTENBURG AT AS A WHOLE BECAUSE RIGHT NOW THERE IS A PRIMARY HEALTH CARE COURSE GOING ON THERE...WHICH IS A JOINT VENTURE BETWEEN THE MINE AND THE PUBLIC SECTOR SO BOTH COMPANIES AND STUDENTS AND I KNOW THE RPM TRAINING CENTRE IS ALSO DOING A BRIDGING COURSE. YOU COULD EXPAND ON THAT. WE ARE ALSO ... I AM NOT SURE ABOUT THE OTHER COURSES BUT I KNOW THEY DO THE BRIDGING COURSE. OK, FACILITIES THAT THEY HAVE WHICH THEN MAKE TO YOUR CAN YOU UTILISE ALL THE FACILITIES WHICH FACILITIES CAN YOU USE IN THE CLINICAL FIELDS FROM A .... CENTRE. RPM HOSPITAL IS A GOOD CLINICAL FACILITY BECAUSE WE CAN SENT STUDENTS THERE FOR CLINICAL EXPERIENCE, THEIR OPD THEY ARE ... OCCUPATIONAL .. IS IT OCCUPATIONAL HEALTH..YA. OTHERWISE IN RUSTENBURG ALSO ALL THE CLINICS ARE ALSO A TRAINING FACILITIES IN THE MAIN COURSES AND WE SENT THE SOME STUDENTS THERE, AS WELL AS STUDENTS .... CAN I ASK YOU, I KNOW THERE IS A COLLEGE IN TLHABANE DO ANY OF YOU HAVE ANY INFORMATION ON THE TYPE OF TRAINING WHICH TAKING PLACE THERE? AT THE TLHABANE COLLEGE. IS IT TEACHER TRAINING ONLY, JA IS THAT ALSO A POSSIBILITY FOR TRAINING IN FUTURE IN THIS AREA. HOW IS IT BEING UTILISED? NOT FOR HEALTH TRAINING. AND ... A LOT OF CHANGES ARE TAKING PLACE BECAUSE AN EXHIBITION IS PRESENTLY TAKING PLACE IT SEEMS THEY ARE LOOKING AT BETTER UTILISATION.

TAPE 2
THEY ARE LOOKING INTO THINGS LIKE DRESS MAKING ....SO THAT CAN ALSO BE
SEEN AS AN EXTRA FACILITY IN THIS AREA FOR TRAINING...EXACTLY...IT IS THERE IT IS AVAILABLE IT IS EQUIPPED...AM I RIGHT...YOU WILL HAVE TO CALL A MEETING AND INVITE THE COMMUNITY TO ASSESS THEIR NEEDS, WHAT THEY ARE INTERESTED IN ..WHAT THEY WANT ACTUALLY... I THINK IN A WHOLE RUSTENBURG HAS CLINICAL FACILITIES FOR NURSING STUDENTS. IT DEPENDS ON THE TYPE OF TRAINING WHICH IS DONE.. THE CATEGORY OF STUDENT IF WE TALK OF THE COMPREHENSIVE TRAINING... IF WE CAN ALSO LOOK AT PSYCHIATRIC FACILITIES.. AND THAT WE DON'T HAVE IN RUSTENBURG AT ALL WE HAVE TO SEND OUR STUDENTS OUTSIDE RUSTENBURG FOR THAT FACILITIES BUT APART FROM THAT RUSTENBURG HAS GOT ALL THE FACILITIES BECAUSE THE STUDENTS FOR KLERKSDORP FROM THE COLLEGES WE MENTIONED, THEY COME HERE FOR PRACTICAL .EVEN THE POST-BASIC STUDENTS ..I SEE ABOUT SIX SETS PER YEAR COMING FROM THOSE COLLEGES FOR PRACTICA.. COMPREHENSIVE STUDENTS AND POST - BASIC STUDENTS

OUR CLINICS, WE HAVE GOT ENOUGH QUALIFIED, ADEQUATELY QUALIFIED PROFESSIONAL NURSES WE GOT QUITE A NUMBER OF PROFESSIONAL SISTERS IN PRIMARY HEALTH CARE WITH CLINICAL OR CLINIC EXPERIENCE. SO IN THE CLINICS I THINK WE ARE OK AS FAR A TRAINING IS CONCERNED. CAN YOU I ASK YOU THEN IN FUTURE IF WE GO OVER TO THIS NEW COURSE THAT IS ON THE TABLE THE UNIFIED NURSING QUALIFICATIONS AS WE HAVE ON LEVEL TO THE GENERIC NURSE TO AND LEVELS TO FURTHER THE PROFESSIONAL NURSE AS NQF IS DESCRIBING AS ITS ON THE TABLE NOW TO DECIDE ON A UNIFIED NURSING CATEGORY SO THEY ARE ONLY LOOKING AT ONE NURSING CATEGORY AS I CAN SEE IT. HOW DO YOU FEEL THE ROLE OF EXCELCIUS, WHAT ROLE ARE THEY GOING TO PLAY AND WOULD IT BE FEASIBLE FOR US TO HAVE A SUB CAMPUS FOR INSTANCE HERE OR SHOULD BE TAKE THE STUDENTS THAT SIDE. WHAT WOULD BE MOST FEASIBLE FOR THE STUDENTS IN OUR ..... 

