THE ACE MODEL FOR FACILITATION OF MASTERY OF SOS MOTHER’S AUTONOMY THROUGH EMPOWERMENT AS PART OF PROMOTING THEIR MENTAL HEALTH

by

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DEDICATION

This study is dedicated to the following:

- My late mother, Gertrude, for always believing in my ability to succeed and for teaching me the value of courage.
- My family: Diile, my husband and our children, Botumile, Noto, Dineo, Dithoto and Mateng, and my granddaughter, Loungo.
- My brother, Lungile, and my sisters Ellen, Linda and Mayra.
- Lizo, my nephew and brother to my girls.
- All SOS mothers.
ABSTRACT

The occupation of the SOS mother, which involves long-term care for orphaned and abandoned children under the SOS Children's Villages organisation, is unique and peculiar in many respects. She is expected to play a dual role of being a foster parent and a childcare professional, at the same time. The latter presents challenges of its own because the professional status is only recognised internally by the organisation. In one way or another, most of the children for which the SOS mother is responsible, have been exposed to some form of trauma. The problems of caring and parenting such children are well documented in the literature. These include learning and behaviour problems. For this reason, the mental health of the SOS mother, who is the focus of this study, should be of special interest to mental health practitioner.

The motivation for this study arises out of a change that the organisation is trying to enforce in the work of the SOS mother. This change comes with the release of the new quality standards to guide village work. One of these standards, the SOS mother's autonomy, requires the SOS mother, like any mother in the community to take full responsibility for her SOS family, including the development of the children under her care. When she needs help, she seeks expert advice from village co-workers and from the community. In addition, the career of the SOS mother has to be developed so that she functions like a childcare professional and that her training is recognised by the government and other training institutions.

This represents a big change from how most SOS villages have been operating. Up to this point, village co-workers made important decisions about the SOS family and the children while the SOS mother did the caring part. The change is expected to affect the interactions between SOS mothers and their co-workers and consequently, their mental health. For this reason, it was felt that there was a need to facilitate the implementation of the SOS mother's autonomy standard, which would also promote the mental health of the SOS mothers.

The purpose of this research was, therefore, to develop and describe a model that would serve as a framework for the advanced psychiatric nurse practitioner to promote the mental health of SOS
mothers by facilitating the implementation of the SOS mother's autonomy within SOS Children's Villages of Southern Africa Region 11. The research also focused on developing guidelines for the implementation of the model in practice.

The research methodology followed the research model in nursing proposed by Botes (1995). A theory generative, qualitative, explorative, descriptive and contextual design was followed. The model was developed according to Chinn and Kramer's (1995) approach to theory generation, namely:

**Step 1: Concept analysis:** This step is concerned with identification and definition of the central concepts for the model. A phenomenological study with a sample of 23 SOS mothers was conducted. The aim was to explore and describe their experiences with regard to their interactions with co-workers in matters affecting their SOS families and how they cope with those experiences. Purposive sampling technique was used to select the respondents for the study and the size was determined by data saturation. Data was analysed using Tesch's (in Creswell, 1994: 154-155) method of data analysis. Literature control was used to guide the interpretation of results.

Based on the results of the analysis, three concepts were identified to form the central concept for the model. These are: **Mastery of autonomy through empowerment.** The concepts were analysed thoroughly by examining their meaning and usage in dictionary and subject literature. The defining attributes were identified and classified using a survey list of Dickoff, James and Wiedenbach (1968). The related concepts were identified and portrayed in a structural form.

**Step 2:** This step dealt with the creation of interrelationship statements between concepts identified in step one. **Step 3** dealt with the description of the model known as: "The ACE Model for Facilitation of Mastery of SOS Mother's Autonomy through Empowerment as Part of Promoting Their Mental Health," using strategies proposed by Chinn and Kramer (1991). **Step 4** dealt with the description of guidelines for the operationalisation of the four phases of the model in practice. These are: initiating, enable development, competence, and maintenance of liberation.
Five experts evaluated the proposed model. The evaluation of model operationalisation will be carried out in future research. Recommendations were made for the utilisation of the model in psychiatric nursing and within the SOS Children's Village organisation.
OPSOMMING

Die beroep van die SOS-moeder, wat langtermynsorg van weeskinders en kinders wat in die steek gelaat is/van wie afstand gedoen is, onder die SOS-Kinderdorpe insluit is in baie opsigte uniek en sonderling. Daar word van haar verwag om terselfdertyd die dubbele rol van ‘n pleegouer en ‘n kindersorgberoepsbeoefenaar te vervul. Laasgenoemde lewer sy eie uitdaging op aangesien die professionele status slegs intern deur die organisasie erken word. Op die een of ander wyse was die meeste kinders waarvoor die SOS-moeder verantwoordelik is aan die een of ander vorm van trauma blootgestel. Die probleme van die versorging en ouerskap van sulke kinders is deur en deur in die literatuur gedokumenteer. Dit sluit leer- en gedragsprobleme in. Om hierdie rede is die geestesgesondheid van die SOS-moeder, wat die fokus van hierdie studie is, van spesiale belang vir die geestesgesondheidspraktisyn.

Die motivering vir hierdie studie spruit voort uit veranderinge wat die organisasie poog om in die werk van die SOS-moeder af te dwing. Hierdie veranderinge het saam met die bekendmaking van die nuwe kwaliteitsstandaarde gekom om as riglyne vir dorpswerk te dien. Een van hierdie standaarde, die SOS-moeder-outonomie, vereis dat die SOS-moeder, soos enige ander moeder in die gemeenskap, volle verantwoordelikheid vir haar SOS-gesin moet neem. Dit sluit die ontwikkeling van kinders onder haar sorg in. Wanneer sy hulp benodig, soek sy deskundige advies van die dorp se medewerkers en van die gemeenskap. Boonop moet die loopbaan van die SOS-moeder ontwikkeld word sodat sy soos ‘n kindersorgberoepsbeoefenaar kan funksioneer en haar opleiding deur die regering en ander opleidingsinstansies erken kan word.

Dit beteken ‘n groot verandering van die wyse waarop die meeste SOS-dorpe gefunksioneer het. Tot op hede het die dorp se medewerkers belangrike besluite omtrent die SOS-gesin en die kinders geneem terwyl die SOS-moeder die versorgingsaspek waargeneem het. Daar word verwag dat hierdie verandering die wisselwerking tussen SOS-moeders en hulle medewerkers, en uiteindelik hulle geestesgesondheid, sal beïnvloed. Om hierdie rede is gemeen dat daar ‘n behoefte was om die implementering van die standaard van SOS-moeder-outonomie te faciliteer, wat ook die geestesgesondheid van die SOS-moeders kan bevorder.
Die doel van hierdie navorsing was dus om 'n model te ontwikkel en te beskryf wat as 'n raamwerk kan dien vir die gevorderde psigiatriese verpleegkundige praktisyn om die geestesgesondheid van SOS-moeders te bevorder deur die implementering van die SOS-moederoutonomie binne SOS-Kinderdorpe van Suid-Afrika, Streek 11, te faciliteer. Die navorsing het ook op die ontwikkeling van riglyne vir die implementering van die model in die praktyk gefokus.

Die navorsingsmetodologie het die navorsingsmodel in verpleegkunde wat deur Botes (1995) voorgestel is, gevolg. 'n Teorie-generatorende, kwalitatiewe, verkennende, beskrywende en kontekstuele ontwerp is gevolg. Die model is volgens Chinn en Kramer (1995) se benadering tot teoriegenerering ontwikkel, naamlik:

**Stap 1: Konsepanalise:** Hierdie stap het te make met die identifikasie en definisie van die sentrale konsepte vir die model. 'n Fenomenologiese studie met 'n steekproef van 23 SOS-moeders is uitgevoer. Die oogmerk hiermee was om die SOS-moeders se ondervindinge in verband met die wisselwerking met hulle medewerkers in verband met aangeleenthede wat hulle SOS-gesinne beïnvloed het, en die wyse waarop hulle daardie ondervindinge hanteer het, te verken en te beskryf. Die tegniek van doelgerigte steekproeftrekking is gebruik om die respondente vir die studie te kies en die grootte is deur die versadiging van die data bepaal. Die data is met behulp van Tesch (Creswell, 1994: 154-155) se metode van data-analise geanaliseer. 'n Literatuurkontrole is gebruik om die interpretasie van die resultate te rig.

Drie konsepte wat op die resultate van die analyse gebaseer was, is geïdentifiseer om die sentrale konsep vir die model te vorm. Dit is: *Bemeesterings van outonomie deur bemagtiging*. Die konsepte is deeglik geanalyseer deur hulle betekenis en gebruik in woordenboeke en die vakliteratuur te bestudeer. Die essensiële kenmerke is geïdentifiseer en geklassifiseer deur 'n navorsingslys van Dickoff, James en Wiedenbach (1968) te gebruik. Die verwante konsepte is geïdentifiseer en in stuktuurvorm weergegee.

**Stap 2:** Hierdie stap het gehandel oor die benoeming van onderlinge verbande tussen die konsepte wat in stap een geïdentifiseer is. **Stap 3** het gehandel oor die beskrywing van die model
wat bekend is as: 'n Model vir die fasilitering van die bemeesterke van SOS-moeder outonomie deur bemagtiging deur die strategieë van Chinn en Kramer (1991) te gebruik. **Stap 4** het gehandel oor die beskrywing van riglyne vir die operasionalisering van die vier fases van die model in die praktiek. Dit is: aanvang, die bewerkstelliging van ontwikkeling, bekwaamheid en instandhouding van loslating.

Vyf deskundiges het die voorgestelde model geëvalueer. Die evaluering van modeloperasionalisering sal in toekomstige navorsing uitgevoer word. Aanbevelings vir die gebruik van die model in psigiatriese verpleegkunde en binne die SOS-Kinderdorp-organisasie is gemaak.
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CHAPTER ONE

BACKGROUND, RATIONALE AND ORIENTATION

"We must make the profession of a SOS mother
attractive in the intellectual as well as the spiritual sense
Hereby we must create a new, modern woman's profession.
Like the professions of nurse or social worker."
(attributed to Hermann Gmeiner and cited in numerous SOS-Kinderdorf International documents)

1.1 INTRODUCTION

The care of abandoned and orphaned children has continued to challenge leaders and
governments from time immemorial until this day. Today different approaches for dealing with
these children exist allover the world. These range from large institutions or orphanages run by
either the government and non-governmental welfare institutions through to small orphanages
run by private individuals and foster families.

The SOS Children’s Villages organisation, which is the setting for this study, uses a unique
approach called family care within a village setting (more will be said about this later). The SOS
Children’s Village organisation was founded more than 51 years ago and has been in operation in
South Africa for about 20 years now. Despite its long history and extensive work, very little is
known about the organisation in this region, at least as far as the general population is concerned.
For this reason and the fact that it forms the setting for this study, this section will be devoted to
an orientation into the historical background of the organisation, its development, philosophy and
work.

1.1.1 Historical roots of SOS Children’s Villages

SOS Children’s Villages is an international, private, non-political and non-denominational
welfare organisation with its headquarters in Austria. The abbreviation “SOS” stands for
“Societie Sociale,” an Austrian term for social welfare. The founder of the SOS Children’s
Villages was Hermann Gmeiner, an Austrian who died in 1986. He started the first village in the Austrian village of Imst in 1949 (SOS-Kinderdorf International, 2000: 8).

1.1.2 Purpose of SOS Children’s Villages

The main purpose of these SOS Children’s Villages is to offer orphaned and destitute children — regardless of race, nationality or creed, a new and permanent home, and prepare them for an independent life.

The next section will show the extent to which the organisation has grown since its inception.

1.1.3 Size of SOS Children’s Villages

In addition to building SOS Children’s Villages, the organisation also builds and runs other facilities for the benefit of the communities neighbouring them. These facilities include: SOS Youth Facilities; SOS Kindergartens; SOS Hermann Gmeiner Schools; SOS Vocational Training and Production Centres; SOS Hermann Gmeiner Social Centres; SOS Hermann Gmeiner Medical Centres; and SOS Emergency Relief Programmes (SOS-Kinderdorf International, 2001: 3).

The SOS Children’s Villages organisation now operates in 131 countries. The latest official statistics (SOS-Kinderdorf International, 2001: 3) of these SOS facilities in the world are reflected in Table 1.1 on the next page.

Table 1.1 Facilities operated by SOS Children’s Villages

<table>
<thead>
<tr>
<th>TYPE OF FACILITY</th>
<th>NUMBER</th>
<th>BENEFICIARIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOS Children’s Villages</td>
<td>423</td>
<td>38,700</td>
</tr>
<tr>
<td>SOS Youth Facilities</td>
<td>301</td>
<td>8,400</td>
</tr>
<tr>
<td>SOS Kindergartens</td>
<td>241</td>
<td>16,840</td>
</tr>
<tr>
<td>SOS Hermann Gmeiner Schools</td>
<td>159</td>
<td>68,000</td>
</tr>
<tr>
<td>SOS Vocational Training Centres</td>
<td>117</td>
<td>11,070</td>
</tr>
<tr>
<td>SOS Social Centres</td>
<td>179</td>
<td>42,750</td>
</tr>
<tr>
<td>SOS Medical Centres</td>
<td>52</td>
<td>280,000</td>
</tr>
<tr>
<td>SOS Emergency Aid Programmes</td>
<td>8</td>
<td>70,000</td>
</tr>
</tbody>
</table>
These figures go a long way to show that the organisation has received worldwide acceptance. In fact, SOS Children’s Villages is considered to be the largest organisation for orphaned and abandoned children in the world.

The next subsection will give an overview of the philosophical underpinnings driving the purpose and work of SOS Children’s Villages.

1.1.4 Philosophical principles underlying the idea of SOS Children’s Villages

In conceiving the SOS Children’s Village idea, Hermann Gmeiner wanted to integrate two models of child care: a private foster family, in the name of a SOS family household (to resemble a real home) and a children’s home (which is an institution), in the name of the SOS Children’s Village. The rationale behind this thinking was to combine the advantages of the two models, while eliminating their well-known disadvantages (SOS-Kinderdorf International, 2000: 83). For purposes of brevity, these advantages and disadvantages will not be discussed here. For more information, the reader is referred to the SOS-Kinderdorf International publication: “Hermann Gmeiner: The SOS Children’s Villages, 1996.”

Through the loss of his mother early in life, Hermann Gmeiner experienced how a child’s world can fall apart when he loses a mother. This led him to the SOS idea, which seeks to give a substitute mother and family to children who have lost their families in order to restore their broken world. The substitute family acts as a ‘social womb’ in which the child learns to live, acquiring and developing the faculties that will later enable him to take his place in society (SOS-Kinderdorf International, 2000: 65).

In order to stay true to the desire to give a child a stable family environment, the SOS idea is organised around four principles. These principles are designed to avoid the disadvantages associated with institutional life and to mirror the characteristics of a traditional family as much as can be (SOS-Kinderdorf International, 2000: 25-53). These principles are:
1.1.4.1 Brothers and sisters

Boys and girls of various ages grow together as brothers and sisters of one family. Siblings are not separated (SOS-Kinderdorf International, 2000: 36-41).

1.1.4.2 House

Each SOS family has its own house. It is important that the house becomes a real family house – not just a place for boarding and lodging like in many children’s homes. Each room has a special function, in which each child has his/her own place to sleep, eat, study and play. This gives a sense of ownership and responsibility (SOS-Kinderdorf International, 2000: 44-48).

1.1.4.3 Village

Each village has 10-20 houses with each house being an integral part of the village community. This gives a child cultural roots and a feeling of belonging. The village also interacts closely with the outside community in order to reduce the institutional aspects of the village (SOS-Kinderdorf International, 2000: 49-53).

1.1.4.4 SOS mother

Every child is given a mother who acts as a parent of eight to ten children of different ages. In the interest of stability in the lives of these children women who become SOS mothers are usually called upon to make a total commitment to these children for as long as they need a mother. As each child grows and leaves the village, another child replaces him/her.

Since the SOS mother and her mental health, will be the focus of this study, the next sections will concentrate on outlining her role and its peculiarities and how these have given impetus to this study.
1.1.5 Role of the SOS mother

From the foregoing section, it can be seen that the SOS idea hinges strongly on the SOS mother. She is the pillar on which the organisation stands. Without her role, it would be difficult for the organisation to claim its unique status in comparison to other children's homes. As will be seen later, this centrality of her role places a lot of demands and expectations on her, which in turn have a bearing upon her mental health, which is an integral part of her health.

In order to appreciate the peculiarities of the SOS mother’s role, it may help to examine in more detail some of the central statements contained in the policy documents of the organisation. According to the SOS Children’s Village Manual Working Paper, one of the standards guiding village work is that the SOS mother leads the SOS family (SOS –Kinderdorf International, 2003: 18). This standard, which has been given many names on the ground since its inception, namely: *SOS mother autonomy standard; mother empowerment standard, and mother responsibility standard*, is what actually gave an impetus to this study.

The following statement explains what is expected of the SOS mother as the leader of her SOS family:

"The SOS mother shares her life with the children, offering them emotional security and the opportunity to develop new and lasting relationships within her SOS family where love can grow. At the same time the SOS mother is a childcare professional who cooperates with the other village co-workers in meeting the needs of the children." (SOS-Kinderdorf International, March 2003: 18).

At first glance, the policy statements contained in the above passage seem simple enough and straightforward. However, when examined within the South African context and in terms of the potential demands this makes on the SOS mother’s social life and her mental health, it becomes a different matter altogether. As a researcher and an advanced psychiatric nurse practitioner, I became quite curious when I read the contents of this standard and I immediately wanted to explore the life-world of the SOS mother. This curiosity, which got worse as I started to learn more about her life-world, then led to this study.
In the next paragraphs, some of the statements contained in the statement explaining the leadership of the SOS mother will now be discussed. These statements will now be lifted out individually from the description of the standard and an attempt will be made to show what is problematic about each of them.

1.1.5.1 The SOS mother shares her life with her SOS children

What does the above statement actually mean for the SOS mother and her mental health in real life? For an answer to this question, it might be necessary to ask another question: Why is it important to the organisation that the SOS mother shares her life with SOS children?

According to the leadership of the organisation, “at the heart of the SOS family child-care model is the lasting and stable relationship between the SOS mother and the children entrusted to her care” (SOS-Kinderdorf International, 2003: 18). This is because the very idea of the SOS Children’s Village is founded on the belief that every child needs a mother in order to attain full development. “Every child has an innate longing for motherly care and has a right to a home and to grow up in a family” (SOS-Kinderdorf International, 2003: 30, 116).

The SOS mother becomes a substitute mother to these children. Her job becomes a lifestyle for her. She is there 24 hours a day, except when she is day off or on leave. However, even during these occasions, she retains the responsibility for the children in her household (SOS-Kinderdorf International, 2000: 25-30).

It might be helpful to mention at this point that when the SOS idea was first conceived in Europe, it was envisaged that the people taking up the SOS mother position would be single women, who have no children of their own. If they do, the children must be at an age where they will not be disadvantaged by the absence of their mother. It was also assumed that women who would be attracted to the SOS mother career would mostly be childless women, with a desire to have children (SOS-Kinderdorf International, 2000: 25).
While this might have been the case in Europe, it has not been entirely so in Southern Africa. The majority of women applying for the SOS mother’s position in Southern Africa do have children of their own. As one study found, a significant number of them leave behind small children to go and share their lives with children of the same age and with the same maternal needs as their children. Some of them actually lie about this in order to get a much-needed job (Modungwa, 1999: 2).

The reason why a mother would lie about her children in order to get a job is not difficult to understand. The fact is that the SOS mother’s job is one of those jobs widely sought after by women from the lower socio-economic group. Besides the problem of unemployment, the SOS mother career offers a relatively attractive salary package, which includes free accommodation, free medical aid, free training, and good retirement benefits (SOS-Kinderdorf International, 2002: 40-43). The problem is that they cannot bring their children to stay with them, since this would create problems with the SOS children.

It has been found that once these women settle into the job of a SOS mother, they become saddled with guilt for having omitted the fact that they have small children during their interviews. To do so would automatically exclude them from selection, as the policy of the organisation is not to separate young children from their mothers. This is complicated by the possibility of being found out, which adds more burdens on their mental health (Modungwa, 1999: 12).

Adding to their guilt is that after going through the intensive training on parenting and child development for SOS mothers, they realise that they may be neglecting their own children. They start feeling more guilt because of cognitive dissonance. This becomes complicated by the fact that the standard of living for SOS children is higher than that of their own children. A phenomenon known as relative deprivation starts creeping in as they realise that SOS children are getting much more than their own children. Some of them become bitter against SOS children because of this. This is something, which many would not admit to (Modungwa, 1999: 12).
It is clear that sharing her life with her SOS children, while hers remain with other people can have negative implications for the mental health of the SOS mother.

The focus is now turned to the second part of the SOS mother autonomy standard and its potential negative implications on her mental health.

1.1.5.2 The SOS mother is required to offer her children emotional security

The SOS mother is required to offer her SOS children emotional security and the opportunity to develop new and lasting relationships within her SOS family where love can grow (SOS-Kinderdorf International, 2003: 18).

There is no doubt from the above statement that the SOS mother’s job demands emotional work, which can be both fulfilling and frustrating at the same time. In order to understand the nature of this demand, the following statement may help:

"The SOS mother must be really fond of children ... for the children who come to the SOS Children’s Villages are almost always psychological cases. They have inferiority complexes, or have an exaggerated desire to dominate, they suffer from anxiety neuroses or simply crave for affection. Many of them have been thrown out of their homes, beaten, seduced or just abandoned" (SOS-Kinderdorf International, 2000: 25-26).

In another publication, it is said that: "The lives of these children are a contradiction. On the one side they are almost all difficult children, abnormally sensitive, allergic to reproof or punishment. They are liable to sudden changes of mood and their psychic balance is disturbed at the slightest pretext. They have usually endured some traumatic experiences or cruelty. Because of this, they have learnt to survive by lying, bribing and stealing” (SOS-Kinderdorf International, 2000: 102-104).

On the other side, “they are hungry for love and tenderness. They are terrified of being abandoned. They also tend to cling to the grown-ups who have won their trust like limpets.
They are unsure of themselves, lack confidence, and feel they cannot cope with life alone and need nothing more desperately than help and protection” (SOS-Kinderdorf International, 2000: 103).

One can therefore understand the rationale behind the commitment by the organisation to provide a stable family environment in the lives of these children. The responsibility for this is placed on a SOS mother rather than an ordinary childcare worker, who does not necessarily have to form a lasting bond with the child.

The SOS mother is charged with the responsibility of helping each child in her care to find his/her way back to a normal life in the community. She has to provide all that the child needs to heal and to develop to be an independent, useful member of the community. Most of all, while she is required to bond with these children, she should be careful to keep space for the child to maintain a bond with his biological family. However, one cannot but wonder how SOS mothers cope with the challenges presented by such contradictions.

It is for this reason, that the organisation as one of its founding principles, added the SOS village to the founding principles of the SOS Children’s Village idea. The village, with its structures consisting of management and professional people, provides supporting structure to this single mother. However, as indicated by other researchers (Grundlingh, 1994: 4; Peterson, 1999: 27), sometimes the very structures that are created to offer support to the SOS mother sometimes become a source of stress and tension. Also because of the low education and low rank in the SOS village structure, SOS mothers may have difficulty with stress. According to Evans, Barer, and Marmor (1994: 22), social gradient data shows that people in the lower ranks are under great stress. This is complicated when their environments, at work or at home, do not provide support that would permit them to transfer some of the strain.

Another potential source of stress related to the SOS mother’s job, is the expectation that she should form an emotional bond with her SOS children. It is not usual for the SOS mother, who has worked very hard with a child who has been abused by her biological mother, to be reluctant
to allow the latter into the life of that child. It does require a lot of emotional work (Jeddi, 2003: 1).

Next, the focus is turned to the last part of the SOS mother standard and goes on to show the problems associated with it and the implications thereof.

1.1.5.3 At the same time, the SOS mother is a childcare professional

What is suggested in this statement is that the SOS mother’s position is inherently a dual role. On the one hand, she is expected to be a mother by bonding with the children and sharing her life with them. On the other hand, she is expected to be a professional. No doubt, this expectation carries with it different demands for the SOS mother cum childcare professional.

According to Crawley (1999: 29), the fact that the SOS mother has historically been perceived as a calling to the virtuous activities of motherhood, while at the same time she is also a paid employee creates problems for her. This is because she is always getting mixed messages from the SOS environment.

When she attempts to negotiate for better salary and working conditions, she often comes across responses such as: “You’re in it for the money and not for the love of the children.” However, when issues of performance come up, she gets a response such as: “You’re not earning your pay” (Crawley, 1999: 29).

These conflicting messages often leave the SOS mother with an unsettled identity. She feels manipulated and used. She often ends up feeling angry about her vocation and this affects her day-to-day quality of life, relationship with SOS children, and her interactions with other co-workers (Crawley, 1999: 29).

The previous section has elaborated at length on the role of the SOS mother and those aspects of her role, that while of very importance to the organisation in achieving its mission of building
stable families for orphaned children, also have implications for the SOS mother and her mental health, which is an integral part of her health.

In the next section, the statement that the SOS mother is a professional and that highlighting the problems associated with it will receive attention.

1.1.6 Professional status of the SOS mother

There is no doubt that Hermann Gmeiner, the founder of the SOS Children’s Villages, had high ideals about the position of the SOS mother. A quotation often ascribed to him (also appearing at the front of this chapter) refers to the SOS mother career as a modern woman’s profession. He also urges the organisation to do its best to develop this profession like those of nursing and social work (SOS-Kinderdorf International, 2003: 18).

It must be noted here that the above statement by Gmeiner was mentioned more than 60 years ago. At that time it might not have been unusual for people to become nurses or social workers without having a grade twelve qualification. One of the minimum criteria for employment of the SOS mother is a grade twelve certificate. The same educational standard is the minimum qualification required to enter a profession. However, getting women who meet all the recruitment criteria is not always easy in Southern Africa and, therefore, many SOS mothers do not meet this minimum requirement.

This sentiment by the founder of the organisation has always influenced its leadership in crafting policies about the SOS mother’s career and still continues to do so. In the latest human resource manual of the organisation, the organisation has committed itself to build the SOS mother position. Its policy is that “SOS mothers are recognised as childcare professionals. To this end, it has invested a lot of resources and supporting policies. This professional status is conferred after successful completion of an intensive three months of training, followed by a further 21 months of on-the-job training (SOS-Kinderdorf International, 2002: 39).
Unfortunately, in other professions, especially nursing against which the professional
development of the SOS mother has been benchmarked, it usually takes more than two years of
training and passing of a licensing examination before one can be registered as a professional
practitioner (Leddy & Pepper, 1989: 5).