I PERSONALLY FEEL WE ARE QUITE COMPETENT THAT WE CAN TAKE OUR TRAINING ON OUR OWN CAMPUS. I THINK SO. DO YOU SAY THAT WE SHOULD HAVE A CAMPUS IN THE RUSTENBURG AREA ONLY OR IN MOGWASE AS WELL BUT UNDER THEIR INDIRECT SUPERVISION THERE. I WOULD SAY RUSTENBURG AND MOGWASE COMBINED SOMETHING THAT WE COULD SORT OF JOIN
TOGETHER AND WORK ON THAT RATHER THAN DIVIDING OUR STRENGTHS. I AM
VENGING ON THE STRENGTH OF BOTH SIDES MOGWASE SIDE AND RUSTENBURG
SIDE.. FACILITIES LIKE THE PERSONNEL, THE TEACHING PERSONNEL, FACILITIES
LIKE THE CLINICS AND HOSPITAL WE PUT THOSE FACILITIES TOGETHER WE CAN
GET SOMETHING QUITE ADEQUATE AND EFFICIENT... AND YOU SAY EVEN THE
GEOGRAPHIC AREA AS FAR AS MOGWASE AND RUSTENBURG IS CONCERNED IT
WOULD BE PRACTICAL. IT THINK IT WOULD BE PRACTICAL YES. ORAAIT. CAN WE
WHAT PRESENT TRAINING .. WE MENTIONED THE TRAINING PROGRAMMES IN
THIS AREA. IS THERE ANY OTHER TRAINING PROGRAMMES THAT YOU CAN THINK
OF THAT WE LEFT OUT. WE TALKED ABOUT PAUL KRUGER AND RPM HOSPITAL
AND YOUR FACILITIES IN NORTH WEST TRAINING. IS THERE ANY OTHER
PROGRAMMES THAT YOU KNOW OF THAT IS CURRENTLY RUNNING OR IN THE
FUTURE THAT IS GOING TO TAKE PLACE OVER HERE. IN RUSTENBURG. I THINK
.... BUT WHAT ABOUT ARRANGING A SHORT COURSE ON COMMUNITY SERVICE
GENERALLY IN TLHABANE. THAT IS NO LONGER THERE. IT WAS RUN BY ..... CAMPUS...................... SO THAT COURSE IS NO LONGER. ORAAIT, I THINK THAT WAS
LET JUST LOOK FOR A WHILE AT THE SOME OF THE WEAKNESSES IN THIS AREA
THAT NEEDS ATTENTION I KNOW YOU HAVE MENTIONED QUITE A FEW
PROBLEMS MOGWASE BUT LET JUST LOOK AT SOMETHING LIKE FUNDING AS AN
EXAMPLE. CAN WE LOOK AT RUSTENBURG. FUNDING SPECIFICALLY. YES, DO
YOU THINK THAT FUNDING IS GOING TO BE PROBLEM? DO YOU KNOW OF ANY
BUDGET, WHAT IS AVAILABLE DO YOU THINK THERE IS A PROBLEM AT THIS
STAGE. I KNOW THERE IS SOME BUDGET FOR TRAINING BUT IT IS NOT AS IT
SHOULD BE BECAUSE THERE IS NO PROPER TRAINING STAFF AS I MENTIONED
IN RUSTENBURG AT PRESENTLY. FOR THE SAME REASON THAT APPLY TO
MOGWASE THAT TRAINING HAS GOT TO GO UNDER ONE UMBRELLA AND THE AS
SUCH . SO BECAUSE OF THAT THERE IS A LOT OF UNCERTAINTY THE BUDGET
IS VERY MINIMAL. IT IS NOT ... EXACTLY.. AT WHICH MEANS CONTINUE ALSO
THAT THEY NOW CUTTING BUDGETS. HOW CAN WE THEN IN FUTURE LOOK AT
FUNDING ALTERNATIVE FUNDING. YOU KNOW, I JUST WANT TO MENTION ABOUT
THE primary health care... THERE IS A BUDGET FOR PRIMARY HEALTH CARE.
WHERE IS THAT ... YES AT FINANCIAL LEVEL...... BECAUSE DR KRUG ONCE
MENTIONED THAT THERE IS A BUDGET IT WAS SENT OVER. FOR LAST YEAR. AT
LEAST SOMETHING WAS DONE ABOUT IT. I HAVE HEARD YOU SAY THE
MOGWASE AREA... WAS IT SWARTKLIP?. DO THEY MAKE THEIR RESOURCES AVAILABLE. IT THAT A PRIVATE COMPANY PRIVATE INSTITUTION CAN YOU JUST TELL USE A LITTLE BIT ABOUT THAT AS FAR AS THE BUDGET IS CONCERNED. AS FAR AS THE MINE BUDGET IS CONCERNED .... I DON'T KNOW SO FAR. ........ HAPPENED HERE. I CANT SAY MUCH ABOUT THE BUDGET OF SWARTKLIP, BUT WHAT WE USUALLY DO WE ONLY MAKE ARRANGEMENTS TO BE SENDING OUR STUDENTS OVER...TO SUCH A PROGRAMME SO THEY MAKE ARRANGEMENT, AND WE DON'T PAY ANYTHING. MOST OF SWARTKLIP ACTS LIKE OUR BROTHERS AND SISTERS REALLY. YOU KNOW THAT IS THE MAIN THING IS ANYTHING THAT CONCERNED THE COMMUNITY. BUT I CANNOT REMARK MORE AS THE BUDGET IS CONCERNED. DO YOU THINK IN THAT AREA IS THERE OTHER RESOURCES THAT CAN PERHAPS CONTRIBUTE IF IT COMES TO A POINT LIKE RESOURCES. IS THERE A PERSON THAT WE CAN FOR INSTANCE ASK IF FUNDING FOR YOUR AREA IN MOGWASE .. PRIVATE SECTOR. EXCEPT THE MINES, IF MAY BE WE GO TO THE EXTENT OF GOING TO TALK TO THE RURAL COMMUNITY. I DON'T KNOW. ARE YOU ASKING ABOUT AVAILABLE FUNDS. FUNDS FOR TRAINING YES. YES, IS IT A PROBLEM DO YOU FORESEE A PROBLEM IN FUTURE WITH FUNDING. IT WAS ONCE SAID THAT THE EDUCATION DEPARTMENT HAVE TO GET OWN FUNDS, THE NATIONAL EDUCATION IN OUR AREA MOGWASE AREA THEY ARE HAVING THEIR OWN FUNDS. WHERE WOULD THAT COME FROM? FROM THE PROVINCIAL GOVERNMENT. THEY DO THE MAIN BUDGET THEY BUDGET FOR ALL PROGRAMMES. TRAINING IS ALSO A PROGRAMME WHETHER IT IS PRIMARY HEALTH CARE OR WHAT. SO THEY ALSO PROVISION, BUT AS TO WHETHER IT IS SUFFICIENT OR WHAT I CANNOT SAY. YOU DON'T HAVE KNOWLKDGE THAT THERE IS PROBLEMS? I DONT HAVE AN IDEA. WHAT I WANT TO SAY WHAT I SAID WHAT FUNDS YOU ASKING FOR ARE YOU ASKING FOR SOMETHING THEY SAY ALREADY THEY SAID THERE WAS A POST TAKEOVER OF THE NURSING SCHOOL AROUND RUSTENBURG, KLERKSDORP AND MMABATHO. RIGHT, BUT WHAT WE ARE SAYING HERE, WE ARE SAYING RUSTENBURG IT CONTRIBUTE ENOUGH TO CAN HELP OWN TRAINING CAMPUS. SO I THINK, LIKE YOU ALSO SAID IN THE NATIONAL BUDGET, WHEN THEY DO THE NATIONAL BUDGET THERE IS A BUDGET FOR EACH PROGRAMME SEEING THAT WE ARE NOW STARTING TO THINK OF A TRAINING PROGRAMME NOW, SOMETHING THAT WE WANT TO WORK OFF. I AM NOT SURE WHETHER ... BUT SHOULDN'T WE WORK ON THIS PROGRAMME GO
BACK TO THIS PEOPLE AND SAY. HERE WE ARE, WE HAVE WORKED ON THIS PROGRAMME AND WE THINK WITH OUR RECOMMENDATIONS AND STRENGTHS AND WEAKNESSES AND WHATEVER WE WANT TO PUT IN ... OBJECTIVES AND WHATEVER AND SAY THEREFORE WE WOULD LIKE TO BE PUT INTO THE NEXT BUDGET BECAUSE WE WANT TO START ON THIS PROGRAMME. IF THEN THAT WE HAVE SAYING THAT WE HAVE MONEY BECAUSE WE HAVE NEVER ASKED FOR ANY MONEY FOR TRAINING.. WOULD YOU SUGGEST THEN THAT IF WE PUT THIS PROPOSAL TO THE GOVERNMENT AT MMABATHO THAT WE ARE GOING ... WHICH PROGRAMME ARE WE GOING TO PRESENT TO THEM THAT WOULD BE THE BEST PROGRAMME THERE. WITH THE NATIONAL .. RUSTENBURG MOGWASE WITH REGARD TO THE NATIONAL QUALIFICATION FRAMEWORK THE UNIFIED TRAINING, WHAT PROGRAMME ARE YOU SUGGESTING THERE WE PUT FORWARD. I WANTED TO COME BACK TO THAT. I JUST WANTED TO ASK A QUESTION, WHAT ACTUALLY ARE YOU FOCUSING ON WHAT LEVEL OF TRAINING ARE YOU FOCUSING ON. IT IS LIKE ... IS IT BRIDGING COURSE, IS IT COMPREHENSIVE COURSE. THIS IS WHAT WE SAID IN THE BEGINNING, LET ME JUST FILL YOU IN QUICKLY. THE NURSING PROGRAMME, THE NURSING COUNCIL IS LOOKING AT A UNIFIED PROGRAMME AND THIS NURSING PROGRAMME MUST BE IN LINE THE WITH NATIONAL QUALIFICATION FRAMEWORK WHICH IS THE LEVELS OF TRAINING. HAVE YOU GOT ANY INFORMATION ON THAT, SO WHAT THEY ARE SUGGESTING, JUST IN SHORT AGAIN TO TELL YOU THAT THIS TRAINING IS GOING TO BE ONE CATEGORY OF NURSE SO THERE WILL NO LONGER BE NURSING ASSISTANT NO LONGER ENROLLED NURSES AND THE BRIDGING COURSE WILL ALSO BE SOMETHING OF THE PAST. WHAT WE ARE LOOKING AT IS FURTHER EDUCATION TRAINING THAT IS ANOTHER TWO YEAR TRAINING WITH MATRIC AS YOUR ENTRY THEN TWO YEARS OF TRAINING THEN YOU WILL BE CALLED AND REGISTERED AS A GENERIC NURSE AFTER THAT 2 YEARS AND THEY EXPECT THAT PERSON TO BE A INDEPENDENT PRACTITIONER ALREADY WITH A PRIMARY HEALTH CARE APPROACH. THE ANOTHER TWO YEAR OF TRAINING WOULD QUALIFY THAT PERSON THE AS A REGISTERED PROFESSIONAL NURSE AND THEN AFTER THAT 4 YEARS OF TRAINING THEY CAN SPECIALISE IN MIDWIFERY WHATEVER LEVEL WHATEVER THEY DECIDE TO GO TO. WHAT IS ON THE TABLE IS ONLY THAT COMPREHENSIVE COURSE LIKE IT WAS PROPOSED BY THE NQF AND NURSING COUNCIL. SO WE ARE LOOKING AT THAT CATEGORY OF NURSE.
SO I SUGGEST, THAT IF I CAN ASK YOU THE QUESTION AGAIN THAT WE ARE GOING TO LOOK AT ONE PROGRAMME ONLY IN OUR PROPOSAL. DO YOU AGREE WITH IT THEN. AND THAT IS WHAT WE ARE SUGGESTING THAT WE PUT FORWARD IN OUR PLANNING FOR THIS WHOLE REGION. ... SORT OF ..RELATED TO THE NEED OF RUSTENBURG AND MOGWASE INCLUDED. ORAAT WHO WOULD LIKE TO BE INCLUDED IN DECIDING IN LIKE A TASKTEAM WHO WOULD BE THE PEOPLE THAT YOU WOULD INCLUDE IN THE ANALYZING THIS PROGRAMME FOR THIS AREA. WHO WOULD YOU SEE AS THE KEY PERSONS TO BE INVOLVED IN THE PLANNING OF SUCH A PROGRAMME. I THINK WE SHOULD .. IT SHOULD BE TUTORS. BE MORE SPECIFIC. ....... ALL NURSE EDUCATOR PRESENTLY IN THIS TWO DISTRICTS AND HOSPITALS. AND I ASK YOU. WHO? DISTRICT MANAGER HAS TO BE INVOLVED. AND WHO ELSE WOULD YOU SEE BECAUSE THE SUGGESTION IT GOING TO BE EXCELSUIS OR POTCH UNIVERSITY AM I RIGHT, OR MMABATHO, WHAT DO YOU DECIDE. ..... NURSING COLLEGE EXCELSIUS. DID I GET YOU RIGHT IN THE BEGINNING YOU SAID THAT MOGWASE RUSTENBURG MUST COME IN THAT DRAFT THAT YOU SAW TO EXCELSIUS. SO LET ASSUME THAT IT IS GOING TO BE EXCELSIUS NURSING COLLEGE ...CAN I ASK YOU DO YOU FEEL THAT WE MUST THEN BE INCLUDED AS WELL. YES DEFINITELY... ANYBODY ELSE THAT YOU CAN SAY THAT YOU THINK WE SHOULD INCLUDE. MAYBE WE SHOULD ALSO INCLUDE SOME PEOPLE IN THE COMMUNITY WHO A THING... GIVE ME AN IDEA WHO WOULD DO YOU THINK WOULD BE A KEY PERSONS. SOME CIVIC LEADERS PARTICULAR THING WHO ARE IN CONTROL WHO CAN BE INFLUENTIAL... BECAUSE THEY ARE PEOPLE WITH INFLUENCE IN THE COMMUNITY WHO CAN GIVE U INFORMATION. THE MAYOR OF RUSTENBURG, HE IS ALSO WORKING HARD TO SEE TO THE DEVELOPMENT OF PEOPLE IN THIS AREA. SO WE WOULD APPRECIATE AN IDEE ... WE CAN ALSO BE PART OF THE TEAM AND IN THE RURAL AREAS THE CHIEFS HAD BE PART FOR THE DEVELOPMENT OF THE COMMUNITY. YOUR FEELING ON THAT. ..... I THINK OUTSIDE THE DEPARTMENT WHICH IS PART OF MOGWASE BECAUSE CHIEFS FOR INSTANCE IN MOGWASE BECAUSE MOST OF MOGWASE IS A RURAL AREA. IT IS 98% RURAL .... DON'T THEY HAVE A MAYOR IN MOGWASE. YES WE DO HAVE A MAYOR BUT WE HAVE GOT VILLAGES OUTSIDE WHICH REPRESENTING THE CHIEFS. AND ANOTHER QUESTION IS IS IT ONLY PRIVATE SECTOR PUBLIC SECTOR WHAT IS THE SUGGESTION WITH REGARDS TO THAT. SHOULD BE A
COMMUNITY ..... ALSO YOUR . .. BUT I AM NOT COMFORTABLE WITH OUR STRATEGY THAT WE SHOULD WORK ON ONE PROGRAMME BEING THE COMPREHENSIVE TRAINING. ALTHOUGH IT MAY BE DEPEND ON THE SITUATION ANALYSIS.... BECAUSE ANYWAY THAT HAS TO BE DONE. BUT MY PERCEPTION THAT THERE IS NO NEED FOR NURSES TO GIVEN MORE THINGS.. THEY ALREADY HAVE IN MY OPINION ENOUGH NURSES TO OFFER THE SERVICES IN RUSTENBURG AND MOGWASE I MEAN THEY ARE PROFESSIONAL NURSES AND SHOULDN'T WE RATHER CONCENTRATE ON NOW EMPOWERMENT SUCH AS IN PRIMARY HEALTH CARE OR COMMUNITY HEALTH WHERE IS THOSE PROGRAMMES, THAT IS MY FEELING. I DON'T HAVEN'T READ ABOUT THIS NEW APPROACH FOR TRAINING. I THOUGHT WHAT YOU SAYING FOR THE FIRST TWO YEARS OR SOMETHING I NEED... WE PRODUCE SORT OF EQUITY FOR ALL THE FIELDS LIKE FREE COMMUNITY HEALTH, PRIMARY HEALTH CARE THEN SO THAT SHE CAN WORK COMPREHENSIVELY .. BUT WHAT ... LET ALONE THE TYPE OF A PROGRAMME IS ALREADY BUT WE ALREADY ... BUT WE ALREADY HAVE THE QUALIFIED PEOPLE WHO DO HAVE THAT OPPORTUNITY FOR A NEW PROGRAMME. WHAT ARE WE GOING TO WITH THIS FEAR... OK. SOME OF THE HEALTH CARE PROGRAMME WILL BE SPECIFICALLY PROVIDED FOR THIS PEOPLE CAN BE ENROLMENT CAN BE WHATEVER SO AS TO EMPOWER THEM. I DON'T KNOW... WHAT IS THE FEELING ABOUT WHAT ... ON THIS NEW PROGRAMME, AND WE ARE TALKING ABOUT PEOPLE. WHAT IS THEN RELEVANT FOR THIS AREA.. I THINK THE MOST IMPORTANT THING THAT WE SHOULD EMPHASIZE IS PRIMARY HEALTH. AND IT SPECIFICALLY BECAUSE THEY ARE RELEVANT FOR.. THOSE AROUND US LIKE IN RUSTENBURG AND MOGWASE ARE MAINLY RURAL AREA IT ADDRESSES THE NEEDS OF THE RURAL AREA BECAUSE THERE PEOPLE WHO CANNOT AFFORD PRIVATE HEALTH CARE. SO IF YOU TRAIN MORE NURSES IN THIS FIELD WE ARE REACHING OUT TO OUR COMMUNITY IN BASIC HEALTH CARE THIS IS IN MY OPINION IS PRIMARY IMPORTANCE .... TO ADD ON THAT I THINK PEOPLE SHOULD START TRAINING WE HAVE NO MANY CONTRIBUTIONS IN OUR COMMUNITY. WHAT DO YOU FEEL THE PRIMARY HEALTH TRAINING ADDRESSES THAT. I THINK IT DOES..... I PERSONALLY THINK SO .... BUT I THINK PRIMARY HEALTH CARE IS THE BREAKTHROUGH AND IF OTHER SPECIALITIES LIKE PHARMACOLOGY ..... HONESTLY IT SHOULD ALL BE IN LINE WITH THE NATIONAL HEALTH PLAN BECAUSE IS FOCUSING ON PRIMARY