The problem is that the declaration of a professional status on the SOS mother career is a
unilateral decision by the organisation. In order to bring to surface the challenges associated with
this declaration, one needs to find out what the literature says about a profession.

According to Leddy and Pepper (1989: 4-9) the following constitute the generally accepted
characteristics of a profession:

- intellectual characteristics, for example, a body of knowledge on which professional
  practice is based; specialised education to transmit the body of knowledge; and the use of
  one’s knowledge in critical and creative thinking;
- practical components relating to specialised skills essential to the performance of a
  unique, professional role;
- service to society, which requires integrity; responsibility for ethical practice; legal
  assurances that practitioners are competent; a credentialing system; and legal registration;
  and
- autonomy (which means that practitioners have control over their own functions in the
  work setting; independence; a willingness to take risks, responsibility, and accountability
  for one’s actions; as well as self-determination.

The organisation has since become aware of these criteria and that the SOS mother “profession”
still does not meet them. It has committed itself to invest resources for the professional
development of the SOS mother. It is determined that the SOS mother gets autonomy and legal
recognition. To this end, the organisation has started to find answers to some of the issues
pertaining to professional recognition. Acknowledging that legal recognition by the government
is an important indication of a professional status, it recently commissioned a worldwide (in
countries in which the organisation operates) survey of the legal status of the SOS mother
profession (SOS-Kinderdorf International, 2002).
Among other things, this survey sought to establish two things about the “SOS mother profession”: (1) legal recognition of SOS mothers in terms of classification in the government labour register; and (2) recognition of SOS mother training. The survey revealed interesting, but also discouraging results about the so-called SOS mother profession (SOS-Kinderdorf International, 2002: 2).

(1) Legal recognition of SOS mothers

This study looked at the number of countries that reserve a special category for SOS mothers in the government’s labour register and also if the occupation of SOS mother is classified under a professional category (SOS-Kinderdorf International, 2002: 2).

It was found that out of the 58 countries that were studied, the majority falls under countries (51.72%) where SOS mothers are treated just as any other employees. That means they are not included among any group of professionals. In 24.14 per cent of these countries, SOS mothers fall under different categories, for example, “childcare worker/educator”, “assistant social worker”, or “foster parent”. Then there are countries (15.52%), which categorise the position as “house servant” (SOS-Kinderdorf International, 2002: 3).

The interesting part of these results is that in some European countries, for example, Germany and Austria, SOS mothers seem to enjoy a special category under the “Mother Statutes of SOS Kinderdorf e.V” (SOS-Kinderdorf International, 2002: 31). The disappointing part of the findings is that they do not only suggest that in the wider world, the SOS mother does not enjoy any professional status outside of the organisation (SOS-Kinderdorf International, 2002: 4), but also point to an identity problem, which was referred to in a previous section.

(2) Recognition of SOS mother training

The survey also looked at the situation of the SOS mother training in terms of its recognition by the government. Again the findings were both interesting and yet disappointing.
The interesting part is that in some European countries like France, Germany, Spain and Austria, the training of SOS mothers does get recognition from some government departments (SOS-Kinderdorf International, 2002: 30). The disappointing part is that the findings show that in the majority of countries studied, the training does not enjoy any legal recognition (SOS-Kinderdorf International, 2002: 4).

For the purposes of this study, it is important to note that South Africa falls under those countries which do not have any special category of the SOS mother in its labour register and also does not give any recognition to the training they receive. However, it is important to note that legal avenues do exist for the development of SOS mothers to get some legal recognition and as well as recognition of their training. These avenues are through the child care profession (as will be provided for in the regulations of the Social Service Professions Act, 1978 (Act 110 of 1978) and the South African Qualifications Authority Act, 1995 (Act 58 of 1995). These avenues will be elaborated on in the following section.

1.1.7 Avenues for professional recognition of the SOS mothers' work in South Africa

It was already said in a previous section, that the organisation is set in supporting the professional development and recognition of SOS mothers as childcare professionals (SOS-Kinderdorf International, 2002: 39). For this reason it is imperative and logical that the situation of the child care workers in terms of professional recognition should also be examined.

In examining this situation, I wish to refer to the work of two authors, namely, Van Weezel and Waaldijk (1997). In an article entitled “Life space work, child and youth care work, (semi-) residential work – is this a profession?”, these authors refer to this discipline as a peculiar profession of the life space worker, ... who helps people by sharing their daily life.” They also suggest that the peculiarities associated with this discipline may have caused difficulties in the struggle for professionalising this field. However, they still argue strongly for greater professionalisation of this field of work (Van Weezel & Waaldijk, 1997: 12).
In arguing in favour of professionalising childcare work, the two authors assert that for the sake of progress, the characteristics that are generally accepted for a profession should not be used as an obstacle for professionalising the field. Rather, they should be seen as "steps in a process ... of becoming more professional" (Van Weezel & Waaldijk, 1997: 12-13).

According to the leaders of the childcare profession in South Africa the struggle for professional recognition of childcare workers has been a long one. Lodge (2000: 16) is of the opinion that the legal recognition of the field as a profession is justified because the field has, through research and practice, built up an international body of literature and evolved sets of skills unique to this field.

It might also be worth mentioning that there is now a common and agreed upon framework and methodology, through which the practice of child and youth care is carried. According to the Study Guide for the Basic Qualification in Child Care (National Association of Child Care Workers, 2000: 1-6), this framework, known as the Circle of Courage is used nationally in the assessment and developmental planning for child and youth persons.

From my interactions with colleagues from the government, the Circle of Courage is now accepted by the government of South Africa, through the Department of Social Development as the framework for child and youth care practice. It is one of the tools used by the Department of Social Development to assess the quality of child and youth care in organisations working with children and youth.

According to Merle Allsopp (1998: 8), the National Director of the National Association of Child and Youth Care Workers, there are now positive developments for this field. The official registration for child and youth workers is now being legislated by the South African government.

This process will follow two stages: The first is the establishment of a Council for Social Service Professionals, which is an umbrella body for a number of professional boards. The second stage of the registration process will be for the Minister of Social Development to establish a
professional board for each professional and occupational group, including childcare workers. A board for childcare workers will protect the interests of its field, advocate for minimum service conditions, and determine minimum standards of education and training necessary for registration and set standards for professional conduct. The major outcome of this process is to see the child and youth workers operating as an autonomous body (Allsopp, 1998:8).

Given this process, one can say that there is hope through the child and youth care profession to get the work of SOS mothers to be recognised as professional work. At present, the way to do this is for SOS mothers to complete a course, namely “Basic Qualification in Child Care (BQCC).” The National Association of Child Care Workers (NACCW) conducts this course.

The problem for SOS mothers is that in addition to the above course, they still have to complete the three months Basic SOS mother training and 21 months of on-the-job training before they can be conferred with the title of “professional SOS mother.” This obviously places additional demands on their mental health.

Having said all this, it is worth noting that the passing of the law for official registration will have certain implications for the SOS mothers and the organisation. One of these is that it may be illegal to practice unless registered. Navigating one’s way through this new path being created by the legal registration may also add to these demands made on the SOS mother.

Another potential avenue available for developing SOS mothers towards professional recognition is through registration with a technikon or university for a Diploma in Child and Youth Development. The University of South Africa is now offering a four-year degree and a masters degree in child and youth care. Unfortunately, at the moment, this avenue is only open to a few SOS mothers as the majority do not have a grade twelve certificate, which serves as an entry requirement into these courses.

The educational barrier is not insurmountable as the National Qualifications Framework, as established through the South African Qualifications Authority Act, 1995 (Act 58 of 1995), provides another avenue to acquire recognised qualifications. Again, unless facilitated,
navigating one's way through the National Qualifications Framework's maze can prove stressful for some SOS mothers.

It is important to note that the avenues identified here are seen only as potential avenues to facilitate the external recognition of the SOS mother as a professional. Meanwhile, within the organisation, once the SOS mother has completed her training, she is expected to start operating as the leader of the family and as a professional.

This leadership also implies some independence. Exactly how this is done is not yet very clear. For me, it is important for a start to know how things are on the ground. For example, it is important to know how the SOS mother is presently experiencing her leadership of her SOS family. Specifically, how does the interaction between her and her co-workers facilitate or not facilitate this leadership? How does the SOS mother’s experience of her interactions with co-workers affect her mental health? At the moment there is no systematic study that has been done to answer these questions. This then justifies this study.

Answers to these questions will guide the researcher about the way in which the implementation of the SOS mother’s autonomy standard can be facilitated in a way that promotes her mental health. The argument presented here suggests that these demands have implications for the mental health of the SOS mother, which is an integral part of her health. For this reason, it is important for the advanced psychiatric nurse practitioner to find a way of executing the mandate given to her by the organisation as one of its employees. This mandate is: (1) the development of the SOS mother profession; (2) to facilitate the external recognition of SOS mother profession; and (3) to facilitate the implementation of what is called the SOS mother’s autonomy standard within SOS Children’s Villages of Southern Africa Region 11.

Above all this, the most important thing for me as an advanced psychiatric nurse practitioner is that through all this, the mental health of the SOS mother, which is an integral part of her health, is promoted.

This then leads to the problem statement of this research.
1.2 PROBLEM STATEMENT

In the previous sections a few issues were raised regarding the SOS mother’s position and the potential effects these issues may have on the mental health of the SOS mother. Added to these issues, is the determination by the organisation to get the villages to implement the SOS mother’s autonomy standard. This determination is driven by the conviction that the SOS mother is central to the realisation of the organisation’s mission, which is to build families for children in need; help them shape their own futures and share in the development of their communities (SOS-Kinderdorf International, 2002: 2).

The organisation believes that every family should have a leader who can make decisions for the family and lead in the development process of the each child. The organisation also believes that, with proper supervisory support; expert advice from professionals and proper training, the SOS mother, as a childcare professional, can be in a position to execute this role (SOS-Kinderdorf, 2003: 23). In addition, “SOS mothers must be developed and managed as professionals” (SOS-Kinderdorf International 2002: 39).

To this end, as part of its quality assurance measure, the SOS mother’s autonomy standard has been included as one of the criteria against which the performance of each village shall be measured. Each village has been given a period of five years to ensure its implementation (SOS-Kinderdorf-International, 1999: 6 and 2003: 23).

From what is heard, implementing this standard calls for a big change in the way things have been done in most SOS Children’s Villages. Naturally, any change in a system brings about some conflict, anxiety, fear and resistance among those affected by the envisaged changes (Human Resource Technology, 1999: 9.2). To hope otherwise, will be naive. For those who have been benefiting from the status quo, things may be negative as they may think they stand to lose. This applies to both SOS mothers and co-workers.
Those co-workers, who may have enjoyed power based on their positions, this change may be perceived as disempowering. And for those mothers, who had grown comfortable in being dependent on their co-workers for most decisions pertaining to their families, it may be anxiety provoking. These sentiments were expressed in focus groups with SOS village co-workers (Modungwa, 2002: 5).

Some respondents in the focus group registered concerns and reservations about what they call “this mother empowerment standard”. There are those who doubt whether the present SOS mothers have the capacity to act as expected by the standard. Another concern raised is: “Can they be trusted to be accountable enough with the care of SOS children and the finances without close supervision by the management team?” Others say: “Some mothers in the past proved not to be responsible enough. What will the government say?” There was also the concern that the standard demands that SOS mothers become super-mothers, something which was going to put a lot of stress on them (Modungwa, 2002: 5).

There are also accusations and counter accusations between some members of the village management team and some mothers. On the one hand, village management and co-workers accuse some mothers of dependency and of abdicating their parental responsibility by running to management for every little problem in their family. On the other hand, some mothers claim that professional co-workers and those in management, are interfering with the running of their families and will not allow them to implement what they have been trained to do. Whether these accusations are true or not, the organisation is set on the implementation of this standard.

Judging by the manner in which this standard was received on the ground, one can be certain that the implementation of this policy will not happen smoothly. It is my conviction that, unless something is done to facilitate this process, the mental health of SOS mothers, which is an integral part of their health, might become compromised in the process of introducing this change.

As someone tasked with the professional development of SOS mothers, the researcher needed to do something to facilitate the implementation of the SOS mother’s autonomy standard within
SOS Children’s Villages. Because the researcher believes that it is within interactions with co-workers that the SOS mother can become a leader of her family, she needed to understand how the SOS mother experiences these interactions. This would allow SOS mothers to have their voice heard during this transition and also help the researcher develop a model that will serve as a framework to facilitate the implementation of the so-called SOS mother’s autonomy standard.

Since there is no research that has been done in the area of interaction patterns between SOS mothers and their co-workers and no model to act as framework to facilitate the implementation of this standard, the researcher then decided to conduct this study.

The research questions posed, therefore, are:

1. How do SOS mothers experience interactions with their co-workers in matters pertaining to their SOS families?
2. What impact do the experiences of the interactions between SOS mothers and their co-workers have on their mental health and on them acting as leaders of their SOS families?
3. What changes need to occur in the patterns of interaction between the SOS mothers and their co-workers in order to facilitate the implementation of the SOS mother’s autonomy standard?
4. In what way can the development of a model to facilitate SOS mother’s autonomy assist in the promotion their mental health?

1.3 PURPOSE AND OBJECTIVES

The overall purpose of this study is to develop and describe a model that will serve as a framework for the advanced psychiatric nurse practitioner to promote the mental health of SOS mothers by facilitating the implementation of SOS mother’s autonomy within SOS Children’s Villages of Southern Africa, Region 11.

To achieve the overall purpose of this study, the following objectives are proposed:
• to explore and describe the experiences of SOS mothers in interacting with their co-workers in matters affecting their SOS families and how they cope with those experiences;
• to use the results of the above exploration to generate concepts for the model that will serve as a framework for the advanced psychiatric nurse practitioner to facilitate the implementation of SOS mother autonomy within SOS Children's Villages and to promote their mental health; and
• to describe guidelines that will serve as a framework for the operationalisation of the model in practice.

1.4 PARADIGMATIC PERSPECTIVE

A paradigmatic perspective is an internalised way of looking at reality. It is also a “collection of logically connected concepts and propositions that provide a theoretical orientation that frequently guides research approaches toward a topic” (Field & Morse, 1985: 138). The perspective chosen by the researcher incorporates “the assumptions about the research domain, the specific phenomena, a specific theoretical framework or model, a specific research model and the resultant methodological preferences” (Mouton & Marais, 1990: 24).

There are several perspectives which people select consciously or unconsciously when viewing what they consider to be reality. This, notwithstanding, will influence what is seen and all decisions flowing from the way things are seen.

To this end, let it be stated here and now that the values and assumptions guiding the conduct of this study are deeply embedded in the Judeo-Christian philosophy. Of particular relevance here, are the belief in freedom of choice, wholism, the complexity of human nature, the inextricable relationship between humans and their environment, honesty and transcendence.

Furthermore, the assumptions of the Theory for Health Promotion in Nursing (Rand Afrikaans University: Department of Nursing, 2000: 4) will be utilised.
The Theory for Health Promotion in Nursing (Rand Afrikaans University: Department of Nursing, 2000: 4) reflects the focus on the whole person: body, mind and spirit, as well as the parameters of nursing service and beliefs about man, health, illness and nursing. Within this framework, the emphasis is on the promotion of health of the individual, family, group and community.

In line with this theoretical framework, the following key concepts for this study will be adopted:

1.4.1 Meta-theoretical assumptions

Meta-theoretical assumptions have their origin in philosophy. They are not meant to be tested but are merely value convictions, which offer a framework of congruency (Mouton & Marais, 1990: 192). Although these assumptions are not epistemic pronouncements, they do influence the research decisions throughout the study (Botes, 1995: 5).

In this study, it is believed that the person refers to all the village role players in the village, that is: the SOS mother, her SOS co-workers, her SOS children and the advanced psychiatric nurse practitioner. Each one of these is a multi-dimensional being (spirit, body, and mind) and is seen to be functioning holistically in interaction with her environment in an integrated manner (Rand Afrikaans University: Department of Nursing, 2000: 4). For practical considerations, the description that follows only focuses on the SOS mother, who is the focus of this study.

The environment includes an internal and external environment. The internal environment of the SOS mother incorporates three dimensions: spirit, body, and mind. "Spirit" refers to the SOS mother’s relationship with God (Rand Afrikaans University: Department of Nursing, 2000: 4), who may be viewed as a support system by her. Spirit consists of two interrelated components, which have an integrated function, namely the conscience and relationships. The majority (if not all) of SOS mothers in this region at this point in time, are believers. The majority believes in Christianity and in Islam.
The second part, "body" includes all the SOS mother’s anatomical structures and the physiological functions. All these structures and functions may be compromised by the demands from her external environment, especially her job. This job requires her to be away from her own family and be an SOS mother 24 hours a day and seven days a week – even when on a day off.

The third dimension of the internal environment is the mind. "Mind" has three parts: the intellect, emotions and volition. The intellect refers to the capacity and the quality of the psychological processes of thinking, association, analysis, judgment and understanding, of which the individual is capable. Emotion is a complex state, which can be divided into affection, desire and feelings. Volition is a process of decision making in the executing of choice (Rand Afrikaans University: Department of Nursing, 2000: 6).

Again, the SOS mother needs a healthy mind in a healthy body to be able think rationally and make informed decisions about matters pertaining to herself and her SOS family. Most of the SOS mothers have a low educational status. This may affect the extent to which they do their job and respond to their professional growth and the “standard” of SOS mother’s autonomy. She needs emotional maturity in order to provide a healing environment for children who are already traumatised in many respects. She also needs to interact positively and professionally with her co-workers.

The external environment consists of the spiritual, physical, and social dimensions (Rand Afrikaans University: Department of Nursing, 2000: 5). The spiritual dimension refers to the values and religious aspects in the external environment of the SOS mother. It also refers to her relationships with her fellowmen. This can greatly influence whether she feels supported or not.

The physical dimension of the external environment refers to its physical and chemical structures (Rand Afrikaans University: Department of Nursing, 2000: 6). The availability, accessibility and quality of these resources inside and outside the village can influence whether or not the SOS mother is able to take full responsibility for her SOS family.
The social environment refers to the human resources in the external environment of the individual (Rand Afrikaans University: Department of Nursing, 2000: 7). In the case of the SOS mother, it refers to her co-workers, management, and children in the village and in her house as well as other people in the community and how she interacts with these, for example, the SOS mother is biologically and socially, a woman and a mother. She works in an environment that has males in upper structures of the organisation. Her profession is an emerging one and does not as yet get recognition from other professions and the general public. This may have implications for her self image.

Psychiatric nursing as part of nursing is an interactive process, which facilitates the promotion of health (Rand Afrikaans University: Department of Nursing, 2000: 4).

Advanced psychiatric nursing is an area of specialisation in the practice of psychiatric nursing. The main activities in this area of specialisation involve promotion, maintenance and restoration of mental health and prevention of mental illness in a person. The advanced psychiatric nurse practitioner therefore engages in these activities by adopting the various roles of a competent practitioner, researcher, educator and consultant (Tshotsho, 1998: 8).

Mental health is viewed as an integral part of health, which is a dynamic process in the patient’s environment. The interactions in the SOS mother’s environment reflect her relative mental health status. This interaction contributes or interferes with the promotion of her mental health and whether she can take full responsibility for her SOS family. Promotion of mental health implies the mobilisation of resources (Rand Afrikaans University: Department of Nursing, 2000: 4).

The following section will deal with the theoretical assumptions guiding this study.

1.4.2 Theoretical assumptions

The theoretical assumptions of this study will be guided by the Theory for Health Promotion in Nursing (Rand Afrikaans University: Department of Nursing, 2000: 2-8). In her quest for
wholeness which focuses simultaneously on spiritual, mental and physical aspects of her being, the SOS mother in this study is viewed as a spiritual being who functions in an integrated biopsychosocial manner and is constantly interacting wholistically with her internal and external environments.

The SOS mother is also viewed as a part of a family unit, which functions as the basic unit of society. The SOS mother’s biological family and her SOS family are important aspects of her wholeness. She is also part of the community within the village itself and around the village.

Although the Theory for Health Promotion in Nursing (Rand Afrikaans University: Department of Nursing, 2000: 2-8) is chosen as a point of departure for this study, care will be taken that the results are not forced to fit in within this theory. The intention is to go into the field with an open mind by practicing the techniques of “bracketing” and “intuiting” (Burns & Grove, 2001: 606; 791). A literature control will also be executed only after the analysis of data to prevent any contamination during theorising. Only at the end of the study will the results be contextualised within the Theory for Health Promotion in Nursing.

The next section will look at the definition of concepts used in this study.

1.4.3 Definition of concepts

The following concepts will now be defined:

1.4.3.1 SOS mother

The SOS mother in this study refers to a woman who is employed by the SOS Children’s Village organisation in the region known (within the organisation) as Southern Africa Region 11, which comprises of South Africa, Lesotho, Namibia, Swaziland and Angola. She has completed a minimum of two years of professional training in childcare and is governed by the SOS Mother Statutes (SOS-Kinderdorf International, 2000:4).
1.4.3.2 SOS co-workers

SOS co-workers refer to those people, with the exception of SOS mothers, employed by the organisation (on a permanent or temporary basis) to support the work of the SOS mother, and therefore interact directly with the SOS children and mother on an ongoing basis. They support SOS mothers by giving them help when needed and offering development opportunities for children. They include village directors, SOS aunts; SOS family assistants, child development co-workers (educators, psychologists, child and youth coordinators, social workers and nurses), and village administrators.

In offering supporting services to the SOS mother, co-workers always respect her position as a leader of her family, interacting with her in a sensitive and consultative way. The SOS mother, in turn collaborates with other professionals for the best development of her children (SOS-Kinderdorf International, 2003: 16).

1.4.3.3 SOS mother's autonomy

SOS mother’s autonomy refers to the policy of the SOS Children’s Villages organisation that gives the SOS mother the freedom and the authority to act independently in relation to her household and SOS family. She functions as a childcare professional in leading her SOS family and is directly responsible for the care and development of each of her children and to guide them towards self-sufficiency and independence. She leads the decision making process for her children and also seeks out expert advice from other village co-workers when needed to ensure that best decisions possible are made for her children (SOS-Kinderdorf International, 2003: 18). She also receives comprehensive training and is supported to develop skills required to care for her children (SOS-Kinderdorf International, 2002: 39).

1.4.3.4 Professional child and youth practice

Professional child and youth practice refers to a field of work that focuses on the infant, child and adolescent, both normal and with special needs, within the context of the family, the community and the life span. Professional practitioners promote the optimal development of their clients in a
variety of settings. Their practice includes skills in assessing client and programme needs, designing and implementing programmes and planned environments, integrating developmental, preventive and therapeutic requirements into the life space, contributing to the development of knowledge and professions, and participating in systems interventions through direct care, supervision, administration, teaching, research, consultation and advocacy (National Association of Child Care Workers, undated: 2).

1.4.3.5 Child and youth care professional

A child and youth care professional refers to a person who is engaged in professional child and youth care practice and is registered with the National Association of Child Care Workers in any of the three categories: Child and Youth Care Worker, Child Care Administrator, or Child and Youth Care Practitioner on the basis of having a qualification in Child and Youth Care, experience in the field, and commitment to the Code of Ethics (National Association of Child Care Workers, undated: 3-4).

1.4.3.6 Advanced psychiatric nurse practitioner

An advanced psychiatric nurse practitioner refers to a person in possession of a clinical Master’s degree in psychiatric nursing with additional clinical experience under the supervision of a psychiatric nurse specialist and/or field specialist in another related discipline. He or she has in-depth knowledge of and skills in advanced psychiatric nursing (Poggenpoel, 1994: 54).

1.4.3.7 Mobilisation of resources

This refers to a mutual, purposeful activity between the psychiatric nurse, the SOS mothers, and the SOS co-workers where opportunities for the promotion of the mental health of SOS mothers and for facilitating the implementation of the SOS mother’s autonomy within SOS Children’s Villages are utilised. It also includes the identification and bridging of obstacles in the promotion of health (Rand Afrikaans University: Department of Nursing, 2000: 7).
1.4.3.8 Resources

Resources in the SOS mother's environment include any assets or means of facilitation in the promotion of mental health, as an integral part of health. The resources in the SOS mother's internal environment can be physical, mental, and spiritual in nature. The resources in the external environment can be physical, social, and spiritual in nature (Rand Afrikaans University: Department of Nursing, 2000: 7).

1.4.3.9 Facilitation

Facilitation is a dynamic, interactive process whereby the advanced psychiatric nurse acts as a change agent and as a resource person to create a positive environment, mobilisation of resources as well as the identification and bridging of obstacles in the implementation of SOS mother's autonomy within SOS Children's Villages, with the ultimate purpose of promotion of the mental health of SOS mothers (Rand Afrikaans University: Department of Nursing, 2000: 7).

The next section will describe the methodological assumptions governing this study.

1.4.4 Methodological assumptions

The SOS Children's Village is a dynamic organisation, which, while it is set on maintaining its founding principles and uniqueness, it still quests to keep up with developments in the larger society. For this reason, I embrace research as a means of facilitating policy decisions.

It is against this background that a functional approach to research as espoused by Botes (1995: 1) will be used in conducting this study. According to this approach, research should not be conducted for purely knowledge's sake, but should be applied for the benefit of human kind. The results of this research will be used for the development of a model that will serve as a framework for the advanced psychiatric nurse to facilitate the SOS mother's autonomy within SOS Children's Villages in order to promote the mental health of the SOS mothers, which is an integral part of health.
In addition, this research model offers a framework that shows a clear relationship between the three orders of nursing. The first order refers to the area of nursing practice. The second area is nursing research and nursing theory and the third area refers to the paradigmatic perspective adopted by the researcher. This model demands that the researcher should clearly see her work in relationship with these three orders. It also demands that I pay particular attention to all the determinants for my research and be guided by these in making decisions associated with my study.

A brief explanation of the research design and method for conducting the study follows.

1.5 RESEARCH DESIGN AND METHOD

In this study a theory generative design will be adopted. This design is qualitative, exploratory, descriptive and contextual in nature (Merriam, 1991: 9). Such a design lends itself well in trying to understand the phenomenon under investigation: the SOS Mothers’ experience of their interaction with their co-workers in matters affecting their SOS families, so as to promote their mental health. A full description of the research design will be given in Chapter Two.

Below is a brief overview of the research plan.

1.6 RESEARCH PLAN

In order to achieve the ultimate purpose of this study, a well-thought-out research plan that incorporates theory generative steps, research methods and the use of reasoning strategies will be followed.