HEALTH CARE. SO IF YOU WOULD PRIORITISE THE PROGRAMMES FOR THIS AREA WHAT WOULD BE YOUR FIRST CHOICE OF PROGRAMMES THAT SHOULD HAVE URGENT ATTENTION. ...... PRIMARY HEALTH CARE TRAINING. WE HAVE A SITUATION LIKE .... HOW ARE WE JUST BREAK DOWN ON THE PRIMARY HEALTH CARE INVOLVED IN THE PRIMARY HEALTH CARE IS ALSO A SECTIONS OF CLINICAL SKILLS. SO ARE THE NURSES IN THE FIELD GOT COMMUNITY HEALTH NURSING. WHAT IS YOUR FEELING WITH REGARD TO THEIR CLINICAL SKILLS. DO THEY HAVE THE KNOWLEDGE OF CLINICAL SKILLS. COMMUNITY HEALTH TRAINED NURSES. NO, ... HOW DO WE ADDRESS THE PROBLEM. THOSE NURSES ARE THE ONE WHO HAVE TO GET TOGETHER AND BE GIVEN A SHORT COURSE IN PRIMARY HEALTH CARE AND MAJOR CLINICAL SKILLS, BECAUSE THAT IS ALL THEY NEED.THEY DON'T NEED A LONG COURSE IN PRIMARY HEALTH CARE. PHARMACOLOGY.... THEY HAD BEEN CLINICAL ..... AND I WONDER IF IN THAT PRIMARY HEALTH CARE WITH THE COMMUNITY INCLUDED. .. BUT KNOW WE ARE MAKING A DECISION ... I HEARD YOU MENTION SOMETHING ABOUT PHARMACOLOGY. I THINK THIS PEOPLE WHO ARE ALREADY IN THE CLINICAL FIELD FOR SOME YEARS WHO HAVE BEEN WORKING IN THE CLINICS WITHOUT PRIMARY HEALTH CARE SKILLS. I DON'T THINK THEY NEED THE PHARMACOLOGY PART OF THEIR THE WHOLE COURSE. IF ONLY THEY CAN BE GIVEN THE CLINICAL SKILLS, EXAMINATION YOU KNOW... THEN YOU CAN SAY THAT CLINICAL ....BY COMING TO THE PHARMACOLOGIST THEY ALSO NEED THAT ESPECIALLY ... PHARMACOLOGY THEY ARE GOING TO NEED BECAUSE OF THE CHANGE. OK. BECAUSE OF THE ESSENTIAL DRUG LIST... EVERYBODY GOT TO SORT OF BE REORIENTATED INTO EVERYTHING SPECIALLY WHEN DISPENSING..... AND PHARMACOLOGY MAY NOT BE PART ...BUT IS NOT AN URGENT THING LIKE IN CLINICAL CARE. WHAT YOU CALL THIS THING. SOME OF .... TRAINED IS IT GOING TO BE AN ONGOING SITUATION.. TILL EVERYBODY IS TRAINED. .... CLINICAL SKILLS. I THINK THAT ANYBODY CAN COMMENT ON SOME WEAKNESSES THAT WE EXPERIENCE IN OUR AREA DO YOU THINK WE LEFT OUT ANYTHING. I THINK THE MOST IMPORTANT ONE IS TO FIN ONE... IT MEANS IN THE CLINIC OR WHEREVER THEY ARE PRACTISING WE NEED THEIR SKILLS LOOKED INTO AND THEN PHARMACOLOGY... PHARMACOLOGY ... SO ACTUALLY WE CAN HAVE MONEY TOOK OFF.... CONDITIONS IN CLINICS. IS THAT YOUR FEELINGS FOR MOWAGSE AS WELL. YES. THAT WILL ALSO WILL STRENGTHEN THEM IN FUTURE
FOR STUDENTS TO THE CLINICS THAT THEY ARE GOING TO NEED CONFIDENCE AND GUIDANCE. IT WILL BE A FOUNDATION FOR OTHERS....... IS THERE ONE THING... THE TRAINING. WHAT IS YOU FEELING ABOUT THE APPROACH TOWARDS TRAINING IN THE MOGWASE AREA. DO THEY EXCEPT THE TRAINING ... IS THERE AN OPEN DOOR FOR YOU WITH REGARD TO TRAINING, BECAUSE EVERYBODY SCREAMS TRAINING, TRAINING BUT THAT ... REALLY IS OUT IN THE FIELD. DO YOU GET RESISTANCE DO YOU HAVE CO-OPERATION YOU FEEL IT IS ACCESSIBLE TO EVERYBODY. DO THEY EXCEPT TRAINING .. , PRESENTLY. WHAT IS THE GENERAL FEELING IN OUR TWO AREAS REGARDING TRAINING DO THEY FEEL IT IS VERY URGENT IT IS IT REALLY VERY DO THEY REALLY EXCEPT THAT AS A MATTER OF URGENCY. WE DO ACTUALLY IN RUSTENBURG ... THEY INVITE PEOPLE FOR TRAINING NOW THAT'S THE APPROACH THEY GOT AND WHEN THEY ARE IN THE TRAINING SECTION WHERE I HAVE BEEN MOSTLY .... PARTICULARLY ENTHUSIASTIC THEY WANT TO GET NEW KNOWLEDGE , THEY WANT TO BE INFORMED. SOME PEOPLE DO WANT THE TRAINING. THEY ARE POSITIVE ABOUT TRAINING. BUT IN GENERAL IS IT EXCEPTED AS URGENCY AND THE APPROACH THE TRAINING IS OPEN AND THEY WANT TO SHARE IN TRAINING IN THE AREA. Ya., IS THAT THE GENERAL FEELING FROM ALL YOUR AREAS. ITS JUST FROM ALL ITS PROFESSIONALS THEY RESPONDED ... LET ME SAY IT DOESN'T POSE SO MUCH A PROBLEM WHEN PRIMARY HEALTH CARE STUDENTS NEEDED SOMEBODY, BECAUSE ALREADY AT MOGWASE FOR THOSE WHO OFFER THEMSELVES TO GO FOR TRAINING ... THEY ARE PROFESSIONALS. I THINK ALSO ....IF YOU NOW PLACE A PRIMARY CARE TRAINING PERSON AT A CLINIC ITS NOT THE SAME AS YOU PLACE SOMEBODY WITHOUT ... PRIMARY HEALTH CARE. SHE IS ABLE TO ADDRESS MORE AILMENT THAN THE OTHER ONE ALSO THE .... COMMUNITY. ORA AIT THANK YOU. THEN LETS JUST LOOK AT WHAT OTHER ASPECT. CAN I JUST COME IN FOR A MOMENT? SURE. LIKE YOU KNOW, YESTERDAY AT THE MEETING THEY WERE READING A DOCUMENT ON TRANSFORMATION. YOU KNOW, ONE THING FOR SURE, OUR COMMUNITY ARE NOW ENLIGHTENED. THEY NOW ARE ABLE TO SEE THAT NOW THIS ONE IS NOT REALLY CORRECT.... WE WANT THAT ONE AND THEY GO INTO DETAIL ..... NOW WHEN THEY WERE AT THE MEETING , TO SHOW THAT THEY WANT QUALITY HEALTH CARE OR STANDARDIZED TREATMENT. IF WE LOOK AT THE AREA WHERE WE ARE SITUATED MOGWASE AND RUSTENBURG, WE ARE ACTUALLY
RIGHT ON THE BORDER OF GAUTENG. WHAT IS YOUR FEELING ABOUT TRAINING WITH REGARD TO ACROSS THE BORDER TRAINING. SHOULD WE CONCENTRATE ON THAT, IS IT ALLOWED ARE WE ONLY BOUND TO NORTHWEST PROVINCE OR CAN WE UTILISE FACILITIES SUCH AS GAUTENG WHICH IS CLOSE BY. I THINK THAT WILL HAVE TO WORK THAT WAY... AND WE INDICATED EARLIER THAT IF WE DO TRAIN COMPREHENSIVE STUDENTS WE ARE GOING TO HAVE GOT TO USE AMENITIES OUTSIDE RUSTENBURG. IT MIGHT NOT BE JUST THERE, AS WE GO ON WITH WHAT WE HAVE WE MIGHT COME ACROSS FROM OTHER PROVINCES FOR US FOR OUTSIDE JOHANNESBURG ..... WE CAN IT CAN BE A FACILITY A TECHNICAL THING OR A HUMAN BEING WE NEEDED TO COME AND MAKE AN INPUT. YOU DON'T PRESENTLY MAKE USE OF USE OVER HERE I HEARD YOU TALK ABOUT STUDENTS THAT YOU SEE DURING THE YEAR. DO THEY MAKE USE COME ACROSS THE BORDER. STUDENTS THEY COME HERE FOR COMMUNITY HEALTH FROM KLERKSDORP, FROM EXCELSIUS AND NORTHERN PROVINCE. I AM A LITTLE BIT WORRIED