The research plan is conducted in four steps and makes use of Chinn and Kramer’s (1995: 77-102) method of theory generation. A more detailed description will be given in Chapter Two of this study. Table 1.2 on page 30 shows the relationship between the theory generation steps, the research method and the reasoning strategies.

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In addition, close attention will be paid to ethic considerations in order to protect the research participants and the SOS Children’s Village organisation and its co-workers. An outline of ethical considerations is given in the next section.
Table 1.2: Overview of theory generation, research design and reasoning strategies

<table>
<thead>
<tr>
<th>THEORY GENERATIVE LEVEL</th>
<th>RESEARCH METHODS</th>
<th>REASONING STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Concept analysis</td>
<td>Concept definition</td>
<td>- Sampling technique: Purposive (See sampling criteria in Chapter Two).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Data collection method: The phenomenological method will be used to conduct in-depth semi-structured interviews with SOS mothers who meet sampling criteria to answer the question: “Tell me how you experience your interactions with your co-workers in matters affecting your SOS family.” This will be followed by the use of other communication techniques to facilitate the interview.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Use results of research from the in-depth interviews to identify themes. Literature control. Selection of concepts. Conclusions and recommendations. Use the first two steps of the three-step method by Wandelt and Stewart (1995) to get dictionary &amp; subject definitions will be done to facilitate exploration and description of concepts relevant to the model.</td>
</tr>
<tr>
<td>Step 2: Construction of theoretical relationships</td>
<td>Establish interrelationships between concepts. Relationship statements from the model.</td>
<td>Concepts are placed in relation to statements through interrelational statements. Concepts from step one now are placed in context. Statements that have a relation with a model are formed.</td>
</tr>
<tr>
<td>Step 4: Model operationalisation</td>
<td>Deductions and recommendations: Guidelines to operationalise the model in practice, teaching and research.</td>
<td></td>
</tr>
</tbody>
</table>

1.7 ETHICAL RIGOR

In conducting this study, the Democratic Nursing Organisation of South Africa’s (1998: 2.2.1) guidelines on standards for nurse researchers will be adopted:

- Nursing research is planned and executed in a way which will foster justice, beneficence and exclude harm/exploitation of participants in accordance with certain criteria.
- The right to self-determination by the participant(s) in the research project is ensured by the researcher in accordance with certain criteria.
Confidentiality and anonymity is ensured in accordance with certain criteria.

Quality research is ensured in accordance with certain criteria.

The criteria for ensuring the above research standards will be explained in detail in Chapter Two.

In order to uphold the standards of quality research, this research will also uphold the standards of trustworthiness.

1.8 TRUSTWORTHINESS

For the purpose of this study Guba’s model for trustworthiness in qualitative research (Lincoln and Guba, 1985: 295-331) will be used. Conceptually, this model is well-developed and has been extensively used by qualitative researchers, particularly nurses and educators for a number of years (Krefting, 1991: 215). The four criteria or aspects of trustworthiness are truth value (credibility), applicability (transferability), consistency (dependability), and neutrality (confirmability). A detailed description of how these strategies will be applied in this study will be given in Chapter Two.

1.9 CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Conclusions will be formulated, limitations discussed and recommendations made on the basis of the research findings in respect of nursing practice, education and research.

The chapters for this study will be divided as follows:

- Chapter 1: Background, rationale and orientation
- Chapter 2: Research design and method
- Chapter 3: Discussion of results and literature control
- Chapter 4: Development of the tentative model for promotion of the mental health of SOS mothers through facilitation of SOS mother’s autonomy
- Chapter 5: Description of a final model and guidelines for its operationalisation
- Chapter 6: Conclusions, limitations, and recommendations.
1.10 SUMMARY

The SOS Children's Village model of child care makes extraordinary demands from SOS mothers compared to other workers in similar occupations like: childcare workers and foster care parents. These demands have been found by researchers to be associated with high stress levels on the part of SOS mothers. In this chapter, it is assumed that the new standard of "SOS mother's autonomy," that calls for SOS mothers to become independent workers may add more pressure on their already stressed life.

What is important to note here is that the SOS mother works within a team of managers and other professionals, who are operating at a level higher than her in the village structure. Her success in implementing this standard depends on the quality of interactions she has with her co-workers. This, in turn, will have an impact on her mental health, which is an integral part of health.

For this reason, I have decided to explore and describe the SOS mothers’ experience of their interaction with their co-workers in matters pertaining to their families. The results of this exploration will be used to develop a model that will serve as a framework for the advanced psychiatric nurse to facilitate the implementation of the SOS mother's autonomy within SOS Children's Villages, and thereby promotion of her mental health.
CHAPTER TWO
RESEARCH DESIGN AND METHOD

"To look is one thing, to see what you look at is another.
To understand what you see is another.
To learn from what you understand is something else.
But to act on what you learn is what really matters."
Sir Winston Churchill

2.1 INTRODUCTION

Chapter One covered an overview of the proposed research study, its background, rationale and orientation. In this chapter, the research design and method will be discussed. Since theory development is part of the overall process of the study, clarification of the types of theory will also form part of this chapter.

In Chapter One it was explained that the study will be conducted in four steps: Step 1: Concept analysis; Step 2: Construction of theoretical relationships; Step 3: Description of the model; and Step 4: Guidelines to operationalise the model. (See Table 1.2 on page 36 for a summary description of the four steps).

2.2 PURPOSE AND OBJECTIVES OF THE STUDY

The overall purpose of this study is to develop and describe a model that will serve as a framework for the advanced psychiatric nurse practitioner to promote the mental health of SOS mothers by facilitating the implementation of SOS mother’s autonomy within SOS Children’s Villages of Southern Africa, Region 11. To achieve this purpose, the following objectives will be pursued:

- to explore and describe the experiences of SOS mothers in interacting with their co-workers in matters affecting their SOS families and how they cope with those experiences;
• to use the results of the above exploration to generate concepts for the model that will serve as a framework for the advanced psychiatric nurse practitioner to facilitate the implementation of the SOS mother's autonomy within SOS Children's Villages; and

• to describe guidelines that will serve as a framework for the operationalisation of the model in practice.

2.3 RESEARCH DESIGN

A research design is "a set of guidelines and instructions to be followed in addressing the research problem" (Mouton, 1996: x). It helps the researcher to anticipate what decisions will have to be made in order to promote trustworthiness or validity of the study. In this study a qualitative, theory-generative design will be used, which is exploratory, descriptive and contextual in order to understand the phenomenon studied.

2.3.1 Theory generative

The overall purpose of this research is to develop and describe a model that will serve as a framework for the advanced psychiatric nurse practitioner to promote the mental health of SOS mothers by facilitating the implementation of SOS mother's autonomy within SOS Children's Villages. The process of developing a model, by its nature entails a theorising exercise.

2.3.1.1 Definition of Theory

Meleis (1991: 12) defines a theory as "an organized, coherent, and systematic articulation of a set of statements related to significant questions in a discipline that are communicated in a meaningful whole." According to Chinn and Kramer (1995: 21), theory is also a systematic abstraction of reality, which implies "an organization of words (or other symbols) that represent perceptual experiences of objects, properties or events."

The end product of theory development in nursing shows "a creative and rigorous structuring of ideas that project a tentative, purposeful, and systematic view of phenomena" (Chinn and
Kramer, 1995: 72). This study is about generating a model. Since a model is “a symbolic representation of an empiric experience ... not the real thing, it is a form of theory and its description, just like theory development must follow logical reasoning” (Chinn and Kramer, 1995: 75).

### 2.3.1.2 Reasoning strategies

The reasoning strategies that will be used in generating the model are analysis, synthesis, derivation (Walker and Avant, 1995: 28), inductive reasoning (Streubert and Carpenter, 1995: 316) and deductive reasoning (Chinn and Kramer, 1995: 213). These reasoning strategies will now be discussed more fully.

1. **Analysis**

   In this type of reasoning the theorist engages in activities of dissection, breaking down and reduction of a complex whole into its component parts for purposes of: (i) clarity, refinement, and better understanding; (ii) sharpening of concepts; statements or theories and (iii) examining the relationship of each of the parts to each other and to the whole (Walker and Avant, 1995: 28).

   In this study, the strategy of analysis will be used mostly during data analysis for identification and classification of concepts, searching for relationships between statements and during literature control. These concepts and statements will form the basic building blocks for the development of the model for facilitating the implementation of the SOS mother’s autonomy standard.

2. **Synthesis**

   The strategy of synthesis entails merging, fusing together, blending and combining seemingly isolated pieces of information together in a new light. Its usefulness in theory building is to construct a new concept, a new statement or a new theory (Walker and Avant, 1995: 27).
In this study synthesis will be used alternatively with analysis during data analysis to help in: (a) drawing conclusions and recommendations based on the findings of the fieldwork; (b) exploration and description of concepts relevant to the model for the facilitation of SOS mother’s autonomy; and (c) description of the tentative conceptual model using relational statements. This exercise will also be facilitated by means of a literature control.

(3) Derivation

The strategy of derivation requires the researcher to first conduct an intensive literature review on the topic of interest. Thereafter, creativity and imagination is used to make an analogy or metaphor in drawing, borrowing and redefining a concept, statement or theory from one context (for example, one specialised field) to another (e.g. nursing). It is mostly applied to areas in which no theory base exists or to “modernise” an old theory (Walker and Avant, 1995: 29).

In this study the procedure for conducting concept derivation will be that suggested by Walker and Avant (1995: 70-73):

- At the completion of the fieldwork, the researcher will conduct an intensive literature control to familiarise herself with the existing literature on the topic of interactions between co-workers, autonomy and the childcare profession.
- Other fields will be searched for new ways of looking at the topic of interactions between co-workers and for autonomy.
- A parent concept will be selected from another field to use in the derivation process.
- The concept or set of concepts from the parent field will be redefined in terms of the SOS mothers’ experiences and autonomy.

(4) Induction

Induction is a form of logical reasoning that involves making a conclusion by a process of moving from specific observations to generalisation (Streubert and Carpenter, 1995: 316). Mouton and Marais (1990: 103) state that in induction, the researcher enters into the field without
a clear conceptual framework. After the data have been generated, relationships or patterns are formed resulting in a systematic explanation or a conceptual framework.

Chinn and Kramer (1995: 66) warn the reader about one of the most important pitfalls of inductive reasoning and that is: “since it is not possible to observe all instances of a specific event,” then inductive logic is limited. However, inductive logic can be effectively used to seek regularities, similarities, patterns, continuities and tendencies (Bandman and Bandman, 1988: 257-266).

In this study, inductive reasoning will be used to obtain and analyse data from the interviews and fieldwork. Data collected from in-depth phenomenological interviews with SOS mothers on their experiences in interacting with co-workers, will be used to generate concepts for the model of SOS mother’s autonomy.

(5) Deduction

Deductive reasoning is a “system of reasoning in which propositions are interrelated in a consistent way” (Chinn and Kramer, 1995: 63). In deductive reasoning, two or more premises are used to draw a conclusion (Streubert and Carpenter, 1995: 61). This allows one to use an abstract theoretic relationship to derive specific questions or hypotheses (Chinn and Kramer, 1995: 63).

Mouton and Marais (1990: 112) state: “In a deductive argument true premises necessarily lead to true conclusions.” In other words, the truth of the conclusion is already either implicitly or explicitly contained in the truth of the premises (Bandman and Bandman, 1988: 184-187). “It is possible to have a valid, or formally correct, logical argument that is not meaningful when compared with empiric experience” (Chinn and Kramer, 1995: 61).

In this study deductive reasoning will be useful in the following instances:

• during the literature control;
• in conclusions and recommendations drawn from the data analysis;
• in the development of the model once constructs have been identified; and
• in drawing up guidelines for the implementation of the model.

See Table 1.2 in page 30 for the relationship of the reasoning strategies described in the foregoing section to the steps that will be followed in generating the model.

In addition to engaging in logical reasoning when developing theory, one also follows defined stages.

2.3.1.3 Stages of theory development

One of the objectives of this study is to describe a model that will serve as a framework for the advanced psychiatric nurse to facilitate the implementation of the SOS mother's autonomy standard within SOS Children's Villages. Building a model is an exercise in theorising and follows well-defined stages.

According to Walker and Avant (1995: 12) four stages of theorising can be identified, namely: description, explanation, prediction and control. These can be compared to the four levels of theory development as suggested by Dickoff, James and Wiedenbach (1968: 198), namely: Level 1 - Factor isolating; Level 2 - Factor relating; Level 3 - Situation relating; and Level 4 - Situation producing. Each higher level of theory presupposes the existence of theory at each of the lower levels.

Table 2.1 below summarises the stages of theory generation that will be used in this study in relation to those proposed by Chinn and Kramer (1995: 78-102) and Dickoff et al (1968: 198).
Table 2.1 Stages of theory generation

<table>
<thead>
<tr>
<th>Dickoff, James and Wiedenbach</th>
<th>Chinn and Kramer</th>
<th>Stages used in this study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor relating theory: Second level situation depiction. Concepts are no longer in isolation. Higher level of complexity.</td>
<td>The meaning created is structured and conceptualised. Multiple concepts are linked in a loose structure.</td>
<td>Construction of theoretical relationships.</td>
</tr>
<tr>
<td>Situation relating theory: Third level predictive theory with the aim of allowing for prediction of relationships between situations that are depictable.</td>
<td>Theoretic relations are generated and tested. They include: • empirical and grounding; • emerging relationships; • empiric indicators; and • validating relationships.</td>
<td>Prediction of relationships. Description of structure and process.</td>
</tr>
<tr>
<td>Situation producing theories: Fourth level theories, which are prescriptive in nature. Goal content specified as aim of activity. Prescriptions for activity to realise goal content. Survey list as supplement.</td>
<td>Deliberate application of theory. Clinical setting is selected. Outcome variables are determined for practice. A method of study is implemented.</td>
<td>Description of guidelines to operationalise the model.</td>
</tr>
</tbody>
</table>

The actual steps that will be followed in generating the model to be described in this study will be described in the section on research method below. When one examines the stages of theory development as given in the above section, one can also see that there can also be different types of theory.

2.3.1.4 Types of theory

Authors use different typologies/terminologies to describe theory. One typology found in the literature is “levels of theory” (Walker and Avant, 1995: 5). Another description is “scope or breadth” (Chinn and Kramer, 1995: 120). This description is useful since it reflects the
usefulness of the theory for practice and research purposes (Chinn and Kramer, 1995: 121). Whatever terminology is used, the classification also indicates the complexity of that theory.

(1) Meta theory

This level of theorising looks at broad issues related to theory in a discipline. Its purpose is not concerned with the production of grand, middle range, or practice theory. It focuses on philosophical and methodological questions related to the development of a theory base for a discipline — in this case, nursing. The three most commonly debated issues at this level have to do with analysing the purpose and kind of theory; proposing and critiquing the sources and methods of theory development; and proposing the criteria most suited for evaluating theory in that discipline (Walker and Avant, 1995: 5-6).

(2) Grand theory

At this level the theorising exercise is still abstract and looks at broad issues related to the goals, purpose and structure of practice in a discipline. In nursing grand theories have helped sort out nursing from the practice of medicine by showing the presence of distinct nursing perspectives (Walker and Avant, 1995: 9). In this research the grand theory is based on the Theory for Health Promotion in Nursing (Rand Afrikaans University, 2000: 1).

(3) Middle-range theories

While the above level of theory is broad and difficult to test, middle-range theories are simpler in that they contain limited numbers of variables. For this reason, they are testable and are useful in research and practice. Because of its limited scope, middle-range theory helps cover the gap between grand theory and practice (Walker and Avant, 1995: 11).
(4) Practice theory

At this level of theorising, the focus is on the desired goal and the actions needed in order to achieve it (Walker and Avant, 1995: 12).

Given the above explanation on the types of theory, it can be said that the type of theory being envisaged in this study, is practice theory. This research is conducted for the purpose of generating a model that will serve as a framework for the advanced psychiatric nurse practitioner to facilitate the implementation of the SOS mother's autonomy standard. The desired goal is to promote the mental health of SOS mothers. Guidelines for the use of the model will be proposed. This is in line with the functional approach to nursing research as proposed by Botes (1995: 1).

2.3.2 Qualitative

A theory generative design is essentially qualitative in nature. It requires the exploration of mothers' experiences in their totality. To this end, one cannot choose a design that is reductionist in approach. According to Ferreira (in Mouton and Marais, 1990: 205) the qualitative approach allows the researcher to "gather data on numerous aspects of the situation and construct a complete picture."

In this study, it is assumed that each mother will experience the interaction with her co-workers differently. The qualitative design is, therefore, suitable since "it assumes that subjectivity is essential for the understanding of human experience" (Burns and Grove, 2001: 28).

2.3.3 Exploratory

Step1.1 of the study will be concerned with exploring the SOS mothers' experience of their interaction with their co-workers in matters affecting their families. Exploring this interaction is important because, I believe that autonomy of SOS mothers within a village (institutional) situation takes place within given interactions. This researcher is approaching the understanding of mothers' experience from a position of "not knowing" and curiosity. For this reason, the
design of this study is exploratory, and thus suitable in gaining new insights into the phenomenon (Mouton, 1996: 102).

2.3.4 Descriptive

A study is descriptive when it intends to describe a phenomenon accurately within its specific context. The emphasis is on the in-depth description of an individual, group, situation or organisation (Mouton, 1996: 102).

This study is concerned with description at several levels:

- the experiences of SOS mothers in interacting with their co-workers in matters affecting the SOS mother’s family and the emerging concepts;
- the relationship of the identified concepts;
- a model that will serve as a framework for the advanced psychiatric nurse to facilitate the mental health of SOS mothers by facilitating the implementation of the SOS mother’s autonomy standard within SOS Children’s Villages; and
- the guidelines for operationalisation of the model in practice.

2.3.5 Contextual

According to Botes (1995:5), the research context is only valid within a certain time-space and is value context. This research design is contextual in that it is bound to the unique context of SOS Children’s Villages in the Southern Africa Region 11. It does not cover other children’s care settings in institutions or in the community.

In conducting the study, I will be obliged to do it in such a way that alters the context of the phenomenon as little as possible (Streubert and Carpenter, 1995:11). The emphasis will be placed upon the exploration and understanding of what is unique and particular to the participants rather than what is general and universal.

The investigation also takes place within a specific time in the history of the organisation. A time when new changes are taking place both, within and outside of the organisation. Within the
organisation, minimum standards are being introduced in how the villages should be operating. There is also a call in the organisation for a move towards professionalism and less dependency on the part of SOS employees, particularly mothers and children. A model unique to this situation is therefore essential.

Outside the organisation, there are changes related to transformation in childcare work. Some of these changes include attempts to professionalise childcare work and to get the government of South Africa to give professional recognition to childcare workers.

The next section will cover the research method in detail.

2.4 RESEARCH METHOD

The overall purpose of this research is to generate and describe a model that will serve as a framework for the advanced psychiatric nurse to promote the mental health of the SOS mothers by facilitating the implementation of the SOS mother autonomy within SOS Children’s Villages. In order to describe such a model it is important to understand how the SOS mothers experience their interactions with co-workers, who, are mostly recognised professionals and in fact constitute the management of the SOS village.

A focus on interactions is chosen because autonomy takes place within interactions between one person or group of persons and another or others. This focus is important because how people feel about themselves is largely dependent on how they perceive other people view them and on an internal sense of mastery, which is present in each human being (Friel & Friel, 1995: 86).

Since this research follows the strategy of theory generation, the method to be followed in doing this study will be incorporated within the discussion of the steps for theory generation, which are described below.
2.4.1 Step 1: Concept analysis

Concepts that will be used for the generation of this model will be based from the results of fieldwork, which incorporates the following aspects: population, sampling, data collection, role of the researcher, field notes, data analysis, literature control, ethical rigor and trustworthiness. These will now be described in detail.

2.4.1.1 Population and sampling

(1) Population

A distinction is made between the target and accessible population. According to Burns and Grove (2001: 366), the first term refers to the entire set of individuals who meet the sampling criteria. In this study, the target population will be all the women employed by the SOS Children's Villages Organisation, Southern Africa Region 11 to act as mothers to the children under its care.

The second term refers to the portion of the target population to which the researcher has reasonable access (Burns and Grove, 2001:366). The accessible population for the phenomenological interviews will be those mothers attending training courses at the Hermann Gmeiner Adult Training Centre during the years 2001 and 2002.

(2) Sampling method

The final sample for the interviews will be chosen by means of purposeful sampling method (Burns and Grove, 2001: 376). The grounds for using this method of sampling are not simply based on convenience or accessibility. Rather, it is chosen because it allows one to select participants because they possess a feature or process in which the researcher is interested and meet the sampling criteria (Silverman, 2000: 104).

This method "demands that we think critically about the parameters of the population we are interested in and choose our sample ... carefully on this basis" (Silverman, 2000: 104). The logic and power of purposeful sampling "lies in selecting information rich cases ... from which
one can learn a great deal about issues of central importance to the purpose of the research” (Patton, 1990:169). The researcher, therefore, has to determine the sampling criteria before approaching the participants. This is a list of essential characteristics that qualify participants for selection in the study (Burns and Grove, 2001: 366).

(3) Sampling criteria

To this end, only participants who can provide information central to objectives of this study will be selected, based on the following criteria:

- They must have completed the course: Basic Mother Training, which prepares them for the role of a SOS mother. Once the new mother has received this training and has completed two years as a mother trainee, she is now seen by the organisation as a childcare professional and is ready to receive a SOS family.
- They must have been SOS mothers for more than two years. This means that they have been exposed to enough interactions with other co-workers in their capacity as leaders of their SOS families.
- They must be able to communicate in a language understood by the researcher (English, Afrikaans, Xhosa, Zulu, Tswana and Sotho). Accurate understanding is crucial in descriptive studies.

Mothers who meet the sampling criteria for the study will be identified from the information given on their course registration forms. They will then be approached for their willingness and consent to participate.

(4) Sampling size

The size of the sample will depend on the saturation of data. Data saturation is defined as “data adequacy” and operationalised as collecting data until no new information is obtained (Morse, 1995: 147-149). In in-depth phenomenological interviews, it is not the number of participants interviewed that is important, but rather that the inner world of the participant is described as completely as possible. It is accepted that the sample is big enough once a repetition is seen in
the description of the participants (Parse, Coyne and Smith, 1985: 18). A repetition of themes or information indicates saturation of data. Saturation is reached when “no new themes or essences emerge from the participants and the data are repeating” (Streubert and Carpenter, 1995:44).

Once the accessible population has been identified, a preparatory session will be organised wherein they will be briefed about the study and given an opportunity to ask any questions. After this, an appointment will be secured with each participant.

The next section will describe how the data will be collected to achieve the objectives of this study.

2.4.1.2 Data collection

In qualitative research it helps to use more than one method or data sources to enrich one’s data or for purposes of corroboration (Mason, 1996: 25). This is known as triangulation. According to Lincoln and Guba (1985: 305), triangulation of data is vitally important in qualitative data. Its use improves the “probability that findings and interpretations will be found credible.” Silverman (2000: 99) warns that sometimes multiple methods are “often adopted in the mistaken hope that they will reveal ‘the whole picture’ ... an illusion which speedily leads to scrappy research.”

Cognisant of the warning above, some form of triangulation will be employed in this study for purposes of enriching the findings. The main method of data collection will be by means of in-depth phenomenological interviews (Kvale, 1983: 174-179). This will be done in order to describe the world-view of the SOS mothers with respect to their interpretation of meaning of the described phenomenon. This will be supplemented by data from the field notes.

The phenomenological approach to research “is a rigorous, systematic investigation of phenomena” (Kvale, 1983: 174-179; Streubert and Carpenter, 1995: 36). According to Minichiello, Aroni, Timewell, and Alexander (1990: 101), “all forms of in-depth interviews are ... used as modes of theory building.” These authors also state that this method is useful in exploratory studies where the researcher is attempting to gain understanding of the field of study.
"The goal of phenomenology is to describe particular phenomena, or the appearance of things, as lived experience" (Streubert and Carpenter, 1995: 30).

In this study the phenomenon of interest are the mothers’ experience of their interaction with their co-workers in as far as this experience has a bearing on family autonomy. Building theory, exploring and describing particular and lived experiences are goals central to this study, therefore the use of this method is justified.

The interviews will be conducted in private, at the time and place that suits the participants. The participants will be made comfortable for the duration of the interviews. One open-ended question will be asked in a language understood by both the SOS mother and the researcher at the beginning of the interview: “Please tell me how you experience your interactions with your co-workers in matters affecting your SOS family?”

All the participants will be asked the same open-ended question at the beginning of the interview. How the interview proceeds thereafter is a function of how each participant replies to the question. The researcher will then ask further questions designed to help understand the participants’ life-world. The reason for posing an open-ended question is crucial to phenomenological research since it seeks to understand and describe the lived experiences of the respondent. “What is important is the experience as it is presented, not what anyone thinks or says about it” (Streubert and Carpenter, 1995: 35).

The interview will be conducted in English or in the language preferred by the respondent and audiotaped using a high quality recorder in order not to lose the richness of the data. After this, the interview will be transcribed word for word in the language used in each interview. The purpose of taping the interviews and how the content of the tapes will be handled will be explained carefully to the participants. (See section on ethical rigor for details). After the analysis, the data will be translated back into English.
The researcher performs the following roles:

**(1) Tool for data collection**

According to Streubert and Carpenter (1995: 37), “the role of the researcher is to establish rapport, to act as a tool for data collection and to listen to individual descriptions ... through the interview process.” For this reason, the researcher will have to prepare the participants well in advance to the day of collecting data, and again just before the interview session. (See section on ethical rigor for details.)

It is also important to keep a close observation during the interview that the participants are not becoming exhausted – physically, emotionally and spiritually. Should this happen, the interviews should be stopped to allow the participants to rest. In the case of emotional and spiritual exhaustion, the participants will be referred to the assistant director, for counselling (as per arrangement).

The role of the researcher as a research tool is first to make sure that the participant understands the question and thereafter, to use strategies that will facilitate that the participant stays within the research questions and describes her lived experience fully, without leading the discussion (Streubert and Carpenter, 1995:43). The strategies for ensuring that the interview achieves the above objectives are known as “facilitative communication skills” (Wilson & Kneisl, 1996: 122-125; Minichiello et al, 1991: 107-131).

Examples of facilitative communication techniques that will be used are minimal responding, probing, clarifying, paraphrasing, reflecting content, and summarising.

- **Minimal responding**

Minimal responding means that the interviewer adopts a less active role and allows more time for the respondent to talk. Examples: “I see” and “Hmm” (Wilson & Kneisl, 1996: 122).
• **Probing**
This type of questioning is used in eliciting information more fully than the original question. It helps to clarify and gain more detail. Example: “Tell me more” (Minichiello et al, 1991: 123).

• **Clarifying**
This means attempting to find meaning of the communicated message. Example: “Let me just make sure, you’re saying...” (Wilson & Kneisl, 1996: 123).

• **Paraphrasing**
This is a method of restating the interviewee’s basic message in similar, but fewer words. An example is when the interviewer says: “My mother and I have such fun cooking together ... but sometimes she gets really nasty and impatient and then I wonder what to think.” The interviewer would then respond like this: “You’re sometimes confused by your mother’s behaviour towards you” (Wilson & Kneisl, 1996: 123).

• **Reflection of content**
Reflecting refers to conveying to the sender the expressed thoughts (Wilson & Kneisl, 1996: 122). An example is when the respondent says something like: “At long last he made it to the next grade.” The interviewer might say: “It took a longer time for him to pass.”

• **Summarising**
This involves tying together into one statement several thoughts and feelings at the end of a discussion unit or at the end of an interview. The main purpose is to give the respondent a feeling of progress in exploring ideas and feelings. An example: “So to summarise your situation, you began by telling me that...” (Wilson & Kneisl, 1996: 125).

Three other techniques used in conducting phenomenological interviews to facilitate openness during data gathering are phenomenological reduction, bracketing and intuiting. All these techniques are applicable from data collection until the end of data analysis.
According to Streubert and Carpenter (1995: 33), phenomenological reduction and bracketing are two separate stages of the same process. The former requires the researcher to first identify any preconceived notions or ideas about the phenomenon under study, and then to suspend all her beliefs, assumptions, and bias about the same phenomenon.

Bracketing, on the other hand, calls for complete neutrality on the part of the researcher's experience (Burns and Grove, 2001: 791). The researcher must attempt to lay aside all belief or disbelief about the existence of the phenomenon under investigation. The two exercises prevent the preconceived knowledge held by the researcher from interfering with the recovery of a pure description of the phenomenon (Streubert and Carpenter, 1995: 33). Oiler (in Burns and Grove, 2001: 791) states that bracketing requires the researcher to suspend or lay aside what she knows about the experience. That means she must listen as if she is hearing for the first time.

Intuiting is a process that requires the researcher, as instrument in the interview process, to focus all awareness and energy on the subject of interest (Streubert and Carpenter, 1995: 36-37). This is done to allow an increase in insight. It therefore requires absolute concentration and complete absorption with the experience being studied (Oiler in Burns & Grove, 2001: 606).

The next section will give a description of field notes and how they will be used to supplement the data collected from the in-depth interviews.

(2) Recording field notes
Field notes refer to a written record of observations, thoughts, feelings, reflections, and information kept by the researcher during fieldwork. When using a tape recorder for collection of data, field notes provide additional information that is not accessible otherwise. Field notes include the researcher's reflection on what was said (or not said) as well as methodological issues (Minichiello et al, 1990: 250-254). Field notes also contribute to the trustworthiness of a study (Lincoln and Guba, 1985: 281).

As the interview proceeds, or immediately thereafter, the researcher will record field notes to ensure that other important information is not missed. In addition to the transcript file (which is a
reproduction of the formal tape-recorded interview), two types of field note logs will be produced. See Appendix 3 for an example of field notes taken during the data collection and analysis.

- **Personal log:** This includes a descriptive account of what is observed about the participants during the interview and reflective notes on the fieldwork experience and methodical issues.
- **Analytic log:** This includes a detailed examination of ideas emerging as the study progresses.

In keeping field notes, the guidelines suggested by Minichiello et al (1990: 252-253) will be followed:

- Write down any idea that enters your mind immediately.
- Set aside time for writing the field notes and write down everything (related to the study) that enters your mind.
- Reflect on the data before commencing the next interview.
- Make duplicate copies of your field notes and store these in separate places in the event of a fire or theft.
- Start with data analysis as you record your notes to search for emergent ideas in the data. Ask yourself at each stage: how much knowledge you have gained, what you know and do not know, the degree of certainty of such knowledge and further lines of enquiry.

(3) **Conducting follow-up interviews**

Follow-up interviews will also be conducted with some mothers for purposes of data verification.

2.4.1.4 Data processing

The tape-recorded data will be transcribed verbatim in the original language immediately after each interview to retain accuracy and determine whether there will be a need for a follow-up interview. The reason for recording data in the original language, is to keep the meaning as intact as possible since translation can bring in some alterations. After the transcription of the
tape, the researcher will again listen to the tape. Streubert and Carpenter (1995:45) suggest that for purposes of accuracy, the researcher should listen to the tape while reading the transcriptions. This has the added advantage of familiarising the researcher with the data and promotes the latter's immersion in the phenomenon under study.

2.4.1.5 Pilot study

A pilot study will be conducted to verify whether the chosen research method is suitable for the defined study. This also gives the interviewer an opportunity to test if the participants will understand the question. The pilot interview will be done using any member of the identified sample. At the end of the pilot study the necessary changes, if any will be instituted before proceeding with the rest of the interviews (Burns and Grove, 2001: 48-50).

2.4.1.6 Data analysis

The data will first be analysed in the language in which interviews will be carried out. This is to keep the meaning intact. Data collection and analysis will proceed simultaneously. To this end, the process of phenomenological reduction should be part and parcel of the interviews (Streubert and Carpenter, 1995:45). The researcher will keep a journal of her ideas, feelings or responses to support the process of reduction. This information becomes valuable in the final analysis of data (Streubert and Carpenter, 1995:45).

As the researcher continues to be immersed in the data, analysis will proceed according to the steps suggested by Tesch (in Creswell, 1994: 154-155). These steps engage the researcher in a systematic process of analysing textual data. The data analysis steps are as follows:

- Read carefully through all the transcripts to get a sense of the whole.
- Then pick any transcript file and read through it, jotting down ideas as they come to mind and asking yourself what the interview is about.
- At the same time, try to identify the major categories represented in the data and write these in the margin.
• Continue reading through all the transcripts, making a list of all topics. Cluster together similar topics. Form these topics into columns that might be arrayed as major topics, unique topics and leftovers
• Now take this list and go back to your data. Abbreviate the topics as codes and write next to the appropriate segments of the text. Try out this preliminary organising scheme to see whether new categories and codes emerge.
• Find the most descriptive wording for your topics and turn them into categories. Reduce your total list by grouping topics that relate to each other and then draw lines between your categories to show inter-relationships.
• Make a final decision on the abbreviation for each category and alphabetise these codes.
• Assemble the data material belonging to each category in one place and perform a preliminary analysis.
• If necessary, recode your existing data.

At the end of the interview process, there will be three types of files: a transcript file, which contains the raw data of the interview; a personal file on the fieldwork experiences; and an analytic file, which discusses ideas and conceptual issues (Minichiello et al, 1990: 253-268).

Once the above process has been completed, similar themes will be placed together and categorised. The information will then be decontextualised and recontextualised. That means the information will be interpreted by using some schema. Thereafter it will be refined.

A protocol will be designed and given to independent coders to co-code the data. (See Appendix 4 for an example of the protocol). The need for more than one independent coder arises from the fact that the individual interviews will be conducted in different languages to meet the needs of the respondents. The independent coders will be people meeting the following criteria:
• doctorally prepared;
• advanced practitioners in psychiatric nursing; and
• experience and knowledge of qualitative research methods.
The researcher will subsequently meet with the independent coders to compare their analyses and hold consensus discussions. At this stage, the final themes from the respondents, who were interviewed in a language other than English, will be translated back to English. This is to minimise alteration of the original meaning.

2.4.1.7 Literature control

The results of the research will be conceptualised within existing relevant theory based on the notion that existing theory recontextualises new findings, thus creating space for the discipline to advance (Morse and Field, 1996: 106). With this in mind, a literature control will be conducted at the end of phase one to support evidence. This means identifying similarities, differences and unique contributions of this research with existing literature and information that is obtained from relevant literature sources. The literature control will also contribute to the trustworthiness of the study. This is to confirm the usefulness and implications of the findings for future application in the study field (Morse and Field, 1996: 107).

2.4.2 Developing the model

Walker and Avant (1995: 23) suggest that building a theory entails three elements: concepts, statements and theories. To arrive at clearly articulated theory, one needs to go through well-defined theory generative steps. Theory generation, according to Chinn and Kramer (1995: 106), includes the following elements: identification of the purpose of the theory; analysing, identifying, classifying and defining the concepts; identifying relationships between concepts to form relational statements in order to provide links among and between concepts; describing the model in relation to its structure and process; and describing the operational guidelines of the model in the practice situation.

2.4.2.1 Concept identification and definition

Walker and Avant (1995: 24) define a concept as a “mental image of a phenomenon; an idea or a construct in the mind about a thing or an action.” In this research, searching out words or groups
of words that represent objects, properties or events within the phenomenon will identify the concepts related to facilitation of SOS mother's autonomy.

The ultimate aim of this study is to promote the mental health of SOS mothers, which is an integral part of their health, by developing and describing a model that will serve as a framework for the advanced psychiatric nurse to facilitate SOS mother autonomy within SOS Children's Villages.

First of all, a descriptive story line about the facilitation of SOS mother's autonomy will be explicated by using the single group of categories. From the descriptive story, the researcher will then proceed with further steps to theory building, beginning with the identification of the main concept and other related concepts.

According to Chinn and Kramer (1995: 78-79), the foundation for developing theory is built by creating conceptual meaning, considering all sources of experience related to that concept. The three categories forming the sources of this experience are word or symbol, the thing itself, which can be an object, property or event and, lastly the associated feelings, values and attitudes.

Utilising Dickoff, James and Wiedenbach's survey list (1968: 437) will facilitate this foundational stage of theory building. This survey list allocates six aspects of activity to certain dimensions, knowledge or other resources relevant to the activity, namely:

- agency (who or what performs the activity);
- patiency or recipience (who or what is the recipient of the activity);
- framework (in what context is the activity performed);
- terminus (what is the end point of the activity);
- procedure (what is the guiding procedure, technique or protocol of the activity); and
- Dynamics (what is the energy source for the activity – whether chemical, physical, biological, mechanical or physiological).
Conceptual meaning will be created by describing the phenomena of the patterns of the interactions between SOS mothers with their co-workers in terms of facilitation of SOS mother’s autonomy. The results of the analysis will be used to identify, classify and categorise important themes or factors concerning the phenomena, which will create conceptual meaning regarding the reality of the SOS mothers. The main concept to facilitate the SOS mother’s autonomy within the SOS Children’s Village will be identified. The reason for selecting a concept is to move closer to the goal of developing a model for the psychiatric nurse practitioner to facilitate SOS mother’s autonomy in SOS Children’s Villages.

The identified main concept and related concepts based on the results of the study will be defined as described hereunder.

2.4.2.2 Definition of concepts

According to Meleis (1991: 203) the activity of definition of concepts is an important stage in theory development. This activity helps to delineate sub-concepts and dimensions of the concept, clarify ambiguities, enhance precision and relate concepts to some empirical referents. In this research the concepts identified will be defined in order to clarify their meaning and to demonstrate their representation of the empirical reality of facilitation of SOS mother’s autonomy within SOS Children’s Villages.

In this study, the concepts will be defined using the three-step method by Wandelt & Stewart (1995: 64-69). The three steps are to: (1) write a dictionary definition for each concept to provide synonyms; (2) convey commonly accepted ways in which they are used; and (3) write a handbook or other source definitions.

Walker and Avant (1995: 137) suggest that the concepts should be defined several times during different intervals until a satisfactory outcome has been achieved. The definitions will adhere to the rules proposed by Copi and Cohen (1994: 192-196) and Kim (1993: 82-83), namely:

- A definition should state the essential attributes of the species
A definition must not be circular;
A definition must not be too broad or too narrow
A definition must not be expressed in ambiguous or figurative language
A definition must not be negative when it can be affirmative.

The attributes of the major concept will then be identified, analysed and synthesised to form its definition.

2.4.3 Step 2: Construction of relationship statements

A relationship statement declares that a connection of some kind exists between two or more concepts. Relational statements are sometimes referred to as propositions and constitute the core of the theory (Burns and Grove, 1993: 175). According to Chinn and Kramer (1995: 11) the relationship within theories creates meaning and imparts understanding.

The next activity is to identify assumptions on which the theory is based. Assumptions are the accepted “truths” that are fundamental to theoretical reasoning and form the philosophic grounding for the theory (Chinn and Kramer, 1995: 115). Assumptions from the Theory for Health Promotion in Nursing (Rand Afrikaans University, 2000) and those personal to the researcher will be incorporated.

2.4.4 Step 3: Model description and evaluation

A visual model will be constructed which will indicate the relationship of the concepts to each other. The goals and boundaries of the model will be identified. According to Chinn and Kramer, 1995: 117) theoric components can be defined, described and organised by asking critical questions such as: “What is this?” These authors claim that as this question is answered, understanding of the theory begins to form. For the purpose of this research the following questions as recommended by Chinn and Kramer (1995: 117) will be used to facilitate the description of the model.
2.4.4.1 Questions for describing the model

The following questions will be used to facilitate description of the model:

1. What is the purpose of the model? This question explains why the model was generated and reflects the context and situations to which the model can be applied.
2. What are the concepts of the model? The ideas that are structured and related within the model will be identified. This will also address the quantitative and qualitative dimensions of the concepts.
3. How are the concepts defined? The answer to this will clarify the meaning of concepts within the model. It also questions how the empirical experience is represented by the ideas in the model.
4. What is the nature of the relationships? This shows how concepts are linked together. It also focuses on the various forms relationship statements can take and how they give form to the model.
5. What is the structure of the model? This will reveal whether the model contains partial structures or has one basic form.
6. On what assumptions does the model build? This will address the basic truth that underlines theoretical reasoning.

After the model has been fully described using the above criteria, further critical evaluation of it will take place. This will occur by way of a dialogue with experts in theory generation. In evaluating the model one needs to engage in an exercise of critical reflection about how well the model relates to practice, research, or educational activities.

The following questions/criteria for theory evaluation as developed by Chinn and Kramer (1995: 127-134) will be used.
2.4.4.2 Questions for critical reflection and evaluation of the model

(1) How clear is the model?
This question addresses the clarity and consistency of presentation. Clarity and consistency may be both semantic and structural.

(2) How simple is this model?
This question addresses the number of structural components and relationships within the model. Complexity implies numerous relational components within the model whereas simplicity implies fewer relational statements.

(3) How general is this model?
This question addresses the scope of experiences covered by the model. Generality implies a wide scope of phenomena, whereas specificity narrows the range of events included in the model. Generality combined with simplicity yields parsimony.

(4) How accessible is this model?
This question addresses the extent to which concepts within the model are grounded in empirically identifiable phenomena.

(5) How important is this model?
This question addresses the extent to which the model leads to valued nursing goals in practice, research and education.

2.4.4.3 Additional criteria for evaluating the model

Two other important criteria for evaluating a model are understanding and generality. A model is understandable if it is comprehensible and makes sense to both the research participants and the practitioners in the field. Generality is achieved when the data on which the model is based are comprehensive and the interpretations conceptual and broad. This means that the model will be
abstract enough to include sufficient variation to make it applicable to a variety of contexts related to the phenomenon being researched (Strauss and Corbin, 1990:160).

2.4.5 Step 4: Guidelines for operationalising the model

In Chapter One it was stated that the research model on which this study is based is functional in that the results are used to improve practice. The quotation at the beginning of this chapter also implies the need to act on what has been learnt. For this reason, it is important that guidelines for implementing the model in practice be developed. In addition, once the model has been described and critically evaluated, its application in a clinical setting becomes an important step towards theory development. During this stage evidence is generated to show how the clinical setting is affected by the application of the theory (Chinn and Kramer, 1995: 101).

According to Chinn and Kramer (1991: 99) two very important reasoning strategies in theorising are inductive and deductive thinking. The former is used to make a transition from the empirical level to theoretical. The latter is used to move from theoretical level to the empirical. In this research the guidelines for theory application in a practical setting will be deducted from the model.

For the purposes of this study only guidelines for application in the practical setting will be described. The study will not engage in measuring the results of the application. Suggestions will be made about the use of the identified and described model for facilitation of SOS mother autonomy within SOS Children’s Villages. A literature control will also be conducted for purposes of recontextualising and trustworthiness (Morse and Field, 1996: 106-107).

The next section will discuss ethical guidelines that will inform the conduct of this study.

2.5 ETHICAL RIGOR

Ethical issues enter the research process from the first decision to conduct the study, to the choice of the topic, data collection, through to the communication of the research findings. In order to protect the rights of the research respondents, it is always necessary for the researcher to
determine and state beforehand, exactly how these rights will be protected. Nevertheless, it must also be borne in mind that there are times when it may not be possible to state all the ethical considerations beforehand.

In doing qualitative research as in the present study, one is guided by the assumptions on which such a design is based. By its very nature, the method guiding this study is an emergent one. This means that some ethical issues might crop up later in the progress of the study. In such cases these will be negotiated as they confront the researcher. This, notwithstanding, the ethical standards for nurse researchers as developed by Democratic Nursing Organisation of South Africa (1998: 2.2.2 – 2.2.4) will guide the conduct of this study.

2.5.1 Important factors to consider in planning and execution of research

Nursing research is planned and executed in a way, which will foster justice, beneficence and exclude harm/exploitation of participants in accordance with the following criteria:

2.5.1.1 Assessment of possible discomfort

The researcher conducts an assessment of possible physical or psychological discomfort/harm prior to the commencement of the research project.

On the face of it, this study seems to carry no apparent physical risks. If there is any discomfort, it may involve the respondents investing 40 – 60 minutes of their time and some forgotten emotions might come up when relating some of their experiences. It is also estimated that such discomfort will not exceed that which could not be encountered in the respondent’s daily life experience and this will cease with the termination of the interview or shortly thereafter. The respondent will also be informed of the benefits of the research to herself, her SOS family and colleagues.

It must also be borne in mind that in some cases, like this study, not only the respondents need to be protected from harm. In research involving organisations, gatekeepers will also need to be
reassured that no harm will be done both to the respondents and the organisation (Lincoln and Guba, 1985: 253). In the case of this study, both formal and informal agreements have been entered to between management and this researcher. These will form a basis for further agreements with other gatekeepers down the line.

2.5.1.2 Explain any possible discomfort or pain

Any possible identified discomfort/harm for the participant(s) is explained during the process of obtaining consent. The respondents will be informed of the possibility of some forgotten emotions coming up as a result of their sharing their experiences. Backup individual counseling sessions have been organised with the researcher’s associate for her to do debriefing sessions with respondents who might need this after the interviews. The respondents will be informed of the backup debriefing facilities. This associate will also be the contact person in the absence of the researcher, should the respondents or gatekeepers have questions regarding the research project.

2.5.1.3 Consequences for refusing to participate

There is no victimisation of a participant who refuses to participate in the research, or has withdrawn during participation. During the process of obtaining informed consent, respondents will be reassured that participation in this research is strictly voluntary. If they feel uncomfortable in participating even after receiving an explanation of how their name and dignity will be protected, they should not feel compelled to participate. Also that even during the interview, they should feel free to withdraw. They will also be shown how to stop the tape recorder in the middle of the interview when they do not want a part of their response to be recorded.

2.5.1.4 Obtaining approval

Approval is obtained from the relevant research ethics committee(s). Approval for conducting this research has been obtained from the management of SOS Children’s Village of this region
and also from the research ethics committee of the Faculty of Education and Nursing at the Rand Afrikaans University.

2.5.2 Right to self-determination by participants

The researcher ensures right to self-determination by the participants in the research project in accordance with the following criteria.

2.5.2.1 Obtaining of informed consent

This is a process whereby information is given to a participant in a language that she understands about the study (purpose, methods, objectives, potential risks, benefits and input on the part of the informant) and ensuring that the informant agrees to participate in the study without any element of force, fraud, deceit, duress or other form of constraint or coercion (Wilson, 1989: 86).

Informed consent will be sought from both the organisation and the respondents. In both cases the consent will be in written form. However, when it comes to respondents, it will be up to them if they need a written consent form, which they will sign or if they just want the contents read to them. (See Appendices 1 and 2.)

2.5.2.2 Intent to maintain confidentiality and anonymity

Although other co-workers know about the study, it is not possible to know the identities of the actual participants since all SOS mothers who will be attending training in 2000 and 2001 constitute a target population and those who will become the actual sample will be approached privately. It is therefore not possible to know the actual names of those to be interviewed, nor those of their Villages. This includes the audiotapes wherein participants will only be addressed as "Mother". The respondents will also be reassured that only the researcher, the study supervisor and the independent coders will have access to the raw information. With the exception of the researcher, the other two are not from the SOS Organisation. Further, the contents of the tapes will be wiped off soon after transcribing.
2.5.2.3 Voluntary participation

Respondents will be informed that participation in the study is strictly voluntary. This includes freedom to withdraw from the study, even in the middle of the interview or any time thereafter. In the former instance, they can indicate by stopping the tape recorder and announce their withdrawal. In the latter, they can just phone the researcher that they want to opt out of the study and that the tape containing their interview or part thereof, be destroyed. The respondents will also have a choice of whether they want a written consent or not, in which case they can keep a copy.

2.5.3 Quality research

Quality research is ensured in accordance with the following criteria:

- The researcher has undergone training in research.
- She has also supervised student nurse researchers at undergraduate and honours level.
- She has also acted as an external examiner at Masters level.
- In addition, this study is conducted under the supervision of two professional researchers. Both of them have been actively involved in qualitative research methodology and are consultants in psychiatric nursing.

It is expected that the nurse researcher will maintain the quality of the project by ensuring that the process and results are trustworthy/valid (Democratic Nursing Organisation of South Africa, 1998: 2.2.1). The researcher uses either of the two terms to show that the results of the study are worth the paper they are written on. Validity is used in quantitative research, while trustworthiness is used for qualitative research (Lincoln and Guba, 1985: 301). In order to remain within the tenets of this study, which is qualitative in nature, the concept of trustworthiness, as opposed to validity, will be used.
Any research work that wants to lay a claim to science, must show a clear account of how the scientific standards were maintained during the conduct of the study (Lincoln and Guba, 1985: 294). In this study, Guba's model of trustworthiness will be used to maintain scientific standards.

2.6 TRUSTWORTHINESS

According to Lincoln and Guba (1985: 294), trustworthiness is a method of establishing or ensuring scientific rigor in qualitative research without sacrificing relevance. In scientific enquiry, the onus is on the researcher to show the audiences that the findings of her inquiry are genuine. Trustworthiness is what validity and reliability are to quantitative research. These two authors describe a model, which identifies four criteria for establishing trustworthiness: truthvalue, applicability, consistency and neutrality (1985: 290). Each criterion is accomplished through the use of a specific strategy. In addition, there must be clear statements, showing how each strategy was applied in the study.

2.6.1 Truth value

This criterion is used to establish the extent to which the findings of a study are a true representation of the world of the research participants as described and experienced by them. The strategy for establishing the truth-value is credibility. The activities involved in achieving credibility are prolonged and varied field experience; time sampling; reflexivity; triangulation; member checking; peer examination; interview technique; establishing the authority of the researcher; structural coherence; and referential adequacy (Lincoln and Guba, 1985: 294 - 296).

Table 2.2 below shows the techniques for ensuring credibility and how these will be applied in this study.
Table 2.2 Techniques for ensuring credibility

<table>
<thead>
<tr>
<th>TECHNIQUES</th>
<th>METHOD OF APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged engagement</td>
<td>The researcher has had two years of interaction with SOS mothers in her capacity as trainer and support person. She is well-trusted by them as they disclose some of their experiences. Adequate time spent with all accessible respondents through orientation sessions. Enough time given to respondents to verbalise experiences. Field notes.</td>
</tr>
<tr>
<td>Persistent observation</td>
<td>Premature closure will be avoided during the interviewing process by giving respondents enough time to respond and by allowing them to contact the interviewer if there’s anything they want to add even after the main interview. The interview process will be continued until data is saturated.</td>
</tr>
<tr>
<td>Triangulation</td>
<td>Other sources of data collection will come from the examination of official documents containing discussions around the topic of SOS mother’s autonomy. Information from training sessions relevant to SOS mothers’ experiences will also be used.</td>
</tr>
<tr>
<td>Reflexivity</td>
<td>A field journal will be kept for purposes of reflection.</td>
</tr>
<tr>
<td>Member checking</td>
<td>Follow-up interviews with respondents. Dialogue with experts during model evaluation. Literature control.</td>
</tr>
<tr>
<td>Peer debriefing</td>
<td>Debriefing sessions will be held with a colleague.</td>
</tr>
<tr>
<td>Authority of the</td>
<td>The researcher has undergone previous training in research methods. The researcher has previously been involved as an external examiner in academic research. This study is supervised by 2 doctors in psychiatric nursing, who have experience in research.</td>
</tr>
<tr>
<td>researcher</td>
<td></td>
</tr>
<tr>
<td>Structural coherence</td>
<td>The focus is on the experiences of SOS mothers about their interaction with their co-workers in matters affecting their SOS families. The research process follows that of the model for research in nursing (Botes: 1995) The findings will be discussed within existing theory and literature.</td>
</tr>
</tbody>
</table>

2.6.2 Applicability

This term refers to the degree to which the findings can be applied to other contexts and settings, or with other groups. The strategy used for achieving applicability is transferability. The techniques involved here are: using a nominated sample; comparison of the sample with demographic data; time sample; and dense descriptions (Lincoln and Guba, 1985: 296 - 298).

Table 2.3 below shows the techniques that will be applied to ensure transferability.
Table 2.3 Techniques for ensuring transferability

<table>
<thead>
<tr>
<th>TECHNIQUES</th>
<th>METHOD OF APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominated sample</td>
<td>A purposive sample will be used by voluntary participation of respondents – no prior selection.</td>
</tr>
<tr>
<td>Thick description</td>
<td>A complete description of the research results will be given to maintain transparency. Verbatim transcription of the collected data. A full description of the theory generation steps will be given. Development of guidelines to operationalise the model.</td>
</tr>
</tbody>
</table>

2.6.3 Consistency

Consistency assesses the extent to which replication of the study with the same subjects or in a similar context will lead to the same findings. The strategy for achieving this criterion is called dependability. The techniques involved here are keeping a dependability audit; providing a dense description of research methods; stepwise replication; triangulation; peer examination; and the code-recode procedure (Lincoln and Guba, 1985: 298 - 299).