TAPE 3

I AM SAYING THIS BECAUSE I WAS AT GEORGE STEGMAN ... FOR INSTANCE AT SOME STAGE WE WANTED TO TAKE OUR STUDENTS AROUND TO GARANGKUWA OR WHAT.... BUT ANYHOW... IT MAY BE THE FACT IT WAS BECAUSE IT WAS BOPHUTHATSWANA BY THEN. WHERE YOU HAD TO GO THROUGH THE DIRECTOR OF HOSPITALS OF HEALTH SERVICES BEFORE YOU CAN GO TO THAT FACILITY WHICH MAKE ..MUCH .... I DON'T HOW THE SITUATION IS GOING TO BE NOW. I DON'T THINK PRESENTLY THERE IS ANY DIFFICULTY. LAST WEEK 2 STUDENTS FOR PRIMARY HEALTH WERE NEEDED BY GOLDFIELD AND WAS RESPONSIBLE FOR FUNDS. SO I DON'T THINK THEY ARE GOING TO ENCOUNTER PROBLEMS ANY MORE. ALL WHAT HAD TO BE SAID WAS JUST SENT THE FIGURES ...... BUT LETS SAY WE WANT TO USE THE FACILITY RIGHT IN KRUGERSDORP OR RIGHT IN BARAGANATH HOSPITAL. SOMEBODY HAS TO PAY BECAUSE I REMEMBER AT KALAFONG THEY ASKED FOR PRIMARY HEALTH CARE STUDENTS AND THEY SAID THE REGION HOSPITAL WILL BE RESPONSIBLE FOR THE FUNDS. WHAT IS IMPORTANT IS THAT WHEN WE NOW SIT DOWN AND SAY WE WANT TO PUT FORWARD THIS PROGRAMME THING EVER WILL HAVE THE PROBLEM OF TRYING
TO GET SOMEBODY FROM OUTSIDE OR SENDING PEOPLE FROM OUTSIDE AND IF WE GOT A PROBLEM, TRY TO THINK HOW WE CAN SOLVE IT. KEEP IT WITHIN THE PROVINCE. AM I HEARING YOU RIGHT IF THINK YOU SAY THAT WE WOULDN'T NOT NECESSARILY GO OUTSIDE THE BOARDERS WE HAVE GOT THE MOTIVE INSIDE AND THE SKILLS INSIDE WE WILL NOT HAVE TO GO OUTSIDE THE BORDERS. YES..YA .WHAT HAPPENED TO THE PSYCHIATRIC HOSPITAL IN MMABATHO. NO ..IT IS NO LONGER WORKING, THEY ARE NO LONGER TRAINING. ..... PATIENTS............WE ARE WELL EQUIPPED IN AS FAR AS FACILITIES ARE CONCERNED IN THIS PROVINCE. SO I HEAR YOU SAY THAT WE GOT THE SKILLS AS FAR YOUR CONCERN FOR MENTAL HEALTH .. JA... WE HAVE GOT THE SKILLS AS WELL INSIDE. MMABATHO HAS GOT A HOSPITAL... OCCUPATIONAL MAYBE FOR OTHERS. BUT OTHER INFORMATION WHICH HOSPITAL IS MENTAL HOSPITAL IN PRETORIA ? .. STERKSFONTEIN. I MEAN SOMETIMES IF YOU SENT THE STUDENTS NOT NECESSARILY WANTING THEIR FACILITY IS SMALL PROBLEMS SOMETIMES. WITH OUR ENROLLED NURSES ...WE ONCE TAKING THEM TO STERKSFONTEIN. IT JUST MATTER OF MAKING PROPER ARRANGEMENT THAT THEY COME ... WE ARE GOING TO MAKE SURE THAT. DO YOU THINK THERE IS ANY OTHER THING THAT WE LEFT OUT WITH THE DISCUSSIONS REGARDS TO STRENGTH, WEAKNESSES RESOURCES THAT WE GOT AND THAT WE DON'T HAVE IN THIS AREA. IS THERE ANYTHING OTHER THING THAT YOU CAN ELABORATE ON.