The techniques to be used in this study to ensure dependability are reflected in Table 2.4 below.

Table 2.4 Techniques for ensuring dependability

<table>
<thead>
<tr>
<th>TECHNIQUES</th>
<th>METHOD OF APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triangulation</td>
<td>Different data gathering methods are used. For example interviews, field notes and information from official records and training sessions. Several sources for defining concepts will be used. For example dictionaries, and subject literature. Author triangulation: the researcher works with a supervisor and a co-supervisor.</td>
</tr>
<tr>
<td>Peer examination</td>
<td>Independent coders will be used to code the raw data. Peer examination will be done during doctoral seminars.</td>
</tr>
</tbody>
</table>
2.6.4 Neutrality

This is the extent to which the findings of the study are free from bias. The strategy for achieving this is called confirmability. It is established by applying the following techniques: keeping a confirmability audit; triangulation; and reflexivity (Lincoln and Guba, 1985: 299 - 300).

Table 2.5 shows how the techniques will be applied in this study.

Table 2.5 Techniques for ensuring confirmability

<table>
<thead>
<tr>
<th>TECHNIQUES</th>
<th>METHOD OF APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmability audit</td>
<td>A panel of experts will be selected to critically examine the whole process.</td>
</tr>
<tr>
<td></td>
<td>Doctoral seminars will be held where the committee will be involved in the auditing.</td>
</tr>
<tr>
<td>Triangulation</td>
<td>See Table 2.3, p 63</td>
</tr>
<tr>
<td>Reflexivity</td>
<td>See Table 2.1, p 64</td>
</tr>
</tbody>
</table>

2.7 SUMMARY

This chapter gave a detailed account of how the study will be conducted so that the objectives of the study are achieved while remaining faithful to the tenets of the paradigm chosen in Chapter One. Issues of accountability: ethics and trustworthiness have also been addressed in this chapter.

The following chapter will present the results of the field study and analysis thereof as well as the literature control and the main concept.
CHAPTER THREE

DISCUSSION OF RESULTS AND LITERATURE CONTROL

"A successful career will no longer be about promotion. It will be about mastery."

Michael Hammer

3.1 INTRODUCTION

The previous chapter presented a comprehensive description of the research design and method used in conducting this study. This chapter first gives a brief description of how the data was collected and analysed. This is followed by sample description, findings from fieldwork, and thereafter, discussion of field notes. The results are also contextualised within existing literature in order to identify similarities and differences of this research with previous studies.

3.2 DATA GATHERING AND ANALYSIS

Obtaining permission to conduct the research from the gatekeepers and to collect data from the respondents became relatively easy. All were of the opinion that the implementation of the SOS mother autonomy standard (as released in the SOS Quality Assurance Policy Document, 1999), which formed the impetus for this study, was going to be a challenge to all. The regional management gave a written permission. However, permission from respondents was given verbally as they felt it was not necessary for them to sign a written consent.

Interviews were conducted in August and October 2001. These are the times when SOS mothers attend training and are easily accessible. The pilot study was carried out with two SOS mothers, who met the criteria for selection into the study. The respondents were asked the question: “Please tell me how you experience your interactions with your co-workers in matters affecting your family?” The question was well received and the interviews proceeded quite well.
The results of the pilot study indicated that the SOS mothers would be eager to share their experiences. In fact, so eager that it would be difficult to keep them focused just on their interactions with co-workers. It seemed they were ready to share all their experiences of being a SOS mother. One lesson that came out of this exercise was the need for the researcher to stay extra alert during the formal interviews to avoid being carried away by the respondents’ passion.

The interviews were carried out in a language preferred by the respondents. The majority preferred to use English, now and again, mixing with their own language (Afrikaans, Xhosa or Sotho). Data gathering continued until saturation was achieved, which took longer than anticipated. The reasons for this may lie in the unique nature of the SOS villages from where the respondents came. For one thing, the villages are located further apart, sometimes in different countries of the region and have different cultures. Another reason may lie in the fact that there are vast differences in the education and previous work exposure of the people recruited for the village director position in the different villages. All in all, 23 interviews were conducted before it became apparent that data saturation had been reached.

All the interviews were tape-recorded, later transcribed verbatim, and thereafter analysed using Tesch’s method of descriptive data analysis (in Creswell, 1994: 154-155). The services of two independent coders were obtained (one for English and Afrikaans transcriptions and the other for Xhosa) for coding the results. Both have a doctoral degree in Psychiatric Nursing and have experience in qualitative research. Both followed a standard protocol specially designed for the coding process (see Appendix 4). In order to maintain the richness/depth of the data, the interviews that were conducted in Xhosa were first transcribed and analysed in the original language. Only the final themes were then translated to English.

3.3 SAMPLE DESCRIPTION

The sample making up the study is composed of 23 SOS mothers, who have been in this position for a minimum of two years. Following hereafter is their demographic profile.
3.3.1 Educational standard

The educational standard ranges between standards two to ten. Five have a primary school education, 16 went up to secondary school and only two have a matriculation certificate.

3.3.2 Age

Their age ranges between 31 to 60 years. Four are in their 30's, four in their 40’s, fourteen in their 50’s and one is 60 years old.

3.3.3 Language

Since the official language used in SOS is English, most of the respondents were to a large extent, able to communicate in English. Nevertheless the languages spoken by the respondents in the sample are: Herero and Afrikaans (2), English and Afrikaans (2), Xhosa (4), Sotho (4), Zulu (4), Swazi (4), and Afrikaans (3).

3.3.4 Number of years as SOS mothers

The average length of time worked by the respondents as SOS mothers is six years, ranging between two to 13 years.

3.3.5 Number of SOS children

The number of children each respondent looks after ranges between eight and ten, with an average of nine children per SOS family.

3.4 DISCUSSION OF THE RESULTS

Listening to the respondents as they narrated their stories, two contrasting story lines seemed to emerge. One story line that comes in a faint voice says:

"In this house, I'm the leader, and the village knows."

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The other story line — much longer than the first and a more dominant, with a more powerful and vocal voice, sounds like a paradox:

"We are the heads of our SOS families, but we are not allowed to be. Instead of supporting us, most of the time, our co-workers want to run our families. Then we are just maids. If we show them that we can and want to make important decisions for our families, they get angry. And then when we experience problems and ask for help, they tell us that we said we want empowerment. So we suffer alone. So both ways we end up disempowered to take full responsibility for our families."

This second story line that seems to suggest the existence of an existential crisis forms a thread through most of the interviews. One could not help but pick up the intensity of frustration and anger in the voices of the respondents as they were relating their stories.

Following further analysis of the data and after consensus discussions with the two independent coders, it was resolved that there are two leading themes emerging from the data. The two themes are: (1) experiences of facilitative interactions with co-workers; and (2) experiences of non-facilitative interactions with co-workers. Each theme was further divided into categories and sub-categories as shown in Table 3.1 below.

The first theme refers to those interactions, which were perceived as promoting the SOS mother’s autonomy in her family and mastery in handling challenges she is faced with in her family.

**Table 3.1: An overview of themes and categories representing the SOS mothers’ experiences in interacting with their co-workers**

<table>
<thead>
<tr>
<th>THEMES</th>
<th>CATEGORIES</th>
<th>SUB-CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences of facilitative Interactions with co-workers</td>
<td>SOS mothers experience supportive interactions with co-workers</td>
<td>Display of empathetic behaviours by co-workers and management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accompaniment by professional co-workers and management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Timely response and decisive action by management responding to concerns raised by SOS mothers</td>
</tr>
<tr>
<td>Experiences of non-facilitative interactions with co-workers</td>
<td>SOS mothers experience a lack of support from co-workers</td>
<td>Getting acknowledged and a show of appreciation for the work of SOS mothers</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>SOS mothers experience interactions that hinder their autonomy in matters affecting their families</td>
<td>Non-interference from co-workers in matters affecting SOS mothers' autonomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition of the status of the SOS mother as leader of her family</td>
</tr>
</tbody>
</table>

The second theme refers to those interactions, which were experienced as hindering SOS mothers from exercising autonomy and obstacles to mastery in dealing with challenges they are faced with.

The identified themes, together with their corresponding categories and sub-categories will now be described in detail.

### 3.4.1 Experiences of facilitative interactions with co-workers

The two categories constituting this theme are: (1) SOS mothers experience supportive interactions with co-workers; and (2) SOS mothers experience interactions that promote their autonomy in matters affecting their families.
Table 3.2 below gives an overview of the experiences of facilitative interactions experienced by SOS mothers and the effects thereof on their mental health and ability to deal with challenges they face with their families.

Table 3.2: An overview of the facilitative interactions experienced by SOS mothers and their effects

<table>
<thead>
<tr>
<th>THEME CATEGORY</th>
<th>TYPES OF INTERACTIONS EXPERIENCED</th>
<th>EFFECT OF THE SOS MOTHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOS mothers experience supportive interactions with co-workers</td>
<td>Display of empathetic behaviours by co-workers and management Accompaniment by professional co-workers and management Timely response and decisive action by management responding to concerns raised by SOS mothers Getting acknowledgement and a show of appreciation for the work of SOS mothers</td>
<td>- Feeling understood - Energised - The burden feels lighter - Not alone - Sense of mastery - Motivated - Feel encouraged to keep trying</td>
</tr>
<tr>
<td>SOS mothers experience interactions that promote their autonomy in matters affecting their families</td>
<td>Non-interference from co-workers in matters affecting SOS mother's autonomy Recognition of the status of the SOS mother as leader of her family</td>
<td>- Positive self-concept - Increased self-esteem - Confident as a leader - Respected - Trusted</td>
</tr>
</tbody>
</table>

3.4.1.1 SOS mothers experience supportive interactions with co-workers

Few of the SOS mothers interviewed in this study, expressed satisfaction with the support they receive when interacting with their co-workers. However, when they do experience support, they experience a sense of mastery, as they are able to cope with family demands, thereby allowing them to play a leadership role in their families.

The types of interactions with co-workers that contribute to the experience of support are display of empathic behaviours by co-workers and management; accompaniment by professional co-workers and management; timely response and decisive action by management to concerns raised
by SOS mothers; and getting acknowledgement and a show of appreciation for the work of the SOS mothers.

These interactions and their effects on the SOS mothers are reflected in the following excerpts.

(1) Display of empathic behaviours by co-workers and management

When SOS mothers perceive that their co-workers or management know and understand what they are going through, they feel supported, become energised and get a feeling of mastery. An experience of empathetic interactions is suggested in the following quotations. There are also feelings and experiences of being understood and relief as some of the burden is shared.

"When I had difficulties with this child who kept running away from the village, the nurse and the social worker were there for me. They understood what I was going through. And I was able to manage the other children as well."

"When the village father visited my family, he realised that I was very stressed with this child. He took the child out of the village ... At least I felt someone understood as I was blaming myself. And I was able to concentrate on all the children rather than spending all my energy with only one child."

Empathy is the most important ingredient of a helping relationship as it makes people feel understood and enables them to freely express their thoughts and feelings. It involves listening and capturing the essence of someone’s feelings and responding in a way that communicates understanding. Professionals, who work with parents experiencing problems with children, need to show empathy (Orton, 1997: 413).

Another variable closely related to the experience of empathy is accompaniment, which seems to play an important role according to SOS mothers.
(2) Accompaniment by professional co-workers and management

The life of a SOS family by its very nature is very complex and challenging. In one day, the SOS mother has to deal with a multiplicity of challenges. Sometimes the challenges become so great that she gets overwhelmed and unable to cope as suggested in the following quotations:

“When my daughter was sleeping out or sometimes coming home late and dodging school, the social worker came and stayed with me until late. ... Then when my daughter came back she was shocked to see the social worker. She helped me to set up a contract with my daughter. Although it did not help much, at least I did not feel alone. She also helped me to think straight and take control of the situation”

“Like when my child had to go to the hospital, I felt I was losing control. I don’t know what I could have done if the social worker did not become involved by accompanying and talking to me. I did not feel alone and struggle as other people do. I was able to go back home and care for the little children.”

Two types of accompaniment were identified in the literature. Accompaniment can be used as a psychiatric nursing method aimed at management of the patient with mental discomfort to steer the latter towards better functioning (Greeff, 2001: 52-53). It is clear from the quotation above that the SOS mother’s functioning improved through the intervention of the social worker.

Accompaniment can also be used as a professional training and developmental approach, for example, student accompaniment. Here it is described as a facilitative process that involves the presence of a significant person during a development process of another person (Goodchild-Brown, 1986: 5).

According to Goodchild-Brown (1986: 5), “accompaniment is as essential to the development of the person’s spirit and soul as is water and food to the body”. The role played by accompaniment, amongst others, is to give unconditional positive regard and to facilitate the development process through the quality of equal power and equal respect (Goodchild-Brown, 1986: 5).
Du Plessis and Greeff (2000: 10) believe that in the nursing field, accompaniment of student nurses by experienced practitioners in a clinical situation can lead to the facilitation of a learner's quest to become an independent professional practitioner who renders high quality nursing.

When used in the development of a trainee or learner, the person accompanying the learner during training-on-the-job is referred to as preceptor. The latter is a professional who accompanies learners with the aim of developing a competent, independent practitioner in accordance with the relevant act within the profession (Moloi, 2003: 9).

According to Moloi (2003: 8) preceptors should possess intellectual courage, intellectual perserverance, and intellectual empathy in order to support and guide learners during accompaniment. Preceptors promote critical thinking within their learners by engaging in interactive facilitation through dialogue and discourse (Beyer, 1988: 61).

SOS mothers, although they are no longer defined as trainees after their two-year training, they however continue to quest to become independent professional practitioners. This is because the organisation takes a developmental view to their professional development. That is why it keeps professional co-workers in its permanent staff whose function is to help individual SOS mothers build their competencies to function both independently and interdependently within legal limits (SOS-Kinderdorf International, 2000: 56). In a manner of speaking, therefore, accompaniment as described above, is an important concept in the development of SOS mothers. The professional co-workers should act as preceptors.

Empathy, a sense of humor, mastery of clinical skills, having a positive regard, and critical thinking skills are some of the most important attributes of an ideal preceptor (Piemme in Morton-Cooper & Palmer, 1993: 103; Problarc, 2001: 22). The development of critical thinking skills among SOS mothers is important because the organisation is committed to give them autonomy in their practice. Critical thinking includes self-sufficiency and autonomy. This encourages the use of independent judgement and self-evaluation in a clinical crisis situation (Mpaka & Uys, 1999: 16). Crisis situations are common experiences in the work of SOS mothers.
in this study. Autonomous practitioners are willing to make decisions and take responsibility for their decisions (Botes, 2000: 30).

SOS mothers also experience supportive interactions when management responds to their concerns by taking definite action.

(3) Timely response and decisive action by management to concerns raised by SOS mothers

Again because of the dynamic and stressful nature of running a SOS family, the SOS mothers feel supported when they get quick response from management about concerns they report. This helps them to move on with the rest of the family demands and gives a feeling of mastery as suggested in the following quotation:

"One time I was off and my co-worker assaulted my teenage daughter in front of the aunt, who did nothing to intervene. I was so upset because that's child abuse. At least they could have waited for me. When I reported to the village director, he did act and gave them a written warning. I became encouraged because now people know that they cannot just get away like before."

Another type of interaction experienced as facilitative by SOS mothers is when co-workers in management shows appreciation for what the work they are doing as suggested by the following category.

(4) Getting acknowledgement and an indication of appreciation for the work of the SOS mother

According to the SOS mothers in this study, they feel very encouraged to try more and to withstand any difficulties when management shows some appreciation as shown in the following quotation:
"I like our village father. He has ears to listen to our grievances. Although he is not able to attend to behavioural problems of our children, he does show appreciation. He’ll say: I’m so glad about your children. I’m proud of the way you handle them. This motivates us to want to go on even when things are difficult."

Experiences of being motivated, energised and encouraged are evident in the quotation. The need to feel appreciated is normal for any person, let alone one who is experiencing difficulties. Giving feedback coupled with praise motivates and aspires workers to high standards of performance and thereby boosts confidence in them (Landsberg, 1996: 24, 66-67).

A second category that emerged from theme number one is “The experiences of interactions that promote SOS mother autonomy.” This is discussed in the following section.

3.4.1.2 SOS mothers experience interactions that promote their autonomy in matters affecting their families

The idea behind the establishment of a SOS family, with the SOS mother leading it was meant to give the abandoned and orphaned child an experience of growing up in a “normal” family environment as opposed to an institution. If co-workers overlook the role of the SOS mother, then this principle is violated and the institutional aspect of the organisation becomes unduly stressed (SOS-Kinderdorf International, 2000: 48).

A few SOS mothers in the study verbalised experiencing their interactions with co-workers as promoting their autonomy. According to them, when co-workers recognise and affirm their SOS family leadership role and do not interfere in the running of their families, this promotes a feeling of autonomy. They feel confident about their leadership role. It also boosts their self-esteem. They feel respected and trusted as suggested by the following excerpts:

"I’m the leader of my own home. The village does not run my family. The village director or anyone will not come into my house and do as they please. If I have a problem, I go anywhere to seek for help. Nobody snoops around and brings funny advice."

"In this village it is known that I’m the mother of House number 6. No-one tells me what to do in my family, except when I ask for help."
Theorists on the motivation of employees maintain that giving employees recognition and responsibility for their jobs are some of the factors that keep employees motivated. This is different from hygienic factors like salary, supervision, working conditions, and relationships between employees and co-workers, which, when managed well only serve to prevent employees from feeling dissatisfied (Herzberg, 2003: 87).

In concluding this section, one can say that the SOS mothers who are experiencing support from their co-workers are able to achieve mastery in meeting their family challenges. This achievement of mastery, together with a village culture that promotes their autonomy, meets their need for self-esteem. According to Maslow’s theory of human development (1943: 371-374), all men need self-respect and recognition by others. The need for success, self-confidence, recognition and appreciation of achievement are all examples of esteem needs and management must do their best to satisfy these needs.

The only problem is that the voice carrying sentiments expressed in this section is a very weak one when compared to the voice heard in the following theme.

3.4.2 Experiences of non-facilitative interactions with co-workers

The second theme that emerged from the analysis of data is the experience of non-facilitative interactions with co-workers. This theme seems to reflect the main voice of SOS mothers. It is audible and is repeated throughout most of the interviews.

The majority of SOS mothers interviewed for this study expressed dissatisfaction with the interactions they experience with their co-workers. The two main categories identified under this theme and the types of interactions experienced are reflected in Table 3.3 below.
Table 3.3: An overview of the non-facilitative interactions experienced by SOS mothers and their effects.

<table>
<thead>
<tr>
<th>THEME CATEGORY</th>
<th>TYPE OF INTERACTION EXPERIENCED</th>
<th>EFFECT OF EXPERIENCE ON SOS MOTHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOS mothers experience a lack of overall support from co-workers</td>
<td>• No support forthcoming from co-workers • Persons in key positions not doing their jobs</td>
<td>• SOS mothers experience being overwhelmed and stressed out • Development of negative feelings and physical symptoms • Lack of overall support with children’s problems results in family dysfunction and inability to master challenges they face with their families</td>
</tr>
<tr>
<td>SOS mothers experience interactions that make it difficult for them to exercise autonomy and mastery when dealing with challenges they face with their families</td>
<td>• Interactions with co-workers undermine the leadership position of the SOS mother and interfere with family privacy • Interactions with co-workers exclude SOS mothers from participating in the developmental process of their children • Interactions experienced disregard the emotional investment made by the SOS mother in the lives of her SOS children • Interactions with co-workers characterised by a culture of mother blaming, favouritism, gossip and intimidation</td>
<td>• Interactions result in negative feelings, negative self-concept and low self-esteem • SOS mothers miss out on opportunities for strengthening their competencies in handling family challenges • Disempowered • SOS mothers cope with their experiences by adopting a victim role (submitting to whatever happens) • Frustration and development of physical symptoms</td>
</tr>
</tbody>
</table>

The first category addresses experiences related to failure or inability of co-workers to provide expected or requested general or specific support to SOS mothers. The second category has to do with interactions arising out of direct actions of co-workers. Some of these interactions are more obvious and others are experienced as subtle, yet pervasive but non-the-less have an influence on the exercise of autonomy and mastery of family challenges they are facing. Sometimes these interactions are experienced on a one-to-one interaction. However, at times they are experienced vicariously, more like “this is how things are done here”. This category is related to what is commonly known as the village culture.

O’Dell and Grayson (1998: 71) refer to organisational culture as the unseen hand that nevertheless affects the behaviour of everyone in the company. “It’s a set of underlying beliefs
that while never exactly articulated, are always there to colour the perceptions of actions and communications” (O’Dell and Grayson, 1998: 71). According to the voice of the SOS mothers, interactions of this sort act like barriers to SOS mother’s autonomy and mastery in dealing with family challenges.

The two categories under the theme: “Experiences of non-facilitative interactions with co-workers” will now be discussed.

3.4.2.1 SOS mothers experience lack of overall support from co-workers and management

SOS mothers described experiencing interactions characterised by lack of support from their co-workers. The types of non-supportive interactions are divided into the sub-categories:

- no support forthcoming from co-workers; and
- persons in key positions not doing their work.

These non-supportive interactions will now be described.

(1) No support forthcoming

According to the SOS Children’s Village Manual Working Paper, in leading the decision-making process for her children, the SOS mother should seek out expert advice, from other village co-workers (SOS-Kinderdorf International, 2003: 18). However, according to the respondents in this study, most of the time the expert advice never comes.

SOS mothers described many incidents when they did not get the support they asked for. In many cases this ended up in unfortunate endings, like family dysfunction. Some mothers reported feeling very stressed and overwhelmed. One mother ended up hitting the child and got dismissed from her job. The following quotations illustrate these experiences:

"The village father will only visit our houses when things have really gone bad rather than when things are normal in order to encourage us. They wait until a mother breaks down. Like with this other mother. We warned management that this mother was going through a difficult time. We also offered to help but it was refused. Now
this poor mother is suffering from a mental breakdown and her children are terrorising everybody in the village. They wouldn’t listen because they say we’re not professionals.

“After trying everything I learnt from training, I then approached management to help me with this child. They promised to come but never came. What happened to the saying: ‘It takes a village to raise a child?’ ... They only said I must try this or that. It was very stressful. I couldn’t cope. My family was falling apart. Eventually I made a mistake. Now I’m called a child abuser.”

“When I received this child who ate his faeces, I did not know what to do. I was so stressed. I asked everybody for help ... but I was alone.”

Briesmeister and Schaefer (1998: 139) refer to parents who are facing such challenges, as “special needs parents.” The challenges they are dealing with in raising their children often make them feel overwhelmed, alone and powerless. Such parents need empathetic understanding and empowerment through training in order to win back their dignity, respect, and self-control (Orton, 1997: 381, 418).

The situation experienced by these SOS mothers is not dissimilar to a phenomenon referred to by Greeff (2001: 51), as mental discomfort. It leads to a gradual feeling of losing control (cognitive and emotional) in one’s life because of fading of coping mechanisms and problem-solving methods, which would otherwise be effective. The problem is that others (for example, co-workers) do not necessarily observe internal discomfort. Such mothers can benefit from psychiatric nursing accompaniment.

According to the first quotation above, many-a-times, SOS mothers report having observed another SOS mother going through this experience of mental discomfort but management and co-workers failing to notice or taking action. This somehow suggests a failure in the organisation’s system of SOS mother support as will be clearer in the next theme category.

(2) Persons in key positions not doing their work

According to the village director’s job description (SOS Children’s Villages, 1996: Appendix 1), SOS mothers can expect the following support from him/her:
a) A secure environment for them  
b) Regular meetings with them to discuss new ideas, problems and concerns  
c) Spending quality time with individual mothers by acting as their counsellor and confidant  
d) Provision of avenues for them to release stress  
e) Support with child discipline.

If village directors were spending quality time with individual SOS mothers, as required in their job description, they would be in a position to identify presence of mental discomfort. They would then take proactive action to prevent a situation whereby the SOS mother loses control of her family, leading to family dysfunction, as suggested in the first quotation above, and also in the following quotation:

"I was afraid I might end up hitting this child and I know it’s against policy. So I reported the matter to the office. It did not help. They never came to my house to see how they can help. I was left alone until my family was completely disrupted. And I was a nervous wreck. In the end, they blamed me for not coping."

The village director is accountable for the overall development of the children within the SOS families, and supports each SOS mother directly (SOS-Kinderdorf International, 2003: 10). The following quotation suggests an experience of lack of action by the village director and the resulting experience of frustration and loss of courage:

"What do you do when the village father, who is the head of the village doesn’t take things seriously and act? I mean I reported this aunt who abuses my children when I’m off-duty. Even though she confessed. The village father never did anything that will teach others not to do such thing or give me feedback to reassure me that it will not happen again. It’s very frustrating and discouraging."

According to Van Weezel and Waaldijk (1997: 12), “more than other workers in the helping professions, the daily tasks of the life space worker include an extreme variety of sub-tasks.” Orton (1997: 382), agrees when she says: “Society has impossible expectations for parents.” Parents are expected to be child development experts; great communicators of love; educators
who can help with homework for any subject; psychologists who soothe broken hearts and
heighten self-esteem; strong disciplinarians; nurses who know what to do about all manner of
illness; and peacemakers who arbitrate family conflicts and disagreements. Obviously, this can
be demanding on the resources of the practitioner – not forgetting that the SOS mother plays a
dual role: that of a childcare practitioner and a mother. This means that they do need more
support than ordinary parents. Part of the support needed includes advocacy for parents, parent
training, and parent empowerment through collaborative methods of child counselling (Orton,
1997: 382).

According to Lacey (2001: 33), parents need support in the following areas when having
problems with children:

1. emotional support, especially someone to talk to and who has some counselling skills;
2. information about their child’s condition given at a pace parents can manage and in
language they can understand;
3. information about services, that can help parents to understand what is available;
4. accessing what is needed, rather than having to battle for services;
5. coordination of services, to manage an array of appointments and information; and
6. the whole picture, so that the family needs are seen as one.

SOS mothers say that sometimes they feel the SOS mother’s autonomy standard has brought to
them more suffering than empowerment. They maintain that sometimes co-workers show
resistance to the empowerment standard by subtly withdrawing whatever help they used to give
to the mothers, like in the following quotation:

"Before this standard, our co-workers used to do things for us. Now when you say you need help or have difficulty
in doing something, instead of showing you how to do it, they tell you that you said you want to be empowered. So
why can't you do it? We are really suffering now because they are not happy to transfer power to us. They use the
standard like a big stick to hit us with."