OK MAY I JUST GET IN AS FAR AS ACCROSS BORDER TRAINING IS CONCERNED. I FOR ONE FORESEE THAT WE ARE MOVE ON THE LINE OF POLITICIANS NOT PROFESSIONALS. BECAUSE ALL WHAT WE SHOULD BE FOCUSSING AT IS WHAT ARE WE MORE INCLINED TO BUDGET CONCERN DO OR JUST SHOULD WE BE CONCERNED WITH THE UPLIFTMENT IN THE SENSE THAT PEOPLE ... EXPECTATIONS ACROSS THE BOARD. I SHOULD BE ABLE TO GO THERE. WE SHOULDN'T BE RESTRICTED BY STRINGS OR BUDGET SAY FOR EXAMPLE I WANT TO GO AND STUDY SAY PSYCIATRY SOMEWHERE IF I AM WILLING TO PAY FOR MYSELF I SEE NO REASON FOR ASK OR HAVING TO SAY NO I DON'T HAVE TO GO COLLEGE FACILITIES IN NORTHWEST OR DO I UNDERSTAND YOUR FOCUS OR YOUR PERCEPTION.. OK WHILE ON THE ISSUE OF BUDGET THAT IS SOMETHING VERY VERY SERIOUS. NOT NECESSARILY THAT YOU ARE BEING RESTRICTED. IF
THEY CAN AGREE THAT YOU WANT TO BRING YOUR PEOPLE TO MY FACILITY AS LONG AS YOU WILL BE RESPONSIBLE FOR THEIR FINANCE IS NO PROBLEM. WHICH MEANS NOW PROPER ARRANGEMENT HAVE TO BE MADE THAT I AM SENDING SO MANY STUDENTS, OK, CAN I JUST COME UP WITH AN EXAMPLE. THIS IS A PROBLEM WHICH NOW GEORGE STEGMAN IS STANDING WITH. IT IS A TRAINING INSTITUTION AND THEN IS A COST CENTRE WHICH MEANS EACH AND EVERY AREA HAS TO LOOK AT ITS OWN BUDGET. NOW IF MORELETSI HOSPITAL HAS TO SENT OUT ITS STUDENTS TO GEORGE STEGMANN THEY GOING TO USE THEIR LINEN....., THEY ARE GOING TO USE THEIR ELECTRICITY, TO GOING TO EAT, THEY ARE GOING TO SLEEP. SO WHO HAS TO CATER FOR THAT. GEORGE STEGMAN DOES NOT TELL THEY WANT YOUR STUDENTS BUT YOU ARE TO MEET GEORGE STEGMAN HALFWAY. IF YOU BRING THE MONEY IN, I'VE GOT NO PROBLEM. I'LL TRAIN THE STUDENT. SO I BROUGHT UP THE ISSUE OF BUDGET IN THOSE TERMS. THAT NOW EVERYTHING IS BUDGET, WHATEVER YOU SUGGEST IS BUDGET. THE OTHER EXAMPLE OF....A PROVINCE..IS HAVING TO BE STRICT WITH THE BUDGET. WHAT IS HAPPENING NOW IS PROBLEM SOLVING. ANY PATIENT THAT WE SENT OUT ACROSS THE BORDER SAY TO GAUTENG, THIS PROVINCE HAS GOT TO PAY. NOT LONGER THAT HAS GOT TO BE PAID. EXACTLY GAUTENG PROVINCE ALL THE PATIENTS THAT ARE TRANSFERRED FROM THIS SIDE TO THAT SIDE. LET ME GIVE YOU AN EXAMPLE THAT THE BUDGET SHOULD TAKE VERY SERIOUSLY. AND SECONDLY I WANT TO SAY WHEN NOW WE HAVE ARRANGED AND THIS COST THAT WE PAY YOU FOR WORK ONLY AND PRESENT ... COMMUNICATION. WE HAVE TO LOOK INTO THIS AND THIS DOES NOT MEAN THAT IF WE NEED TO SENT PEOPLE OUT FOR A SPECIFIC EXPERIENCE OR SKILL WE SHOULD SORT OF HELP OUR ... THE QUALITY OF WHAT WE WANT TO PRODUCE. WHAT WE SHOULD LOOK INTO IS OUR OWN BUDGET...... OF THE PROBLEM. WHAT WE HAVE BUDGETED FOR ... WILL THIS ACCOMMODATED BY THE OTHER. WHEN WE RECOMMEND FOR THE BUDGET WE ALSO STATE IN .......... AT THIS STAGE STUDENTS OUTSIDE OR GET SOMEONE FOR OUTSIDE THAT SHOULD BE PROVIDED FOR. SO BUDGET ... THEY TALK ABOUT BELTS TIGHTENING. BUT OTHER WISE IT WOULD BE BETTER... SOME OF OUR STUDENTS TAKE OUTSIDE SO THAT THEY SHOULD COME BACK WITH THE KNOWLEDGE AND COMPARE IT WITH OUR AREAS. THEN WE CAN COME TOGETHER .THAT IS VERY RELEVANT, MRS MASIBUKU ... PROVISION HAS TO BE
MADE THAT IF YOU SENT THE STUDENTS YOU ARE GOING TO PAY FOR THEM, THE COURSES. THEN IS NOTHING HAPPENING... UNFORTUNATELY ..AS I AM SAYING...... GEORGE STEGMAN, MORETELETSI SENT THEIR STUDENTS, BAFOKENG HAS SENT THEIR STUDENTS, MOGWASE SENT THEIR STUDENTS AND THAT THEY ARE GOING TO INTERFERE WITH THE BUDGET OF GEORGE STEGMAN. AND IT DOES'NT SAY I DON'T WANT THEM BRING THEM ... PROVISION. ORAAIT ANY OTHER THING THAT YOU CAN MENTION THAT WE DIDNT TALK ABOUT. JUST TO SUMMARIZE....

OK, BASICALLY IN AS FAR AS WE ARE CONCERNED, THERE ARE CERTAIN ISSUES AS FAR THIS. THE LOCATION, SAY AT MOGWASE STARTED BY TALKING ABOUT FACILITIES AT MOGWASE. WE SAID THAT WE HAVE GOT A BRIDGING COURSE AT GEORGE STEGMAN GOING ON AS WELL AS STUDENTS FOR COMPREHENSIVE NURSING CARE AT MEDUNSA. DOING THEIR THEORY IN BOPCON. THEN WE'VE GOT ALSO CLINICS, HEALTH CENTRES THOSE ARE NOW PROVIDED FOR. CLINICAL NURSE EDUCATION AND THEN WHAT MANPOWER IN AS FAR AS THAT IS CONCERNED WELL WE'VE GOT TUTORS DOWN AT MOGWASE, WE GOT TEACHING SISTER WHO ARE AT THE CLINICAL DEPARTMENT. OK AT PRESENT WE'VE GOT 9 STUDENTS THAT ARE DOING THE COMPREHENSIVE COURSE AT BOPCON AND THEN ONES AT MOGWASE GOT ONE YEAR MIDWIFERY COURSE. AND NOW WE TALKED OF WHETHER THE FACILITIES THE WEAKNESS MORE ESPECIALLY OF THE CLINICAL FACILITIES AT MOGWASE. THEY NEED TO BE APPROVED BECAUSE THE STANDARD IS VERY POOR AND IS STILL POOR. FOR EXAMPLE ONCE THE S.A. NURSING COUNCIL CAME DOWN TO DO SOME INSPECTION AND THERE WAS NO FEED BACK AT ALL. THEN WHAT ... NURSING COUNCIL DOING THE INSPECTION AT GEORGE STEGMAN. IT WAS DURING THE ... AND THEN WAS NO FEEDBACK AT ALL. THERE WAS FEEDBACK FROM THE S.A. COUNCIL. IT WILL COME UP WITH ITS RECOMMENDATION, BUT THERE WAS NEVER CORRECTIVE MEASURES WHICH WAS TAKEN. WE HAVE CORRECT TO WHATEVER THEY SAY. ARE WE NOT WHO ARE INSPECTORS. .... AND .... STANDARDS. BECAUSE WE HAVE FAILED NOW STANDARDS ARE GOING DOWN. IT'S A FACT. WHAT I MENTION ABOUT THE S.A. NURSING COUNCIL THINK OF 1977 UP TO DATE THOSE THINGS ARE NOT CORRECTED. WHAT IS BEEN HAPPENING TO QUALITY CARE. OK ANOTHER EXAMPLE WAS GIVING THAT THE MODULE WAS
OLD FASHION DOWN THERE AND THEN YOU ALSO MAKE MENTION OF THE NATIONAL QUALIFICATION FORUM THAT WILL ... FRAMEWORK. ... MY EXPERIENCE IS THAT YOU ARE LOOKING FORWARD IMPROVEMENT IN SUCH CONDITIONS FALLING UNDER THE UNIVERSITIES AND AS SUCH YOU EXPECT THAT SCHOOL IMPROVE...AS YOU SAID, NURSING POTCHEFSTROOM UNIVERSITY AND RUSTENBURG. SORRY, EXCELSUIS AND THEN. KLERKSDORP. IT WAS PREVIOUS CALLED WESTERN TRANSVAAL NURSING COLLEGE, YOU REMEMBER THEY CHANGED THE NAME. THEY WORK HAND IN GLOVE WITH POTCHEFSTROOM UNIVERSITY. THEY ARE AFFILIATED WITH THE POTCH UNIVERSITY. OK THUS FAR WE DON'T HAVE ANYTHING AS FAR AS THE GENERIC NURSES IS CONCERNED BECAUSE IS ONLY THE PROPOSAL BUT SO FAR PERTAINING TO DISTRICT RUSTENBURG AND MOGWASE. THERE IS NOTHING REGULATED. THE PROGRAMME IS NOT YET STARTED. AS LYNETTE HAS EXPLAINED THAT WE ARE ALL NOW GOING TO FOLLOW ONE PROGRAMME 4 YEAR PROGRAMME WE SHOULD BE GOING IN LEVELS. SO FOR YOUR TO BE A GENERIC NURSE DOESN'T BE THE FIRST EXIT. YES, AFTER TWO YEARS. THEN WHAT ADDITIONAL CLINICAL FACILITIES THAT IS PROVIDED AT MOGWASE, SWARTKLIP AND SUN CITY AS WELL AS THE COMMUNITY .... AND AECI.

THEN IN RUSTENBURG. WELL RUSTENBURG WE SAID WE HAVE LECTURE ROOMS IN .... DISTRICT OFFICE THAT PROVIDES FOR TB, FAMILY PLANNING TRAINING AND WE HAVE GOT ENOUGH EQUIPMENT ...WELL AT PRESENT THERE ARE ONLY 2 TUTORS AND THE REST ARE GENERAL NURSE TRAINERS. OK. THEY ARE ALSO TWO NURSE TRAINERS. WELL WE GOT RUSTENBURG TECHNICAL COLLEGE THAT ALSO PROVIDES. PAUL KRUGER THAT PROVIDES BRIDGING COURSE, 4 YEAR COURSE ALSO A COURSE FOR AUXILIARY NURSES. CORRECT AUXILIARY IS RIGHT AND ENROLLED NURSES. THEY ARE CALLED ASSISTANTS THEY ARE THE ASSISTANT NURSES. I HAVE SAID BRIDGING COURSES THAT FOR BRIDGING NURSES. DON'T PAUL KRUGER TRAIN FOR AUXILIARY NURSES? JA, THEY USED TO. WHAT THEY MEAN AUXILIARY NURSES. THE NEW TERM IS AUXILIARY NURSES. OK ..... THEN WEVE GOT TWO TUTORS WHO ARE RESPONSIBLE FOR CLINICAL ... AND THEN AT RPM WEVE GOT PRIMARY HEALTH COURSE GOING ON WHICH IS A VENTURE BETWEEN PRIVATE AND PUBLIC SECTOR. WHICH IS GOOD CLINICAL EXPERIENCE FOR STUDENTS AS THERE IS A
OCCUPATIONAL HEALTH CENTRE THAT WHERE NO CLINICAL SKILL CAN BE PRACTICED. WE ALSO GOT A NURSES WHO ARE QUALIFIED ON... BASIC SKILLS WHO ARE ALSO ASSISTING IN THE TRAINING OF THE STUDENTS. WELL RUSTENBURG IS A CLINICAL AREA FOR BASIC AND ... COURSES AND THEN ... IT WOULD BE BETTER IF RUSTENBURG AND MOGWASE GET TO ONE CENTRAL TRAINING FOR UPGRADING STANDARDS. OK NOW, THE FURTHER ONE WAS THE WEAKNESSES THAT WE TALKED ABOUT THE BUDGET. OK AND THEN ACCEPTABILITY OF TRAINING.... WELL IT IS ACCEPTED BY BOTH NURSES AND THE COMMUNITY OR SAY BY COMMUNITY AND PROFESSIONALS. AND THEN WE SAY THE CLIENT ... SUGGEST TO START WITH IN PRIMARY HEALTH CARE. WHERE AS THE PROFESSIONAL WHO ARE ALREADY IN THE FIELD CAN BE EMPOWERED BY JUST TRAINING CLINICAL SKILLS AND PHARMACOLOGY.. ANY OTHER SUGGESTION FOR ANYBODY DO YOU THINK WE HAVE EXHAUSTED THIS TOPIC. NOTHING ELSE. THANK YOU VERY MUCH FOR YOUR CONTRIBUTIONS.
Annexure 2: Categorisation

A MOGWASE:

1 STRENGTHS:

1.1 RESOURCES:

1.1.1 PHYSICAL RESOURCES: 1.1.1.1 THEORY

- Hospitals: George Stegmann
- Nursing College
- Potchefstroom University
- Excelsius Nursing College, Klerksdorp

1.1.1.2 PRACTICAL

- Clinical teaching Dept.
- Clinics around hospital Moretelelsi Hospital
- George Stegmann itself
- Mogwase Health Centre
- Bafokeng Health Centre
- Private sector, Swartklip Mine and AECI for occupational training, Sun City
- Health centres
- Maternity wing
- Basic facilities for teaching
- Demonstration room
- Mmabatho Mental Health Hospital

1.1.2 HUMAN RESOURCES:

- Tutors
- Teaching sisters
- Enough nurses to offer services

1.2 CURRENT TRAINING:

- Are currently students in training from rural area
- Two years to integrate at Technicon or University
- Most will be qualified or enrolled
- Bridging and nursing Assistants
- No Training the last two years
- Intergrated four year course
- One year Midwifery course
- Some students from the NWP were needed for training at Goldfields and responsible for funds - don't think will encounter problems

2 WEAKNESSES

2.1 PHYSICAL RESOURCES:

- Not enough equipment - models
- Old models
- Nursing school next to the lecture room
- Lecture room close to kitchen
2.2 STANDARDS ARE CONCERN:
SANC Inspections will disqualify
Not conducive
Weather conditions not conducive
No inspections in previous Bob days
Most of Mogwase is rural
Standards are going down

2.3 COMMUNICATION:
No follow up after last SANC inspection
Same mistakes
Never corrective resources
People at the top don’t discuss with others
Information do not reach those concerned
Information only in documents

2.4 LACK OF TRAINING:
Urgent training in clinical skills then pharmacology
Clinics need confidence and guidance—lack of support

2.5 STUMBLING BLOCKS:
Bobuthatswana Nursing College and Nursing school
Being under the hospital
Everything is budget
Demonstration room used for meetings
Social background considered not capability
No formulated policy for selection
Not restricted by strings or budget if I want to study
somewhere else and willing to pay for myself
Bring your people to my facility as long as you pay

B RUSTENBURG

1 STRENGTHS
1.1 Physical resources:
1.1.1 Theory
Lectures rooms at the District office
Projectors and all the equipment for training
Rustenburg Technical College
Paul Kruger Hospital
RPM Hospital
All clinics are training facilities
Tlabane College
1.1.2 Practical
Clinical facilities RPM - OPD Dept and
Occupational Dept
Current budget for PHC
Swartklip makes arrangements for students and don’t
Charge us

1.1.2 Human Resources:
Two tutors
Two clinical tutor from Excelsius working at PKM
Clinics have enough adequate qualified professional
Nurses, sisters trained in primary health care and
Competant and can do our own training  
Enough nurses to offer the services

1.2 Current Training: family planning - Distric Office  
STD - District office  
TB Training - District office  
Bridging, Enrolled, and 4year course - PKM  
PKM - clinical for comprehensive course  
Theory - Excelsius  
Primary Health Care course - RPM  
Bridging course - RPM  
Students from Klerksdorp from the College come for  
Practical and even post-basic students  
Joint venture of mine and public sector

1.3 Positive attributes for training:  
Invite people for training  
Enthusiastic  
Want to get knowledge, want to be informed  
Excepted as urgent  
Open approach to training  
Want to share in training  
Offer themselves to go for PHC training  
Document on transformation was read- out community are enlightened- they know who is right and they go into detail  
Joint venture of mine and public sector  
Professionals offer themselves for PHC training  
Exhibition is taking place it seems they are looking at bett  
The mayor of Rustenburg is working hard to see the development

2 WEAKNESSESS:  
2.1 Physical resources:  
Psychiatric facilities... we have to send our students outside Rustenburg

2.2 Training structure:  
no proper training structure  
Training has to go under one umbrella

2.3 Funding:  
Have to get own funding for education  
Uncertainty of the budget

2.4 Lack of Training:  
Urgent training required in clinical skills  
Then Pharmacology

2.5 Fear towards change:  
Clinics need confidence and guidance  
Our community are now enlightened. They are able to see that this one is coorect and this one not really

3 RESTRUCTURING:
3.1.1 Physical Resources:
Nursing schools, Jubilee, GS will fall under Excelsius, Taung, Tswara under Bobcollege
Proper utilisation - specific room for meetings, not going to interrupt
Nursing Schools will be absorbed by Nursing Colleges (integration)
Resources will be shared
Nursing Schools will be used as campuses for Colleges Thabane College a possibility for training in the future

3.1.2 Human Resources:
Don't transform ourselves
Correct discrepancies of Nursing School Educators and College Nurse Educators
After 1999 all will follow the NQF
Students will apply their applications to the Nursing Colleges