According to Shemmings and Shemmings (1995: 49), research indicates that the reaction of
health and welfare professionals to the empowerment of consumers has been one of resistance,
and sometimes hostility.
The next theme category will address experiences of interactions emanating from actions by co-workers that act like barriers for SOS mothers to exercise SOS mother autonomy.

3.4.2.2 SOS mothers experience interactions that make it difficult for them to exercise autonomy in matters affecting their families

Experiences of interactions with co-workers that fall under this category are those that: undermine the leadership role of the SOS mother in her family; exclude SOS mothers from participating meaningfully in the development process of their children; and those characterised by a culture of mother blaming, favouritism, gossip, and intimidation. These interactions will now be discussed.

(1) Interactions experienced undermine the leadership position of the SOS mother and interfere with family privacy

SOS mothers described instances when co-workers undermine their authority as leaders of the family through interference and by using methods that violate family privacy. These experiences result in negative feelings, negative self-concept as leaders of families, low self-esteem and blurring of family boundaries. The following excerpts show examples of these:

"When I came back from my day-off, I found the whole house routine changed by the aunt. It had taken me many months, hours of hard work and a lot of energy to get these children get used to some structure. To top it all, I have a hyperactive child in the house. You know how long it gets to get him used to house routine again. Just because my aunt is Xhosa, she wanted the children to speak Xhosa and she scolded them for speaking English. She would shout at the child: 'You want to be White?' Suddenly I felt sick. I couldn't eat or sleep; I had to be booked off sick. The doctor said that I was depressed."

The main issue expressed in the above quotation is that of a power struggle between the SOS mother and the co-workers. This gives rise to conflict, which if left unresolved for a long time will affect their mental health. Feelings of wasted energy and development of physical symptoms are evident in the above quotation. Added to this, such interactions act to undermine
the functioning of the family, as the children become confused in the process because of conflicting messages from the adults. Such issues can be effectively dealt with, possibly through team coaching and the end product is a mentally healthy team.

According to Thevenin (1993: 104), traditional child-rearing practices vary all over the world. It is not surprising therefore, to find that SOS mothers and their co-workers, coming from different traditions would differ in how they raise children. In a study by Aldridge and Ranchhod (1993: 14), cross-cultural difficulties were another source of frustration experienced by child-care workers. In this study, the SOS mothers, who were sharing a family with an aunt from a different culture, reported problems in reaching a consensus about the right way to raise children.

SOS mothers also experience blurring of family boundaries and lack of privacy when professional co-workers and management get too involved in family matters. This over-involvement comes in various forms. Sometimes co-workers in management take decisions about children without involving the SOS mother. Other times they do things for children on the side without the SOS mother's knowledge. This makes them appear as if they are the ones more caring for the child and the child ends up not bonding with the mother or even taking her seriously. They also think that management is resistant to the change sought by the SOS mother autonomy standard and need more training. Over-involvement and blurring of family boundaries is apparent in the following quotation:

"Without even consulting me, they decided that my child was going to a school outside my country. Not even the child's biological relatives were consulted. I felt so undermined as the child's supposed mother. Really, this mother empowerment business sounds nice. But it's just lip service. Really, unless village co-workers change their mindsets about things, the family model wanted by Gmeiner will never happen. I would really appeal to whoever is talking about mother empowerment in SOS to start with training of management and the professional team what this whole thing means."

"We mothers are not allowed to participate in decisions about our families. When my child had to go to the youth house, the village director, the social worker and the youth leader met separately and came to a decision. No team approach. Neither did we sit together and the youth leader to discuss expectations or what my daughter was like. It was as if that information exchange was not necessary."

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Issues of marginalisation of the SOS mothers are apparent in the above quotation. Clearly this SOS mother does not feel as if her contribution counts. There is also the possibility that the SOS mother vocation is a women’s profession and that they are despised because they are women. It should be noted that the position of the village director until more recently has been the domain of men. In fact the title was even known as a village father. Could the SOS mothers be correct to say that they need a new mind-set to move away from relating to them as “mothers?”

It is known that the work of women in the society has always been invisible and not given the value it deserves. “Women’s work was done behind the conspicuous of the highest levels of popes and kings, wars, discoveries, tyranny and defeat” (Chompre, de Assis Medina and Christofaro, 1997: 564).

The experiences by SOS mothers in this study are not dissimilar to those experienced by nurses in the past. Roberts (1983: 22) confirms this observation in the following statement: “Women constitute the great majority in nursing ... and like blacks, and other minorities, have been considered to be oppressed groups. They have been controlled by forces other than self, forces that have greater prestige, power and status.”

The problem, according to Roberts (1983: 22), is that when people are oppressed, they internalise personality characteristics of an oppressed group, which are self-hatred and low self-esteem. Freire (1968: 48) refers to this phenomenon as “internalisation of an oppressed identity called submergence and is characterised by self-deprecation”. Mental health professionals can help such people by adopting an advocacy/empowerment orientation when working with them to transform them from being victims of their experiences (Rose and Black, 1985: 18).

The following quotation shows evidence of control and power relations:

“Our co-workers in the management team like acting as our superiors. The mothers are down there (points to the floor). We are not seen as professionals because we are not very educated or registered with a council. They usually brag to us that they are registered professionals. That’s why they make decisions for children. But even the secretary sometimes makes decisions for us.”
In the study by Aldridge and Ranchhod (1993: 12), child-care workers said their difficulty was that other team members did not view them as professionals and that they sit at the bottom of the hierarchy. These authors suggest that raising the status of child-care workers, through registration will help them to be viewed as committed professionals, who can play a key role in the development of the child.

Aldridge and Ranchhod (1993: 13), found that interference from, and being undermined by professionals were some of the factors identified as causing difficulty and frustration for this group. The fact that SOS mothers have a low education does not help their situation.

Gutierrez (1990: 149) charges the social workers with the role of changing the situation of previously disadvantaged and oppressed groups. “Mediating between the powerful and the powerless is the traditional role of social work. Social workers must be politically aware and socially responsive, and able to take a more holistic, less pejorative approach to practice” (Dodd and Gutierrez, 1990: 67). This means that there is a need for someone or some group to play an advocacy role in changing the situation of SOS mothers.

Invasion of privacy is another area SOS mothers complain about:

“One day I just saw the nurse and the social worker walking into my house without any notice. After greeting me, she walked straight to the fridge and cupboards and opened them. When she saw that I was surprised, she told me that she was checking to see if I was feeding the children properly as it was their duty to check. I felt embarrassed, harassed and intimidated. I also felt that I was not trusted.”

They say there are times when co-workers use children to spy on them.

“They even use our children to spy on us. They go behind your back to the children and crossquestion them about what is happening in your family. Where is professionalism in all that? No wonder these children treat us like maids. Before long you hear the child threatening to report you.”

The surveillance of mothers and children by state welfare to ensure that children are brought up in ways acceptable to professionals such as social workers and educational psychologists
encroaches on the mother’s privacy and exerts psychological pressure. This makes some mothers less adequate than others and produces guilt (Phoenix, Woollett and Lloyd, 1991: 19 and 20).

Jack (1995: 3, 12) warns nurses and social workers about “moral superiority associated with occupations whose often unwelcome task is to enforce standards of conduct and preoccupation with child protection and other statutory duties while failing to use methods that empower their clients.”

This situation results in SOS mothers becoming very skeptical about the management’s will and seriousness to implement the SOS mother’s autonomy standard. According to Shemmings and Shemmings (1995: 49), research indicates that the reaction of health and welfare professionals to the empowerment of consumers has been one of resistance.

The experience of not being trusted, according to SOS mothers is also evident in the area of information about the children under their care. They complain that even though they are given professional status by the organisation (SOS-Kinderdorf International, 2002: 39), other professionals will not trust them with confidential information about the child. This is despite the fact that they are trained in confidentiality. Yet they are supposed to be the primary care giver of the child. According to them, this prevents them from working effectively with the child, as they may not understand the child’s behaviour. This sentiment is evident in the following quotation:

“They don’t trust us. Yet we are trained about confidentiality. They won’t trust us with sensitive information about the child. Sometimes this delays the child’s development. Like this child who had been sexually abused by the father, I could have kept my eyes open all the time. I did not know that she was getting the boys to do it with her now. I could have got the right help from the beginning. But No! Only them as Social Workers can take care of the child. What about me the mother?”

According to Cook (1999: 127), giving full information to parents enhances their coping strategies. It allows them to ask questions, avoids confusing messages and promotes trust between the parent and the professional. According to Covey (1992: 178), “Trust is the highest form of human motivation. It brings out the very best in people. But it takes time and patience, and it doesn’t preclude the necessity to train and develop people so that their competency can rise
to the level of that trust.” This author also uses the metaphor of an emotional bank account to show that “when trust is high, communication is easy, instant, and effective” (Covey, 1992: 65).

Whether justified or not, keeping information from the key worker may run counter to the spirit of empowerment, which the SOS mother’s autonomy standard calls for. According to Covey (1992: 64), it is impossible to have empowerment without trust. If management does not trust subordinates and have performance agreements with them, they will be unable to work toward empowerment and alignment of structure and systems. “If there is misalignment of structure and systems, you will not have empowerment or trust” (Covey, 1992: 65).

In addition to the experiences of interactions which undermining their leadership role, SOS mothers also experience interactions, which disregard the emotional investments they have made with their SOS children.

(2) Interactions experienced by SOS mothers undermine the emotional investment they’ve made in the lives of their SOS children

Throughout her career the SOS mother is encouraged to form emotional bonds with her children and to be involved in the life of the child even after the child has left her house and graduated to the youth house (SOS-Kinderdorf International, 2003: 18). Some of them actually do, especially if she’s been with the child from infancy. According to the SOS mothers, the emotional wounds that happen during separation are disregarded, as there’s no grief-work done during the transition period. To add salt to injury, sometimes, there’s no consultation about the child’s move. The following excerpt illustrates this:

“When they take the youth from you, there is no preparation. It’s just a quick decision that suits them only. Yet you’ve been through years of hard work attaching to this child – just like your own. All of a sudden it’s a complete break. There’s no follow up by the mother. You don’t have a say in their future anymore. And the youth leader will discourage my child from visiting me frequently. You feel robbed.”

The need to support the SOS mother and the SOS family emotionally when one of the children leaves for the youth house was highlighted in a recent workshop by SOS co-workers. This
workshop entitled “Africa Continental Best Practice Workshop” was held recently (May 2003) for facilitating the implementation of the newly released standards (SOS-Kinderdorf International, 2003: 3).

Another area which SOS mothers experience marginalisation and feeling robbed, is when it comes to the manner in which professionals deal with the problems they experience with their children. This is addressed in the following sub-section.

(3) Interactions experienced exclude SOS mothers from participating meaningfully in the development process of their children

As primary caregivers and mothers of SOS children, SOS mothers believe they have a role in the therapeutic and development process of their children. When they refer children to professional co-workers they expect them to work closely with them and also to get a chance of learning new skills and competencies for dealing with the child's problem. According to the SOS mothers in this study, professional co-workers do not involve them in the therapeutic process of the child. These sentiments are illustrated by the following quotations:

"You've asked a social worker to help your family to deal with a problem caused by one child. Instead of dealing with the child together with the family, she will just deal with the child individually. She does not communicate with you nor give you feedback—nothing. The this child comes back to the family and we don't know how to deal with him."

"She just works with the child alone. There's no feedback. You don't know what she did or said to the child or even how to work better with the child. Instead you just see the child laughing at you or becoming more rebellious. You feel left out because now it's just the two of them. She won't even come to check how you're coping with the problem."

Briesmeister and Schaefer (1998: 141) assert that the most factors that determined success in working with parent groups in their programmes were not so much qualifications or which discipline the professional came from. The most important qualities are the degree of comfort with a collaborative process; the ability to promote intimacy and assume a friendship role with
families; and the kind of friend who listens, asks for clarification, is reflective and nonjudgmental, and tries to understand what the parent is saying through empathy.

Wisdom, according to Orton (1997: 456), demands that professionals include parents in planning for their children. This shows parents that their opinion is valued and they participate as equal partners in the care and development of their children. It is clear from these quotations that SOS mothers feel powerless or disempowered by the methods used by their professional co-workers in working with their families. According to Orton (1997: 416), “the family is central to children’s healthy development, and enlisting the parent’s help to bring about changes in the family dynamic is an important part of therapy.”

A collaborative approach when working with parents empowers them by strengthening their knowledge and skills, their self-confidence, and their autonomy. It reduces dependence on professionals. Above all, since one of the standards in child and youth work is for the practitioner/parent to adopt a participative, collaborative, empowering approach with children, it is important to use this approach with parents/practitioners when working with them. This is to model for them the relational style one wishes them to use with children (Briesmeister and Schaefer, 1998: 139).

According to Orton (1997: 382, 417), child-focused methods are not enough to empower mothers. Professionals should try other strategies, for example, parent groups and using parents as partners in counselling and therapy. This way, the parent learns new skills and becomes an agent of change in her child’s behaviour and achieves a sense of mastery, autonomy, and self-confidence in her parenting skills. This collaborative method of working with parents is real empowerment as the latter stops being dependent on the professional (Briesmeister and Schaefer, 1998: 9, 19, 139; Cook, 1999; Lacey, 2001).

In one of the quotations above, SOS mothers complain about not getting any feedback from the professionals when they work with their children. This actually makes them feel marginalised and excluded or even guilty. One of the respondents shared her experience as follows:
"When my daughter attempted suicide, I was worried to death. But the nurse just took over. She is the one who took her to hospital – not me. I was told to wait at home but they never came back to me. I concluded that they were blaming me for this situation, but the least they could have done is to give me some feedback. Later I heard that she told my daughter to write to her when she has problems."

Orton (1997: 359) argues that parents have a right to expect feedback when professionals work with their children. This feedback should be done in an objective and caring way. This heightens rapport and engenders trust. This is not withstanding the fact that the child’s wishes and confidentiality should be respected. To this end, it is recommended that parents be told just enough to keep them informed and involved but not so much as to violate the child’s right to privacy.

Some SOS mothers described occasions whereby they felt deliberately excluded by the relationship between their children and professional co-worker:

"My daughter told me that the nurse had told her that she must write her a letter if she is not happy about what’s happening in the house. And they expect these children to bond with us."

"The social worker decided that I was not good enough for my teenage daughter. She was the one who knew what clothes to buy for her or loves her better than me. No wonder the child did not take my word seriously. She would keep my daughter in her house until late at night. I don’t know what they were talking about. But this child started becoming cheeky in the house. She was not even doing well at school. I was even informed by the teachers that she sometimes goes to see her at school ... Really I was very frustrated."

In family literature, the situation obtaining in the above quotations is referred to as a coalition. According to Orton (1997: 149), when a coalition exists between some subsystem in a family, it does not only overstep the parent’s authority, it becomes intrusive and damages the family boundaries, which results in a phenomenon known as enmeshment.

The tendency by SOS co-workers to become over-involved with SOS families may be understood from the fact that they work very closely with the same families, especially children on a long-term basis. By virtue of this, they become caregivers. According to Kuipers and Bebbington (1990: 89), over-involvement is an attribute observed among long-term caregivers. It
has several components: over-protectiveness and a tendency towards self-sacrifice, the need to supervise and to control in order to pre-empt bad things happening. Unfortunately, over-involvement leads to overdoing things and takes away responsibility from people.

When co-workers work together with a child, it is sometimes inevitable that the edges of their roles will become blurred. Working together, through effective collaboration in areas of overlap enables co-workers, as partners allows passing of skills from one partner to the other (Lacey, 2001: 67). It is also important to help the multidisciplinary team with skills for working together through teambuilding strategies (Lacey, 2001: 41).

In separate interviews with social workers and village administrators working with SOS mothers, both groups confirmed that sometimes it is necessary to be involved in SOS families. The former group said that they have a legal responsibility towards the children. They said that as professionals, they have a legal responsibility to see that children are not abused and to report abuse when it occurs. The latter group said that it was their responsibility to check on the SOS families to ensure that the household budget is spent on the children (Modungwa, 2002: 3).

Unfortunately, to SOS mothers the practice of checking upon them is perceived as harassment by co-workers, who want to exercise their power over them because they are not seen as professionals to be trusted. Whether these perceptions are real or not is immaterial because perceptions define reality (Mbigi, 1995: 57). To the SOS mothers, these perceptions are real and are experienced as degrading.

The processes reported here are characteristic of an institution, where everything has to be checked and accounted for. Unfortunately, such processes can run counter to the spirit of family life, as desired by the founder of SOS Children's Villages. In his family model, Gmeiner emphasised that in order for the SOS child to develop better, it must grow under normal family circumstances. In explaining the role of the village co-workers he mentioned that “For this reason, the institutional aspect of the SOS village must not be unduly stressed ... In the control which must necessarily be exercised over each household, individual initiative and responsibility are restricted as little as possible” (SOS-Kinderdorf International, 2000: 49 & 50).
(4) Interactions experienced are characterised by a culture of mother blaming, favouritism, gossip and intimidation

Also mentioned by SOS mothers in their experiences of interacting with co-workers, are subtle, yet powerful behaviours by co-workers. These behaviors indicate the village culture, which somehow discourages some SOS co-workers from asserting themselves as leaders of their families. Examples of such behaviours are mother blaming, favouritism, grapevine/gossip, and intimidation.

- **Mother blaming**

The following excerpt illustrates an experience of mother blaming:

"It's nice for them to stand there and criticise. They don't know what we've been through with these children. When the child gets pregnant or misbehaves, it's the mother's fault. You end up blaming yourself and feeling guilty all the time because they keep on giving you advice that's not working and then blame you."

Blaming is a form of accusing. It is about stating that the problem is someone's fault and that person needs to be punished. According to Johnson (2003: 322), blaming creates conflict and anger in relationships. One could not avoid noticing how angry this responded was as she related her experiences. A blame orientation is associated with two irrational beliefs: catastrophising and self-blame. It distracts people from finding a solution to their frustrations and is especially destructive when applied to oneself (Johnson, 2003: 324).

According to Orton (1997: 396), "Parents are often judged and misjudged, labelled, or given 'advice' by well-meaning professionals, who do not fully comprehend their situation."

Mother blaming is a common practice in society. Often mothers are blamed when their children display behavioural or other problems and this induces guilt on the mother (Phoenix et al, 1991: 216-217).
Thevenin (1993: 130) states: “Mother blaming exists in a subtle (and sometimes not so subtle) manner both in society and in books about parenting. The impression given is that if the child does not turn out right, then it’s the parent’s fault, especially the mother.” According to one physician (in Hollen, 1982: 309), interactions between mothers and professionals tend to be characterised by subtle blaming, lack of support and the attitude of the need to rescue children from the incompetence of their mother’s care.

The SOS mother in the above excerpt, says that because of being blamed all the time when things go wrong with children, they also end up blaming themselves.

According to Black and Rose (1985: 100) another form of blaming, called victim blaming occurs, during interactions with professionals. This takes place when the client “fails” to respond properly to one or another of the technologies employed by professionals. According to Johnson (2003: 363), blaming the victim occurs when people try to attribute a cause to events. Attribution can also eventually lead to learned helplessness, which is a feeling that no amount of effort can lead to success (Johnson, 2003: 364).

In the study by Aldridge and Ranchhod (1993: 12), the authors state that because of the difficult child behaviours (rude, vulgar, rebelliousness, sulking, lying, stealing, cheating, truancy and acting out sexually) childcare workers have to deal with on a daily basis, they develop coping strategies for which they are condemned. The authors warn professionals not to be too hasty to condemn.

Orton (1997: 34) warns professionals not to work with parents in a manner that suggests fault finding. This is important because parents are the greatest source of love and affection with their children. Rather, professionals should work hard to nurture the bond between the parent and child at every opportunity.

Favouritism is another experience SOS mothers mentioned by SOS mothers that prevented them from having equal opportunities with other SOS mothers.
Experiences of favouritism

SOS mothers experience favouritism when they perceive that other mothers receive more attention and special favours from office staff and management or sometimes even from other mothers, who are in the management team. Bias is also experienced when other mothers feel they are ill-treated because they are different in one way or another, for example, racial/tribal groups, doing favours and friendships with management.

The problem for those mothers, who do not fall within the favoured group is that the family becomes affected when it comes to allocation of special resources, for example, material assistance, getting a sympathetic ear from management or the village director’s time for a family visit. The following quotations will capture these experiences.

The following quotation suggests different treatment based on race:

"I found that the Black mothers were treated in an inferior manner by the Coloured mothers and some management staff. I started voicing my opinions. They did not like it and they started targeting me. They wanted people with a 'Ja Baas' mentality. They started fabricating stories about Black mothers."

The following quotation also illustrates another indication of favouritism. The fact that it is not clear why some houses get preferential treatment might be enough to fuel gossip, which is another variable that SOS mothers complained about.

"The village father had a tendency not to visit all the houses. He had his special houses. If you were not one of those houses, then no one would listen to your problems. You’re just alone. Those mothers would get everything they needed for their children. But you, you can forget."

"Like when it comes to donations. Those mothers, who have a special relationship with the village father, are usually the first to get to choose. They do special favours for him. Some of them clean his house and cook for his family. Others are his girl friends. Their children get the best. When I refused to sleep with him, he said he would fix me. One time my child asked me and said: ‘How come children from that house always get the best toys? What kind of mother are you?’"
Other experiences of favouritism were associated with tribalism as implied in the following quotation:

"In this village if you do not come from the village father's tribe, then you don't get things easily."

The formation of tribal clusters also disadvantages the SOS mothers as a group and as individuals. Two mothers had this to say:

"These tribal groups do nothing to build team spirit in the village. They divide us. We can't even negotiate things for our families with management because we are divided. It also results in competition and sabotage."

"When this mother eventually broke down mentally because of stress with children, the management put a Xhosa woman in her house. What happened? The Xhosa mothers rallied around each other and helped her to put the house in order. They wanted to prove to the management that the other races are useless and the Black mother is good. Otherwise they could have offered the same help to that mother."

Torres and Castillo (1997: 608), remind the reader that the cultural variable may also play a role in perpetuating certain kinds of discrimination. This is because of disempowering learned communication patterns, which limit verbalisation as a result of fear of conflict, reprisals, deference or feelings of intimidation and violence.

An experience of fear and intimidation because of grapevine and gossip that ends up having a negative effect on the SOS mother and her family is suggested in the following quotations:

"I've suffered because of gossip. One mother used to carry news to the village father. One time she implicated me by saying I know things about him. Without listening to my side of the story, he confronted me with anger. I was so frightened. He made me to sign a statement that I had said those things based on gossip. He would not give me a chance to defend myself. Because I'm afraid of him, I signed. I became sick with asthma and ulcers. I could not take care of my children properly. I wanted to resign. But one day the truth came out. The mother confessed that I never said those things."

"In our village everything is kept a secret and now people go to the office and hear something or half of something. They then go around sharing this information down the line as grapevine. We are not treated as adults. We want to
be treated as professionals and be given information openly. This will help us run our families better — not with distortions. Our suggestions are never taken seriously. They treat us mothers as lower than we really are. But when it suits them, we are professionals.”

The grapevine is an important channel of organisational communication. It’s absence in an organisation should be viewed with concern by management as it might imply that employees are too scared to talk or do not care about the organisation. At the same time too much “grapevine” can reflect employee and organisational problems. Managers are therefore advised to be aware of current grapevine messages, listen for major distortions and straighten them out through the use of formal official channels (Mathis and Jackson: 1985: 74).

Another form of intimidation closely linked to the issues of favouritism and gossip is sexual harassment. These sentiments are implied in the following excerpts:

“He ill-treated me and my family because I refused to sleep with him. Those mothers who agreed to these things would get all the help they wanted. He hated me very much. If I did something wrong, he would call me names like ‘stupid’ and ‘uneducated’. I suffered. I became depressed I developed blood pressure and became diabetic. I was on the verge of leaving but my children stopped me.”

When sexual harassment exists in the organisation those affected by it suffer a lot. It is important that people become empowered to deal with it through some training, policies, and guidelines (Aiken 1997: 646-650; Thio, 2001: 212). Sexual harassment reflects men’s attempt to preserve their traditional dominance over women. It makes the workplace so hostile that the victims find it difficult to do their job (Thio, 2001: 212).

As already said, in most villages the top structures are made up of men. Lee (1994: 113) states: “Power in a patriarchal society is most often exercised through the use of exploitation and force, manipulation and competition.” This author also goes further to say that the notion is that to have power is to control, limit, and possibly destroy the power of others. In such cases, dominance and mastery over others are seen as normal and desirable (Lee, 1994: 113).
Once again it is clear from the SOS mothers’ description of their experiences that the present village culture is not conducive to the practice of SOS mother autonomy, as the organisation would like. Like in the previous theme, these interactions do not only affect mastery and autonomy but they also affect her inner world by causing internal discomfort. This internal discomfort is characterised by the following: Feelings of anger and betrayed, and being undermined, inferior, embarrassed, harassed, intimidated, unhappy, depressed, disregarded, disempowered, guilty, robbed, taxed, frustrated, alone and angry.

Some SOS mothers actually reported physical symptoms that, according to Kaplan & Sadock (2003 740), are stress-related. Among the conditions mentioned are: hypertension, ulcers, chronic headache and asthma. Besides these conditions, mothers mentioned being overwhelmed, stressed and feeling depressed. It might help to also add that most SOS mothers were observed to be rather overweight. According to the above authors (2003: 704), overeating is one of the conditions that result from maladaptive health behaviours and uncocious conflict. This leads to obesity, which in turn exacerbates physical conditions.

When people live under fear and intimidation they sometimes cope by adopting a victim role. They do not take responsibility by challenging what is happening to them. Instead they become comfortable by blaming others for their situation. This observation that came up as one listened to the SOS mother’s story is the way they responded or chose to cope mentally and behaviourally to their experiences. When asked how they responded to what was happening, the majority gave responses like: “What can I do?” “I just kept quiet ... nobody cares.”

According to Friel and Friel (1995: 127-133), most people who are trapped in the victim role are not aware of it. Others tend to deny or embrace victimhood as a lifestyle. All of these states can be dangerous as they arrest one’s development. According to these authors, the truth is that if one is to stop being victimised in the future, she must first face the fact of his victimhood, work through the pain of the trauma, and then take responsibility for her life in the present.

Covey (1997: 316, 322-323) calls this phenomenon “survival mentality” and a form of escapism that keeps people from succeeding and reaching significance. Such people often feel they are
victims of circumstances or of other people's injustice. The way to help such people is to empower them to be proactive (Covey, 1997: 66).