3.2 Community involvement:
Call meeting and invite the community to assess their needs
The rural areas the chiefs have to be part of the development of the community
Key persons all nurse educators presently in this two districts and hospitals - District managers
Excelsius Nursing College must be involved in the planning
Include people in the community - civic leaders who are in control because they are people with influence
Villages are represented by chiefs

3.3 Combine Resources:
Combine strengths of Rustenburg and Mogwase
Facilities like personnel, teaching personnel
Clinics and hospitals related to the need of Rustenburg and Mogwase
Plan a programme
Plan for the whole region

3.4 Funding:
Look for alternative funding
Work on a programme and go back with recommendations and objectives and motivate for budget

3.5 Course development:
Work on the comprehensive training programme
Empower them in PHC Community Health
for this area concentrate on PHC it addressess the needs for this area
PHC is a breakthrough and other specialities like Pharmacology
Community Health Nurses must attend short course in Clinical skills
Because of EDL people should be re-orientated in Pharmacology
Urgent training in clinical skills
Annexure 3: Guidelines for the assistant moderator

1. Write the names of participants and draw how they are seated (write gender, age).

2. Write the following of each participant:
   - present position and period in this position
   - work experience
   - qualifications

3. Keep field notes as interview proceed (capture important aspects of the discussion) key points.

4. Take note of silent agreement or disagreement of participants and write down who when during the discussion did this occur.

5. Offer a summary and seek confirmation of critical questions at the end.

6. PLEASE WATCH THE TAPE RECORDING AND CHANGE TAPES.
Annexure 4: Participant information

NAME:__________________________________________

GENDER:________________________________________

CURRENT DESIGNATION:___________________________

PERIOD IN ABOVE POSITION:_______________________

PREVIOUS EXPERIENCE:

_________________________________________________

_________________________________________________

_________________________________________________

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_________________________________________________

FROM WHICH DISTRICT:_____________________________

CONSENT TO PARTICIPATE:__________________________
Annexure: The proposed strategic plan

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>ACTION</th>
<th>IMPLEMENTATION</th>
<th>MONITORING</th>
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<tr>
<td>5.51 To establish a management team skilled to manage the process of reconstructing the education and training of professional nurses to a primary health care approach.</td>
<td>Establish contact with relevant stakeholders involved or intend to become involved in primary health care education and training for professional nurses including the private sector.</td>
<td>Set a meeting with the stakeholders to elect a management team to manage the restructuring process.</td>
<td>Keep minutes of the meetings and schedule all meetings.</td>
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<td>The management team will elect a team leader to coordinate the restructuring process in the region.</td>
<td>Elect the co-ordinator from the management team at the first scheduled meeting.</td>
<td>Re-election of management team and co-ordinator annually.</td>
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<td>Set date to sign contracts between the tertiary institutions and institutions in the region.</td>
<td>Sign agreements before developing the Diploma Course in Clinical Nursing Science, Health Assessment, Treatment and Care.</td>
<td>Renew contract annually or as agreed upon.</td>
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<td>5.52 Draw up a contractual agreement between institutions that were identifies for primary health care education and training and a tertiary institution of choice.</td>
<td>Apply for all documentation from SAINC regarding the minimum requirement for implementing this course, Regulation48 (SANC, 1993).</td>
<td>Management team will follow these requirements when developing the course.</td>
<td>Approval of the curriculum must be obtained from SAINC before implementing the courses.</td>
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<td>Draw up a curriculum according to the minimum requirements as stated in the regulation and directives for this course.</td>
<td>Provide the following information in the curriculum for submission to the executive committee of the council:</td>
<td><strong>Program:</strong></td>
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<td>• Program and course objectives;</td>
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<td>• Clinical learning objectives, opportunities and duration of exposure in each clinical area;</td>
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<td>• Summary of content of each subject;</td>
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<td>• Program time-table, spread of theoretical and clinical learning opportunities over the total program;</td>
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<td>• system of evaluation, evaluation policy, formative, summative evaluation.</td>
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<td><strong>Physical facilities for training:</strong></td>
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<td>• number of lecture rooms and location in the district;</td>
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<td>• clinical simulation laboratories;</td>
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<td>• teaching aids;</td>
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<td>clinical areas for placement of students during training;</td>
<td>Proof of information should be available at all times for SAINC inspections.</td>
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<td>facilities for setting of and safekeeping of examination papers.</td>
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<td><strong>Audio-visual facilities:</strong></td>
<td>Establish and maintain a database for information, which also reflects the distribution of equipment in the region.</td>
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<td>• cameras and additional equipment;</td>
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<td>• overhead projectors;</td>
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<td>• educational videos;</td>
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<td>• television and video recorders;</td>
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<td>• transparency facilities;</td>
<td>Update information annually.</td>
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<td>• Photocopying facilities.</td>
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<td><strong>Clinical facilities for practical experience:</strong></td>
<td>Establish and maintain a database with information including geographic location thereof.</td>
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<td>• names and location of these facilities;</td>
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<td>• situation analysis of facilities including the disease profile, classification of diseases and population statistics of the region.</td>
<td>Compare statistics annually and update information.</td>
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<td>5.5.4 To determine and reconstruct the available physical resources in order to ensure equality, availability and fair distribution.</td>
<td>Management team must conduct a survey in the region to determine the existing physical resources for education and training for professional nurses.</td>
<td>Compile an inventory database of all physical resources in the region including the private sector.</td>
<td>Establish and maintain an inventory database for the physical resources annually.</td>
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<td>5.5.5 To determine the available human resources skilled to assist in the primary health care education and training and reconstruct the discrepancies.</td>
<td>Conduct a survey in the region to establish the number of qualified people available to assist in the primary health care education and training of professional nurses in the region.</td>
<td>Management team to develop a data base reflecting the particulars of members who wish to be involved in the education and training of professional nurses to primary health care.</td>
<td>Establish and maintain a database of all persons involved in PHC education and training in the region.</td>
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<td>Submit the detail regarding the qualification and overall responsibilities of:</td>
<td>Provide detail regarding the persons involved in the program to SAINC as follows:</td>
<td>Submit all changes of people involved to the SAINC immediately.</td>
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<td>• the person in charge of the program;</td>
<td>• name and qualification of the person in charge of the course;</td>
<td>Update all qualifications annually with SAINC.</td>
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<td>• persons responsible for the clinical accompaniment;</td>
<td>• names and qualifications of the people involved in the theoretical component of the program;</td>
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<td>• any other persons involved for either the clinical or theoretical component of the program to SAINC for accreditation.</td>
<td>• names and qualifications of the persons responsible for the clinical accompaniment;</td>
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<td>5.5.6 To determine the availability of funds and financial control that</td>
<td>Management team must draw up a budget for primary health care in education and training.</td>
<td>• Names and qualification of each person available for clinical accompaniment at each of the practical institutions when placing students there.</td>
<td>Control and monitor expenditure monthly and draft a new budget annually.</td>
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<td>exists for primary health care education and training of professional nurses and reconstructs the current system to prevent irregularities.</td>
<td>Draw up a policy for application of funds for primary health care education and training.</td>
<td>To make funds available for primary health care education and training in the region according to the budget.</td>
<td>Establish and maintain a database on applications for primary health care courses and approval of funds.</td>
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<td>5.5.7 To establish and reconstruct communication structures which will ensure effective communication during the process of restructuring education and training for professional nurses to a primary health care approach.</td>
<td>The management team should negotiate and draft a communication policy for primary health care education and training in the region. To provide representation from the region at the Coordinating Education Committee at National level. To establish a community forum representing the communities of the region.</td>
<td>Distribute all information regarding the primary health care education and training for professional nurses according to the policy. Elect a member from the management team to act as district representative on the committee. Forum should provide information regarding the existing needs in the communities before restructuring the education and training of professional nurses to a primary health care approach.</td>
<td>Ad hoc checks can be done in the region to establish effectiveness of communication. Re-election of the representative can be done annually. Keep minutes of forum meetings and monitor actions and deadlines that should be met</td>
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