Some respondents in the study also suggested that they experience the interactions with co-workers as disempowering and oppressive as suggested by this quotation: "They disempower us and we feel oppressed." According to Roberts (1983: 22), oppression results in the oppressed group internalising a personality characteristic of oppressed group. These characteristics include internalisation of a victim role (Friel and Friel, 1995: 127-133) and submergence of identity (Freire, 1968: 48). To this extent, these authors call for a need for advocacy/empowerment orientation on the part of mental health professionals (Rose and Black, 1985: 18, 77); and collaborative practice, parent training, and empowerment for mastery (Briesmeister and Schaefer, 1998: 25).

Negative self-concept and low self-esteem as negative effects resulting from experiences of non-facilitative interactions on the SOS mothers were left for last in this discussion of findings purposely. Because of their importance to mental health and their reliance on interactions between people, these concepts will now be given special attention. Simply stated, it can be said that as a result of the interactions they experience with co-workers, SOS mothers do not feel good about themselves and their career status. The following excerpt illustrates this:

"I think I should study to become a social worker. I'm tired of being a housemother with no authority. This empowerment is nonsense. SOS mothers are not taken seriously ... Sometimes I feel useless in meetings because if I contribute, they will think I'm stupid."

According to the literature surveyed, this situation experienced by SOS mothers is closely related to two concepts: negative self-concept and low self-esteem (Uys and Middleton, 1997; Sullivan, 1953; Lancaster and Lancaster, 1982).

Self-concept is a set of a person's beliefs about whom, and what she is, or what she actually thinks she is like; doing and can do, based on her interaction with the environment. If the ideal self is closer to the self-concept, self-respect is high and vice versa (Uys and Middleton, 1997: 24-25).
Self-concept is also about your personal identity. According to Johnson (2003: 15), identity defines who you are as a person. It is created through three processes. The first process how the people you are interacting with are responding to you and the feedback of how they perceive you. This leads to the second process, which is the development of a picture of yourself from the reflection of others. Thirdly, it is in the relationships with other people that you adopt social roles such as “student” (in this case, SOS mother) that you discover who you are as a person. In this study, SOS mother’s experiences of their interactions with co-workers do not seem to confirm the desired picture of a worthwhile, valuable and equal partner.

The majority of SOS mothers in this study believe that ideally they are supposed to be leaders of their families, they should make decisions for their families and included in therapeutic work and decision-making for their families. The reality is that these things are not happening. Obviously this affects how they see themselves.

The self-concept can be seen to be the personal view of oneself developed as the result of interaction with significant others (Sullivan, 1953: 161). The self is formulated through conscious and unconscious perceptions of experiences, including achievements, failures, conflicts, embarrassments, and accomplishments (mastery). It is constantly reinforced by feedback responses from significant persons in one’s environment (Lancaster and Lancaster, 1982: 72-77). There is no doubt that the messages that the majority of SOS mothers in this study receive from their environment reinforce a negative self-concept. According to literature, this has an impact on their self-esteem and mental health (Uys and Middleton, 1997: 24-25; 148 and Lee, 1994: 32, 82).

According to Leddy and Pepper (1989: 79-81) interactions with significant persons in one’s environment are not only important for the development of the personal self, but also the development of the professional self-concept. This will then have an impact on professional practice. The SOS mother in the above excerpt is thinking of changing her career to social work.
The relationship between self-concept and self-esteem is also important in this study. Self-esteem is formed by the overlap between the ideal self and self-concept. The ideal self refers to what a person believes she should be like, should be doing and should be able to do. The major components of self-esteem are a sense of competence, significance, virtue and power (Uys and Middleton, 1997: 24-25). According to Friel and Friel (1995: 86-87), self-esteem is the result of two major factors. The first is all the messages that people receive about themselves from the environment. The second is the development of that internal sense of mastery and competence, which is present in all human beings. The majority of SOS mothers in this study brought out issues related to competence, mastery, significance and power.

Self-esteem is a good indication of mental health as it refers to positive feelings about oneself acquired through experiences of relatedness, competence and self-direction” (Lee, 1994: 82, 148). It begins in infancy with the incorporation of the caretaker’s perceptions and is potentially renewed (or harmed) in every other important relationship (Germain, 1991: 23). From this explanation it is clear that the relationship between the SOS mother and the co-workers is important for the renewal or the harming of her self-esteem.

Viewed from this perspective, it can be seen that the area of interactions between SOS mothers and their co-workers is vital to their success in implementing the SOS mother’s autonomy standard and also for the promotion of their mental health.

This then brings to an end the discussion of findings from the phenomenological interviews with SOS mothers. This data was collected through audiotapes. By its very nature such this method of data collection excludes other data. In this study, this shortfall was dealt with by keeping field notes while in the process of interviewing. According to Minichiello et al (1990: 251), this data should never be disregarded as it provides valuable information in terms of completing the whole picture. In the next session, the data assembled by means of field notes will be presented and discussed.
3.5 DISCUSSION OF THE FIELD NOTES

According to Burgess (cited in Minichiello et al, 1990: 253), in qualitative research it is important to keep detailed notes that address who, what, when, where, and how questions that surround the study. Unfortunately, it is not possible for this information to be accessed and kept through a single medium.

In this study, data that came through observations and reflective thoughts were kept in separate files, personal and analytic files. These files provide “valuable information, that places the interview encounter in its larger context and is extremely valuable during the analysis phase of the research” (Minichiello et al, 1990: 253).

In Chapter Two, a detailed description of the two types of files was given. In this section, the contents of what data was kept and how it relates to the main findings will be given. However, for practical purposes, only the information that had a role to play in the decisions made throughout the research process will be pooled out from the notes kept.

3.5.1 Personal log

Two types of data are kept in the personal log, namely substantive notes and methodological issues. The former refers to information related to the circumstances in which the fieldworker collected the data; information about the respondents and the setting; details of the researcher’s actions and personal impressions of the situation. The latter includes information related to ethical problems and methodical issues, which give a first hand account of the processes involved in doing the research (Minichiello et al, 1990: 256).

- Substantive notes

Most of the information related to substantive issues can be found under the heading: Sample description in Section 3.3 of this chapter. What will be given here is information about the setting and the social aspects of the respondents that influenced certain decisions.
The setting for this fieldwork is the training centre, which serves as both as a residence and the actual training venue. This is where the fieldwork took place. The setting for the first few interviews was the office of the researcher because of its proximity to the respondents’ residence. However, it was later purposed to change this since the office itself might represent an imbalance of power between the researcher and the respondents and somehow influence their responses.

It was decided early in the study that for practical purposes, it would be better to collect all the data during the three weeks that the SOS mothers were attending training at the training centre. This would be more convenient and economical since there would be no need to travel to the different villages in the four countries of the SOS region.

I had convinced myself that the three weeks the SOS mothers would be available for training would give me adequate time to cover as many interviews as needed. However, I soon found out that convenience and economic considerations were not the only important factors. I had ignored the fact that there are other factors that have a bearing on the data collection process. Soon I had to revise my assumptions about a few things.

For one thing, I had my own personal limitations and for another, the respondents were not as freely available after each day’s lectures and weekends as I had hoped. My initial excitement that in three weeks’ time I would be through with the interviews was soon over. My personal limitations had to do with the fact that I was the main course presenter at the time the interviews had to be done. This meant that I was on my feet all day and also had to maintain a high level of concentration all the time. I realised soon after starting fieldwork that because of tiredness after training, I could not keep my concentration high and this would impact on the quality of the data I collected.

As far as the respondents were concerned, I soon learnt that their concentration span was as equally affected as mine was. There were also social issues involved. On weekdays, after work, my respondents did not want to miss their television soapies. Even the weekends I had initially hoped to use became difficult.
On Saturdays, they would go out for shopping. For the SOS mothers coming from neighbouring countries, a shopping experience in Johannesburg is something not to be missed. On Sunday, they would want to go to church. This meant that I had to settle on doing less number of interviews and extend data collection to other times during the year. This in view of the teachings by Minichiello et al (1990: 273), that researchers need to strive to attain an intimate familiarity with the setting and the research participants so that they can learn to interact with them on their own terms.

Having expressed my fears about not doing enough probing, I also had to be careful and take a lesson from literature about the other side of probing. “In some cases, the use of too much probing can appear to be questioning the informant’s integrity, knowledge, or intelligence by communicating disbelief, undue pressure, or even entrapment” (Minichiello et al, 1990: 126).

I had to take the socio-politico-historical context of the respondents in cognisance. SOS mothers have been exposed to a situation where, by virtue of their status as women and as workers at the lowest level of the organisation, have not been taken too seriously. Sometimes, they feel that senior people do not believe their stories. My position, as a senior member of the team, might also remind them of their experiences. Hence it was important to use probing wisely.

The influence of socio-political factors was also noticed when the respondents requested to or switched off the tape-recorder each time they were going to talk about experiences they viewed as corruption or intimidation or harassment by village management. Of course, this does not mean I did not pay attention to consistency in the stories of the respondents.

- Methodological issues

As according to my data collection plan, after each interview I would listen to the whole tape before proceeding to the next interview. As I listened to the two tapes after the first two interviews, I could not help thinking that there were certain answers by the respondents I could have probed more in order to elicit more information. I also had assumptions of being an experienced interviewer, who does not need notes to remind herself about what to avoid and what
to remember. This realization was frustrating because I was now faced with the dilemma of whether to go back for a follow-up interview or not. I think it is important, at least in the beginning, to have a few notes as reminders.

Another lesson I learnt was that SOS mothers become very enthusiastic when it comes to talking about their SOS families. Once given an opportunity to talk about them, they go on non-stop. This means that I had to put in an extra effort in keeping them focused on the interview question.

One of the challenges I faced as a researcher was the difficulty I had to show my feelings as the women were telling their stories and the temptation not to start counselling by showing empathy. This is because the “telling of the story” was usually accompanied by strong feelings of sadness or anger. A few women cried as they were sharing their experiences. What helped me was that I had made arrangements for them to see my co-trainer after the interviews if they felt they needed to talk to someone about their feelings during the interview. However none of the respondents took this opportunity. One of them actually said there was no need since the fact that someone outside the village was listening to their stories was therapeutic enough.

There was another challenge I faced as I was starting with the analysis of data. Although I do not work in the villages, in my position as the SOS mothers’ trainer, and sometimes, counsellor, I was in a privileged position to hear a lot of issues related to village life. This had a potential to affect my objectivity. The challenge came when at times as I was listening to the tapes, I started wondering whether I was hearing my own voice or that of my respondents. In fact in one of my interactions with my supervisors, one of them, after reading my initial work, played a devil’s advocate role and challenged me on some of the things I had said. This, I must say, was too close for comfort.

Again I had to turn to the literature for assistance. I found strength in the advice by Adelman (1981: 24), when he says: “The researcher is required to ‘separate out’ his knowledge as a member of the culture from the talk being used by a fellow member of the culture. This separating out allows the researcher to sustain a critical inner dialogue ... Such reflexivity comes
through attention to what people say.” There again, my assumptions about experienced researchers were being tested.

### 3.5.2 Analytic file

Information kept in the analytical log includes reflective notes on the questions asked; the main story line, emerging ideas, categories, concepts, themes and their linkages (Minichiello et al. 1990: 274). In other words, this is information about theoretical material. Theoretical notes are purposeful attempts to derive meaning from the observation notes. Here the researcher interprets, infers and hypothesises in order to ultimately build an analytic scheme (Wilson, 1989: 435).

The observational and theoretical notes will be tabulated. See Table 3.4 below for clarity and congruency.

**Table 3.4: Observational and theoretical notes**

<table>
<thead>
<tr>
<th>OBSERVATIONAL NOTES</th>
<th>THEORETICAL NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents requested or switched off the tape during the interviews when they talked about their experiences related to harassment and intimidation</td>
<td>It is common for people who had been historically oppressed to adopt a culture of silence because they became helpless and were also afraid of victimisation. Mills (1970: 3) dares researchers to always try and link the private troubles of people to public issues and also warns researchers against being ahistorical when working with previously disadvantaged groups.</td>
</tr>
<tr>
<td>Some respondents’ stories had an ambiance of confidence and fulfillment, while others’ stories were heavy, marked with intense feelings and a tendency to dwell on their problems.</td>
<td>Two contradictory story lines emerged and both of them had a paradoxical character. The former group’s voice was very scant and weak because it is only heard occasionally. This is despite that the fact that the owners of the story were talking with confidence. The second group’s story was powerful and quite vocal. The paradox lies in them saying: “We are the heads of the family ... but we are not.”</td>
</tr>
<tr>
<td>Respondents spoke with anger in their voices and appearance. Some of them sighed and others cried.</td>
<td>Some experiences affected the mental health of SOS mothers</td>
</tr>
<tr>
<td>Some respondents laughed while talking about a painful experience</td>
<td>Some people use humor as a defence mechanism in order</td>
</tr>
</tbody>
</table>
experience to cope with their intense experiences.

Most of the respondents were overweight. Could this be another indication of dysfunctional coping?

3.6 CONCLUSION

In Chapter One, concerns were raised about the many peculiarities surrounding the SOS mother career and its potential effects on her mental health. It was stated that these peculiarities and inconsistencies place a lot of demands on the SOS mother and, therefore, pose potential threat on her mental health. Since the changes brought about by the need to implement the new SOS mother’s autonomy standard might add to these demands, it was argued that it is important to investigate how the SOS mother experiences her interactions with co-workers in matters affecting her family. This is because autonomy is implemented in the context of interaction between groups of people. Flowing from this, an argument was raised for a need to promote the mental health of SOS mothers during this period of change in the history of their careers.

The findings of this study, both from the phenomenological interviews and field-notes, and supported by the literature control have brought up enough evidence to justify the initial concerns expressed. It is evident from the findings presented in this chapter that when it comes to matters affecting their families, the interactions experienced by SOS mothers are largely non-supportive and hinder exercise of autonomy. This robs them of experiencing the sense of mastery in meeting challenges they face with their families and also negatively affects their mental health, which is an integral part of their health.

The weak voice of the few SOS mothers who experience their interactions with co-workers as facilitative contributed important insights that will be helpful in developing the envisaged model.

The findings, therefore, strengthen the argument for the need for the development and description of a model that will serve as a framework for the advanced psychiatric nurse practitioner to promote the mental health of SOS mothers by facilitating the implementation of SOS mother’s autonomy.
The limited studies on child care workers found for literature control confirmed some of the findings. In addition, literature control contributed many ideas that can assist in developing the model. These ideas will be pursued in the next chapter.
CHAPTER FOUR
DEVELOPMENT OF A TENTATIVE MODEL FOR FACILITATION OF SOS MOTHER AUTONOMY

"Mastery is the cornerstone of all success without which competence and ability to perform shall cease to exist."
— Mary Kay Ash —

4.1 INTRODUCTION

Chapter Three presented the discussion of the findings from in-depth phenomenological interviews with SOS mothers. These findings, together with the relevant data from the field notes, were integrated with the literature control. Conclusions about the experiences of the SOS mothers in interacting with their co-workers in matters affecting their families were made.

In this chapter, the major concepts will be identified and defined. Associated concepts will be presented in a concept map and given structural form for purposes of clarity.

4.2 CONCEPT ANALYSIS

The main concept will be identified from the results of the completed fieldwork. Then the first two steps of the three-step method by Wandelt and Stewart (1983: 64-69) will be utilised for the definition of the concept. These steps are: (1) Writing a dictionary definition for each concept to provide synonyms and to convey commonly accepted ways in which the words are used. (2) writing a handbook/subject and other source definitions.

4.2.1 Identification of the main concept

The analysis of data in the previous chapter indicates the following situation: On the one hand are the SOS mothers (very few indeed), who feel empowered to exercise SOS mother autonomy. On
the other side (most of them) are those who feel disempowered by the interactions with co-workers.

At the heart of this interaction, there seems to be something to do with mastery. It would appear from the SOS mothers’ stories, that mastery of autonomy would help them obtain victory over their situation or give them a feeling of control, which is so necessary for them to exercise SOS mother autonomy.

When SOS mothers experience facilitative interactions, their quest for mastery is enabled. The experience of non-facilitative interactions, on the other hand, becomes an obstacle in their quest for mastery. It makes them feel overwhelmed and powerless and it is accompanied by physical symptoms and an adoption of the victim role. As a result, they also have a negative concept and a low self-esteem. All these experiences interact together to negatively affect their mental health, which is an integral part of their health.

Based on the foregoing description of SOS mothers’ experiences of their interactions with co-workers, it can be deduced that mastery of autonomy through empowerment will enable them to exercise SOS mother’s autonomy as an integral part of promoting their mental health. “Mastery of autonomy through empowerment will therefore become the main concept of the proposed model. The model will be known as “A model for facilitation of mastery of SOS mother’s autonomy through empowerment: An integral part of promotion of mental health.”

4.2.2 Examination of the main concept

The identified concept “mastery of autonomy through empowerment” will be examined by separately looking at each of the three words that make up the concept and then combining their attributes. The existing dictionary and subject definitions of the words will be presented.

The definitions of the three words that form the main concept are given in the following section.
4.2.2.1 Definition of the word “mastery”

This section will first give the dictionary definitions of the concept “mastery,” followed by subject definitions, and thereafter, the attributes of the concept will be given.

(1) Dictionary definitions
Different definitions of the word “mastery” are given below.

(a) Cassel Concise Dictionary (1997: 902)
- Control, authority
- The skill of a master
- Complete competence through knowledge.

(b) Reader’s Digest Complete Wordfinder (Tulloch, 1993: 939)
- Dominion, sway
- Masterly skill
- Comprehensive knowledge or use of a subject or instrument
- Upperhand.

(c) Collins Pocket Reference Thesaurus (1988: 312)
- Command, comprehension, familiarity, grasp, knowledge, understanding
- Ability, acquirement, attainment, cleverness, deftness, dexterity, expertise, finesse, know-how, proficiency, prowess, skill, virtuosity
- Ascendancy, authority, command, conquest, control, domination, dominion, pre-eminence, rule, superiority, supremacy, sway, triumph, upperhand, victory, whip hand.

(d) Synonym Finder (Rodale, 1978: 712)
(i) Control, dominion, upperhand, whip hand
- Government, order, rule, sway
- Jurisdiction, authority, power, influence
• Sovereignty, hegemony, pre-eminence, leadership, headship, mastership.

(ii) Command, management, handling, direction
• Grasp, Hold, comprehension, understanding, knowledge, cognisance
• Discernment, perception, apprehension
• Acquisition, acquirement, achievement, attainment, accomplishment.

(iii) Conquest, ascendancy, supremacy, superiority, victory over, victoriousness, triumphancy, triumph, win, success
• Vanquishment, defeat of, subjugation.

(iv) Expertise, expertness, masterliness, masterfulness, master hand, virtuosity
• Proficiency, adeptness, address, finesse, finish, polish
• Facility, felicity
• Skillfulness, skill, dexterity, dexterousness, adroitness, deftness.

(2) Subject definitions
A search for a definition of mastery from the subject literature proved disappointing in that no discipline, except maybe the child care discipline, gave the term any prominence. In this discipline, mastery is one of the central concepts for human development. It was surprising to find no source in the psychiatric nursing discipline that addressed the term. This is considering its relationship to mental health. Discussions with various experts in the field of Emotional Intelligence also offered some ideas.

The different uses of the term “mastery” will now be discussed under the different disciplines.

(a) Social work
In the social work literature, the term mastery is often used synonymously with words like success, effectiveness and efficacy. It is referred to as an innate quality or capacity that has potential for development (Lee. 1994: 81-82). According to Lee (1994: 82) social and physical environments are an important resource for mastery. These may provide for the development of
competence or stifle it. This author also suggests that prejudice and discrimination can also act as barriers to mastery.

(b) Adult education and training
In the field of adult education, mastery is often used in defining the concept of training. According to Tight (1996: 19), training has application when the following conditions are met: (i) specifiable type of performance that has to be mastered, and (ii) continuous practice.

Mastery is also used in the education literature to indicate competency in doing something. For example, one can devise a curriculum that helps students to master a range of practical skills (Treadwell and Grobler, 2001: 476). Mastery can be measured by using a quantitative scale.

Mastery is a value or need that needs to be maintained through lifelong learning and continuous feedback. It is about mastering what one needs to be able to do and can be achieved in measurable levels (Morris, 2002: 7). Mastery is also associated with concepts such as self-directed learning and confidence (ibid, 2002: 54).

(c) Child and youth care profession
In the field of child and youth care mastery is one of the central concepts in the Circle of Courage Framework, which is the accepted framework used in the profession. In this framework, is referred to as one of the developmental needs of a child/person, contributing to wholeness (Gamble, 2002: 10). The other three are belonging, independence and generosity. Mastery is a necessary prerequisite for independence (autonomy) and generosity. However, it is dependent on belonging. Therefore, facilitation of mastery is one of the values and desired outcomes of the child and youth care curriculum (National Association of Child Care Workers, 2000: 2, 5, 12).

According to the Basic Qualification in Child Care Curriculum (National Association of Child Care Workers, 2000: 2), mastery should be achieved in the physical, social, cognitive and emotional domains. To this, add spiritual self-mastery (Inner Visions, undated), which is the power within. Ability to manage that power, is what mastery is all about (Vermeulen, 1999: 30). Mastery is also emphasised as an important value of Ubuntu in the African culture. It is not
about competing with others, but with oneself to become the best of what one can. It is not about being superior to others. In terms of wholeness, mastery leads to self-esteem, which contributes to wholeness (National Association of Child Care Workers, 2000: 2, 5).

(d) Emotional intelligence and personal coaching

Vermeulen (1999: 28) asserts that since nature is geared for mastery, the latter constitutes the greatest gift to man. Furthermore, mastery constitutes an in-built potential for success in life. Mastery is something people strive or quest for and the journey to mastery may be frightening. While this may be so, the most powerful learning happens on the path to mastery” (Vermeulen, 1999: 137).

Vermeulen (1999: 180) also exhorts people to qualify as a Master of Experience. The suggestion made here is that people can use their experiences to master life’s challenges and to stay on top. Since people’s thoughts and feelings determine how they experience a situation, they need to master them in order to get the best from that situation. Because their thoughts and feelings run their minds and therefore, determine how they experience a situation, they need to master their thoughts and feelings in order to get the best from a situation. Mastery can also be used to help people take charge of their lives or self-management (Vermeulen, 1999: 30, 39).

According to Vermeulen (1999: 71), one of the most important internal resources that will determine whether people keep to their quest for mastery is willpower. The latter is very important when it comes to people being able to maintain the techniques used as one continues to negotiate the challenges in one’s environment. This author further maintains that there are things that act like barriers for mastering one’s destiny. One of this is the “blame game” (1999: 103).

Three levels of mastery were identified in the literature: intrapersonal or self-mastery (Vermeulen, 1999: 39), interpersonal mastery and environmental mastery (Hudson, 1999: 8, 201; Lee, 1994: 82). The areas considered important for people to master include mastery of: surroundings (Itzhaky & York, 2002: 1); aversive and conflict situations; environmental conditions (Corsini, 1999: 573); and social and physical environments (Lee, 1994: 82);
In the field of coaching and adult development, because of the fast changing and growing complexity the world systems, people need to have mastery over their developmental stages, their lives, and their careers. Otherwise they lose their autonomy (Hudson, 1999: 8). The benefits of mastery are being able to (i) negotiate the complexities of life; (ii) redefine identity, ego-strength, role and personal commitment; (iii) maintain inner stability and outer constancy; (iv) get surplus energy and courage; and (v) sustain confidence, self-esteem and hope (Hudson, 1999: 8).

(f) Psychology
In the Journal of Psychology (Corsini, 1999: 573), the term “mastery” is referred to as something that people can be trained to achieve. The journal refers to the term: mastery training, which is defined as “experimental or ‘real-world’ training that prepares participants for aversive situations or conflict by teaching methods of assertion and constructive control over environmental conditions”. Mastery tests are used to help determine whether a person has mastered a certain trade, profession, or level of education (Corsini, 1999: 573).

(g) Politics
In politics mastery is referred to as something people make a bid for. Again, it is used with other terms, for example, struggle, bid, power, hegemony, conquering, independence, sovereignty, army, support, alliances, and partnerships. Mastery is also referred to as a value nations quest for and will go to war to get it. Nations will gather support, form alliances and partnerships in order to achieve mastery (Taylor, 1969: 4).

In addressing mastery, the literature in the various fields, emphasises that mastery as a need or value needs to be developed and facilitated. Strategies for development and facilitation of mastery are summarised below:

- mobilisation of resources for development and facilitation of mastery (Hudson, 1999: 87; Vermeulen, 1999: 71; Tight, 1996: 19);
- conducive social and physical environments (Lee (1994: 82);
- society making a commitment to support people in their quest for mastery through commitment to autonomy and continuous skill development in basic human skills (Hudson, 1999: 87); and.
• training, coaching, forming partnerships and alliances and incorporating the mastery as a value and component of the curriculum (Hudson, 1999: 8).

In the next paragraph the literature will be surveyed for the definition of the second concept forming the central concept for the proposed model.

4.2.2.2 Definition of the word “autonomy”

(1) Dictionary definitions

(a) Collins Pocket Reference Thesaurus (1988: 35)
- Freedom, home rule, independence, self-determination, self-government, self-rule, sovereignty.

(b) Cassell Concise Dictionary (1997: 93)
- The right of self-government
- An independent state or community
- Freedom to act as one pleases.

(c) Synonym Finder (Rodale, 1978: 82)
- Independence, freedom, liberty, self-determination, self-direction
- Self-government, self-rule, home-rule, self-legislation
- Allodium, self-governing community.

(2) Subject definitions of “autonomy”
The ideas produced from the subject search on the concept “autonomy” are organised according to the following headings:

(a) General connotations
In general terms, the concept implies several things.
Gillon (in Rumbold, 2000: 40) defines it as follows: “Autonomy (literally) self-rule is, in summary, the capacity to think, decide, and act on the basis of such thought and decision freely and independently and without ... hindrance.”

Autonomy is also a human right and closely linked to dignity, freedom, and health/wholeness. According to Rumbold (2000: 229), to deny someone their autonomy is to treat them as less than a whole person. For this reason, it is in effect, a non-beneficent act. “If autonomy is seen as an integral element of health or wholeness, then to respect the autonomy is to allow a person one of the attributes which is part of functioning as a whole person. It is to enable them to achieve health or wholeness” (ibid, 2000: 229).

The implication for autonomy as a human right is that like all other human rights, it is liable to abuse. For this reason, autonomy needs to be protected, advocated for, and promoted through certain initiatives designed to distribute power so that people or groups can exercise their right to self-determination (Fidler, Russell and Simkins, 1997: 20-21).

(b) The meaning of autonomy in some specific contexts

In specific contexts, autonomy can refer to individual; groups, for example, professional groups; communities and nations. When applied to individuals, it can apply to an individual in her personal capacity as a human being, client, parent or a professional practitioner.

In ego psychology (Lee, 1994: 82), autonomy refers to a person’s ability to maintain some degree of freedom from the demands of internal forces and the demands and pressures of the environment.

The ego perspective of seeing autonomy as a person’s interaction with their internal and external environment for the purpose of maintaining some degree of freedom is applicable to families or parents experiencing problems with children. Briesmeister and Schaefer (1998: 139) state that parents in this situation have a need to maintain their autonomy.
In the context of a person being a client, autonomy can mean a situation whereby people with special needs have a greater degree of control and say in what goes on in their lives and freedom in services they choose to use can be realised through empowerment (Jack, 1995: 63).

In a professional context, autonomy is defined as an important characteristic of a profession. According to Leddy and Pepper (1989: 9), it “means that practitioners have control over their functions in the work setting. Autonomy involves independence, a willingness to take risks and to take responsibility and accountability for one’s own actions, as well as self-determination and self-regulation.”

“Autonomy does not mean freedom to do as one wants ... It is based on rational thought or reason and ... while it embodies the notion of freedom, that freedom is within the constraints of reason” (Rumbold, 2000: 229).

Fidler, Russell and Simkins (1997: 23) assert that autonomy is always accompanied by accountability. The professional model of accountability assumes that quality in the services rendered is best ensured by granting autonomy to professionals, who have been trained in, and have access to relevant bodies of professional knowledge and whose professional ethics leads them to act always in the best interests of the client.

According to Kozier, Erb, and Blais (1992: 11), autonomy is an important criterion for professionalism and there are certain preconditions for professional autonomy to be realised. These criteria are that the professional group must: (i) have the authority to define the scope of its practice, (ii) describe its functions and roles and (3) determine its goals and responsibilities in delivery of its services. In addition, the amount of autonomy a professional group possesses depends on its effectiveness at governance.

In a professional/client relationship, there is a very fine line to be drawn between intervention, which is inadequate and intervention, which is excessive. It is important to note that, in as much as practitioners have a right to autonomy, their clients also have a right to exercise their autonomy. Professionals who make decisions for their clients are using a paternalistic attitude,
and this has to be avoided at all costs. For this reason, health care professionals need to show commitment to individual autonomy by enabling people to maintain their independence and capacity for self-direction (Jack, 1995: 278-279).

Covey, Merrill and Merrill (1994: 244), use the term “self-directing individuals/groups” to refer to autonomy. “Self-directing is defined as accepting the responsibility to govern oneself ... without someone having to direct, control, check up, and hover over.” Self-directing does not stand alone, as a competency, it has to be accompanied by others, the most important of which are: trustworthiness and accountability.

A difficulty associated with autonomy is related to initiatives meant to promote the autonomy of people. According to Fidler et al (1997: 20-21), autonomy initiatives imply redistribution of power within a system. This distribution of powers is sometimes accompanied by three problems. Firstly, it suggests a degree of freedom which few, if any organisations (or systems) in the modern world achieve. Secondly, it may over emphasise one aspect of what may be a multifaceted reform process, aspects of which may have very different concerns. Thirdly, it may reify (place) the system over and above the individual and groups both inside and outside who may have a stake, and influence over, the purposes and processes of the organisation.

According to Fidler et al (1997: 20-21) it is always helpful, in view of the foregoing problems of power redistribution, , to ask the following questions when dealing with the issue of empowerment: Who is empowered and who is disempowered by the reforms? In respect of what are their powers increased or decreased? Under what forms of control and constraint must these powers be exercised?

Autonomy is an essential component of employee empowerment initiatives by organisations (Nortjie, 2002: 12). Strategies for facilitating autonomy include: enabling people to maintain their independence and capacity for self-direction” (Jack: 1995: 279); empowerment (Jack: 1995: 279; Covey et al, 1994: 239); authorisation (Kozier et al, 1992: 11); and strengthening parental autonomy by using a collaborative approach and through training (Briesmeister and Schaefer (1998: 139).
The next section will look at definitions of empowerment, which forms the last of the three concepts forming the central concept for the proposed model.

4.2.2.3 Definition of the word “empowerment”

(1) Dictionary definitions

Different dictionary definitions of the word “empowering” are presented below

(a) *Synonym Finder (Rodale, 1978: 348)*
- Authorise, warrant, licence, certify, certificate, validate, document, accredit, qualify, entrust, delegate authority to
- Permit, allow, give the go ahead or green light, consent to, approve, enable, capacitate, equip, strengthen, energise.

(b) *Reader's Digest Oxford Complete Wordfinder (Tulloch, 1993: 481)*
- Authorise, licence, give power to, make able.

(c) *Cassell Concise Dictionary (1997: 472)*
- To authorise, to enable, to give power or self-determination.

(d) *Collin's Pocket Reference Thesaurus (1992: 157)*
- Allow, authorise, commission, delegate, enable, entitle, license, permit, qualify, sanction, warrant.

(e) *Conceptual Dictionary (Withers, 1994: 76)*
- Empowerment is a process of conscientisation and/or gaining control
- Empowerment relates to the issue of power and means a process whereby people may start to gain control over their own lives and circumstances. A central focus of the social sciences is relations of power and this knowledge can be useful in understanding the process of empowerment. Power is always held by some people
over others and the focus of research may therefore be the relations of power between subordinates ("the oppressed") and those in positions of power ("the oppressors").

(2) Subject definitions of empowerment

The subject definitions and the different usages of the concept "empowerment" are given in the following headings:

(a) The general meaning of the term

Empowerment is a process, rather than a one-off product (Rickards & Atmore, 1990: 27). According to Lee (1994: 5, 105), empowerment is synonymous with power attainment. Viewed this way, it is both a process and outcome. As a process, it comes as systems as well as people are changed by peoples' actions. As an outcome, it means that at the end of empowerment, people are changed. It also means "the ability to experience power in the sense of raising up and changing one's situational predicament" (Lee (1994: 5, 105). Empowerment connotes a psychological and personal sense of well-being (ibid, 1994:11).

Further on, Lee (1994: 105) observes that developing power can frighten off some people because there is a tendency to view people who want to develop power as presumptuous. According to this author, power attainment is not contradictory to caring and mutual support.

In terms of the potency of the term empowerment, Mills (1994: vii-viii) makes the observation that the term has become so commonly used that it is rapidly becoming a buzzword or just a cliché. As a result, some people view empowerment with cynicism. Lee (1994: 11) disagrees with those who say empowerment has lost its power and that it is just a depolitisised word that cannot do much to transform the conditions of oppression. Both of the above authors make the point that these negative views about empowerment are rooted in misunderstanding and are a basis of misconception.

Empowerment refers to a process of shifting power and authority from managers to lower level employees. Fully empowered employees are those who have autonomy, competence and
confidence to make greater contributions to their organisations. In order to be successful, empowerment needs to be paired with enablement (Nortjie, 2002: 12).

(b) What happens during the process of empowerment?
According to Rickards and Atmore (1990: 27) empowerment is a purposeful process aimed at changing perceptions, clarifying understanding and is also about skills acquisition. Perceptions of the self and others play a major role in feelings of powerlessness. By shifting perceptions of powerless individuals, groups, and communities, it enables them to assume greater capacity and gain access to control over resources, which affect their lives.

Referring to the effects of apartheid on adults, Rickards and Atmore (1990: 27) assert that “adults ... in this country have been made powerless — robbed of their self-esteem and confidence; denied skills; opportunities and choices; and access to resources because of race and poverty.” For this reason, these authors advise that empowerment of parents must be on the agenda of childhood activists and advocates.

On the same note (of advocacy), Lee (1994: 12) suggests that social workers and other helping professions can restore empowerment to its original meaning by defining the term to include political processes, objectives, and transformations along with personal and interpersonal power. This can be done by adopting the empowerment approach, a purpose of which is to assist people who are oppressed in empowering themselves personally, interpersonally and politically.

According to Lee (1994: 9), the task of the professional in the empowerment initiative is the “releasing of the potentialities of people and environments.

For practitioners in the helping professions, an understanding of empowerment is important as it may help in preventing the phenomenon of people becoming dependent on (or victims of) help and aid. Phrased differently, to empower people is to help them to help themselves towards independence. In addition, empowerment may conscientise people as to that which oppresses them (Withers, 1994: 76).
At the deeper level, empowerment reflects a different way of relating to others and to oneself—a way of being positive about life, of rejecting the disillusionment that inevitably occurs and that so often become a reason for bitterness and retreat (Mills, 1994: 133).

Empowerment has been described as “... a process by which individuals, groups and /or communities become able to take control of their circumstances and achieve their own goals, thereby being able to work towards maximising the quality of their lives” (Adams: 1990: 43). According to Jack (1995: 11), this definition is a more realistic definition of empowerment because it locates power in the person or persons interested in self-empowerment. Definitions that use words such as authorise, license or make able suggest a passive view of empowerment whereby someone uses their power to enable someone else to do something. The problem with such a definition is that what the person being empowered does, its goals and extent is controlled by the enabler (Jack, 1995: 11).

Evans (1992: 142) defines empowerment as “a process capable of being initiated and sustained only by the subject, who seeks power or self-determination, others can aid ... in the empowerment process by providing a climate, a relationship, resources and procedural means.”

Orme and Glastonbury (1993: 189) define empowerment as: “The process by which clients begin to take, or are helped to take, greater responsibility for their own lives and services.” This definition, like the one in the previous paragraph, focuses on processes but also makes the point that it is the person being empowered who needs to take responsibility. However, in the initial phase of the process, the person may need support during the empowerment process.

Croft and Beresford in Jack (1995: 62) define empowerment as “making it possible for people to exercise power and have more control over their lives. That means having a greater voice in ... situations, which affect them. It also means being able to share power or exercise power over someone else, as well as them exercising it over you.” The same authors, see a clear connection between empowerment and mental health. Viewed this way, empowerment can be used as a strategy for promotion of mental health.
(c) **Dimensions of empowerment**

According to Lee (1994: 9) empowerment has three interlocking dimensions. The first dimension is the development of a more positive and potent of the self (positive self-concept). The second is the construction of knowledge and capacity for more critical comprehension of the web of social and political realities of one’s environment (conscientisation). And the third is cultivation of resources and strategies, or more functional competence, for attainment of personal goals.

(d) **Levels of empowerment**

Three levels or aspects of empowerment have been suggested in the literature: the micro/personal, the macro and the interface between the two. According to Guitterez (in Kromberg et al, 1992: 12-16), the micro level is at the individual and personal level. There is also the macro level, which refers to society or collective action. The interface between the personal and societal levels constitutes the third level. At this level, questions arise regarding how individual empowerment can contribute to group empowerment, and how an empowered group can enhance the functioning of its individual members.

The following strategies and techniques are suggested for those practitioners engaged in empowerment initiatives (Gutierrez, 1990: 151-152):

(i) **Accepting the client’s (or one’s own) definition of the problem** and communicating one’s belief that the client is capable of identifying and understanding the situation.

(ii) **Identifying and building upon existing strengths** and getting in touch with the client’s current level of functioning and current sources of individual or interpersonal power.

(iii) **Engaging in a power analysis of the client’s situation**, which involves, firstly, analysing how conditions of powerlessness are affecting the individual’s situation, and, secondly, identifying sources of potential power in the situation.

(iv) **Teaching specific skills such as those required for problem solving, community or organisational change, life style events, interpersonal relationships** (for example, assertiveness, social competency and self-advocacy).
Mobilising resources and advocating for one’s clients or oneself. Advocacy and resource mobilisation ensure that the larger social structure provides what is necessary to empower oneself, as well as the larger client group.

Most of the techniques mentioned above are incorporated within an empowerment approach called advocacy/empowerment orientation. This approach is recommended by Rose and Black (1985) for practitioners involved in empowerment initiatives dealing with oppressed, uneducated and poor groups. The main strategies in using this approach are advocacy for change, conscientisation, and enabling development.

Lee (1994: 22) recommends that practitioners adopt a “focal vision” when examining issues of power and oppression. This includes the use of historical, ecological, ethclass, feminist and critical perspectives.

For empowerment initiatives to succeed, the following environmental conditions are necessary according to Mills (1994):

(i) One of the conditions most necessary for empowerment is a restructuring of the traditional hierarchy found in most large organisations, where supervisors are charged with directing the work of subordinates in a way incompatible with empowerment.

(ii) In an empowered organisation, it is unnecessary to have a bureaucracy supervising those who work. Instead, an environment is created for people or teams to supervise themselves.

(iii) It means giving more authority and autonomy to people in their work.

(iv) It means allowing people considerable discretion in how they pursue business goals.

(v) Real empowerment gives people resources, including financial resources and the freedom to allocate them as they see best, in order to attain the goals they have accepted (Mills, 1994: ix, 113-115, 135; Covey, 1994: 239-245).
Jack (1995: 11) suggests that empowerment initiatives should address two areas, namely enablement and empowerment. The first is about enabling the development of clients’ capabilities. The second is about the struggle for power and control and, therefore, a political activity. Enablement, however, is a necessary component of empowerment. Another important area is the involvement of the people being enabled and empowered (Jack, 1995: 62). Stevenson and Parsloe (1993: 58) also add the need to create an organisational culture in which the above processes are able to thrive.

The next step in an attempt to define the central concept of the proposed model is to identify the major attributes of each of these three concepts.

4.2.3 Identification of the major attributes

In the previous section, each criterion or attribute that contributed to the understanding of the three concepts, namely mastery, autonomy, and empowerment were underlined. A complete list of all the criteria can be found in Appendix 5. Criteria with similar meanings will now be clustered together to form a list of essential and related criteria to include in the definition of the three concepts. Following this, the three concepts will be synthesised to produce a definition of the major concept.

4.2.3.1 Major attributes of the concept “mastery”

Table 4.1 below shows the characteristics of the concept “mastery.”
### Table 4.1: Characteristics of essential and related criteria for mastery

<table>
<thead>
<tr>
<th>ESSENTIAL CRITERIA</th>
<th>LIFELONG LEARNING</th>
<th>SUCCESS IN TAKING CHARGE OF ROLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inborn quest</td>
<td>Lifelong learning</td>
<td>Competency</td>
</tr>
<tr>
<td>Development</td>
<td>Acquire competencies (knowledge, attitudes, values and skills)</td>
<td>Autonomy</td>
</tr>
<tr>
<td>Multi-dimensional</td>
<td></td>
<td>Managing the power one has</td>
</tr>
<tr>
<td>(personal/self,</td>
<td></td>
<td>Authority</td>
</tr>
<tr>
<td>interpersonal and environmental mastery)</td>
<td></td>
<td>Effectiveness</td>
</tr>
<tr>
<td>Process and outcome</td>
<td></td>
<td>Victory over life challenges, tasks, and demands</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER RELATED CRITERIA</th>
<th>Process and outcome</th>
<th>Process and outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Improve capability for role</td>
<td>Competency</td>
</tr>
<tr>
<td>All-important primary process</td>
<td>functioning</td>
<td>Autonomy</td>
</tr>
<tr>
<td>Dependence</td>
<td>Expertise, completeness</td>
<td>Managing the power one has</td>
</tr>
<tr>
<td>Independence</td>
<td>Self-efficacy</td>
<td>Authority</td>
</tr>
<tr>
<td>Interdependence</td>
<td>Effectiveness</td>
<td>Effectiveness</td>
</tr>
<tr>
<td>Growth</td>
<td>Understanding</td>
<td>Control emotions, thoughts, and behaviour</td>
</tr>
<tr>
<td>Mastering developmental tasks &amp; stages</td>
<td>Needs Maintenance</td>
<td>Victory over life challenges, tasks, and demands</td>
</tr>
<tr>
<td>Role challenges</td>
<td>Liberation for autonomy</td>
<td>Get the best out of a situation</td>
</tr>
<tr>
<td>Physical, mental, social, and spiritual mastery (wholistic)</td>
<td>Curriculum component in child and youth care profession</td>
<td>Role performance</td>
</tr>
<tr>
<td>Measurable quality</td>
<td>Circle of Courage concept</td>
<td>Professional practitioner</td>
</tr>
<tr>
<td>Struggle</td>
<td>Achievement</td>
<td>Mental health</td>
</tr>
<tr>
<td>Human value and need</td>
<td>Needs resources and conducive environment</td>
<td>No need for constant supervision</td>
</tr>
<tr>
<td>Development of the professional self</td>
<td>Learning what is important</td>
<td>Self-directed/reliance</td>
</tr>
</tbody>
</table>

#### 4.2.3.2 Major attributes of the concept “autonomy”

Table 4.2 below shows the characteristics of the concept “autonomy.”
Table 4.2: Characteristics of essential and related criteria for autonomy

<table>
<thead>
<tr>
<th>ESSENTIAL CRITERIA</th>
<th>Liberated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exercise control over one’s function in the work setting (within legal and professional boundaries)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Member of a professional group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability (competence)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trustworthiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>(competence)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>(competence)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER RELATED CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic human right</td>
</tr>
<tr>
<td>Liable to abuse</td>
</tr>
<tr>
<td>Needs to be facilitated and protected</td>
</tr>
<tr>
<td>In the best interests of the client</td>
</tr>
<tr>
<td>Independence</td>
</tr>
<tr>
<td>Transformed from victim to victor</td>
</tr>
<tr>
<td>Self-direction</td>
</tr>
<tr>
<td>Empowered</td>
</tr>
<tr>
<td>Authorised</td>
</tr>
<tr>
<td>Distribution of power</td>
</tr>
<tr>
<td>Control over own functions in work-setting</td>
</tr>
<tr>
<td>Collaborating with others</td>
</tr>
<tr>
<td>Positive self-concept, high self-esteem</td>
</tr>
</tbody>
</table>

| Independent practice within legal boundaries |
| Scope of practice |
| Practitioners |
| Willingness to take risks and responsibility and consequences for one’s actions |
| Answerable |
| Ethics |
| Effective self-governance |
| Client |

<table>
<thead>
<tr>
<th>Rights of parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional (child-care)</td>
</tr>
<tr>
<td>Leader</td>
</tr>
<tr>
<td>Meet challenges</td>
</tr>
<tr>
<td>Character</td>
</tr>
<tr>
<td>Maturity</td>
</tr>
<tr>
<td>Technical skills</td>
</tr>
<tr>
<td>Interdependence</td>
</tr>
<tr>
<td>Conceptual skills</td>
</tr>
<tr>
<td>Execute functions</td>
</tr>
<tr>
<td>independently</td>
</tr>
<tr>
<td>Capable of self-supervision</td>
</tr>
</tbody>
</table>

The next section will tabulate the major attributes of the concept empowerment.

4.2.3.3 Major attributes of the concept “empowerment”

Table 4.3 below shows the major attributes for the concept “empowerment”

Table 4.3: Characteristics of essential and related criteria for “empowerment”

<table>
<thead>
<tr>
<th>ESSENTIAL CRITERIA</th>
<th>Enable(ment)</th>
<th>Conscientisation</th>
<th>Advocate for Change Initiated Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER</td>
<td>Development of competencies</td>
<td>Development concept</td>
<td>Advocacy/empowerment Strategy</td>
</tr>
<tr>
<td></td>
<td>Process</td>
<td>Assume personal responsibility for change</td>
<td>Transformation</td>
</tr>
<tr>
<td></td>
<td>Permit legally</td>
<td>Liberation</td>
<td>Paradigm shift</td>
</tr>
<tr>
<td>RELATED</td>
<td>Licence</td>
<td>Right to autonomy</td>
<td>Change mind-set/organisational culture</td>
</tr>
<tr>
<td></td>
<td>Certify/certificate</td>
<td>Self-determination</td>
<td>Turn action into praxis</td>
</tr>
<tr>
<td></td>
<td>Accredit</td>
<td>Different way of relating to the self and others</td>
<td>Improved self-esteem, promotion of</td>
</tr>
</tbody>
</table>
The major attributes of the three concepts forming the main concept were identified and analysed separately. In the next section, a further reduction process to identify the defining criteria of the main concept will be attempted.

### 4.2.4 Reduction process of identified criteria

In order to facilitate further clarification of the main concept, two activities will now be engaged in. The first entails creating a table that will place identified essential and related criteria (underlined in the three tables) of the main concept: **Mastery of autonomy through empowerment** in juxtaposition. The second activity will attempt a synthesis of the major attributes of the three concepts to arrive at a definition of the main concept.

#### 4.2.4.1 Essential criteria of the main concept

The reduction process of the major attributes of the three concepts forming the main concept yielded the following essential and related criteria as displayed together in Table 4.4 below.
Table 4.4: An overview of the main attributes of the three concepts forming the construct: "Mastery of autonomy through empowerment"

<table>
<thead>
<tr>
<th>CONCEPT</th>
<th>MASTERY</th>
<th>AUTONOMY</th>
<th>EMPOWERMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESSENTIAL</td>
<td>Inborn quest</td>
<td>Liberated</td>
<td>Enablement</td>
</tr>
<tr>
<td>CRITERIA</td>
<td>Lifelong learning</td>
<td>Professional practice (within legal and professional boundaries)</td>
<td>Conscientisation</td>
</tr>
<tr>
<td></td>
<td>Development process and outcome</td>
<td>Accountability (competence)</td>
<td>Advocacy for change</td>
</tr>
<tr>
<td></td>
<td>Competencies</td>
<td>Trustworthiness (competence)</td>
<td>Initiated process</td>
</tr>
<tr>
<td>RELATED</td>
<td>Success in taking charge of roles (role mastery)</td>
<td>Independent practice within legal boundaries</td>
<td>Certify/Certificate</td>
</tr>
<tr>
<td>CRITERIA</td>
<td>Multi-dimensional Growth</td>
<td>Scope of practice</td>
<td>Accredit</td>
</tr>
<tr>
<td></td>
<td>Mastering stages and tasks of professional self-development</td>
<td>Practitioner</td>
<td>Authorise</td>
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<td></td>
<td>Role challenges</td>
<td>Essential criterion of a profession</td>
<td>Equip</td>
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<td></td>
<td>Independence – inter dependence</td>
<td>Consequences for one’s actions</td>
<td>Strengthen</td>
</tr>
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<td></td>
<td>Capability for role functioning</td>
<td>Answerable</td>
<td>Empowerment strategy</td>
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<td></td>
<td>Expertise; completeness</td>
<td>Ethics</td>
<td>Liberation</td>
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<td></td>
<td>Self-efficacy</td>
<td>Client</td>
<td>Right to autonomy</td>
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<td></td>
<td>Effectiveness</td>
<td>Responsibility</td>
<td>Raise awareness</td>
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<td></td>
<td>Skills (knowledge, attitudes, values and skills)</td>
<td>Leader</td>
<td>Effects on mental health</td>
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<td></td>
<td>Liberation for autonomy</td>
<td>Meet challenges</td>
<td>Techniques (critical consciousness, feminism, ethclass and dialogue)</td>
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<td></td>
<td>Enabling environment</td>
<td>Needs maintenance of competencies</td>
<td>Power</td>
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<td></td>
<td>Self-directed/reliance</td>
<td>Character</td>
<td>Victim role</td>
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<td></td>
<td>Learning what is important</td>
<td>Maturity</td>
<td>Develop collective consciousness</td>
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<td></td>
<td>Competency</td>
<td>Interdependence</td>
<td>Development concept</td>
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<td></td>
<td>Autonomy</td>
<td>Conceptual skills</td>
<td>Advocacy/empowerment strategy</td>
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<td></td>
<td>Managing the power one has have</td>
<td>Execute functions independently</td>
<td>Transformation</td>
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<tr>
<td></td>
<td>Authority</td>
<td>Capable of self-supervision</td>
<td>Change mind-set/organisational culture</td>
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<td></td>
<td>Self-supervision</td>
<td>Basic human right</td>
<td>Promotion of mental health</td>
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<td>Best interest of the client</td>
<td>Working environment</td>
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<td>Self-direction</td>
<td>Situation</td>
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<td></td>
<td></td>
<td>Authorised</td>
<td>Mobilisation of resources</td>
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<td>Control over own functions in a work-setting</td>
<td>Forming alliances for support</td>
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<td></td>
<td></td>
<td>Collaborating with others</td>
<td>Creating awareness</td>
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<tr>
<td></td>
<td></td>
<td>Positive self-concept, high self-esteem</td>
<td>Transformed from victim to a victor</td>
</tr>
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</table>
The next action now is to define the main concept through a synthesis of the essential criteria of the three concepts forming the main concept.

4.3 DEFINITION OF THE MAIN CONCEPT: MASTERY OF AUTONOMY THROUGH EMPOWERMENT

Mastery of autonomy through empowerment refers to a development process initiated and facilitated by the advanced psychiatric nurse practitioner as an integral part of promoting the mental health of the SOS mother through the use of a multi-pronged approach involving: advocacy (for change), conscientisation and enablement (ACE).

In this initiative, she acts as a resource person and a change agent to mobilise resources needed to facilitate the development of the SOS mothers – both personally and professionally. During this process, the SOS mothers take charge of their own development and liberate themselves for SOS mother autonomy by showing success in mastering competencies for professional practice (trustworthiness, accountability, and role mastery) and by engaging in their quest for lifelong learning.

4.4 CONCEPT EVALUATION

On evaluation, the definition of “mastery of autonomy through empowerment” met the rules proposed by Copi and Cohen (1994: 192-196) as discussed in Chapter Two, page 59. The definition states the essential criteria of mastery of autonomy through empowerment and is not circular, too broad or too narrow. The definition is further stated in the affirmative and in concrete terms.

4.5 CLASSIFICATION OF CONCEPTS

In order to facilitate the process of creating conceptual meaning, the following survey list by Dickoff et al (1968: 423) will be utilised in structuring the conceptual framework.

The survey list is structured as follows:
• Agent: Who facilitates mastery of autonomy through empowerment?
• Recipient: Who will be the beneficiary of mastery?
• Framework: In what context will mastery be practised?
• Dynamics: What will be the energy source for mastery?
• Procedure: What is the guiding procedure, technique, or protocol for mastery?
• Terminus: What is the outcome of mastery?
Figure 4.1 below shows the concept map of "Mastery of autonomy through empowerment".

Figure 4.1: Concept map of mastery of autonomy through empowerment

AGENT

- Spirit
- Mental
- Physical

RECIPIENT

Advanced psychiatric nurse practitioner as a change agent and resource, quests for wholistic mastery

SOS Mother as a leader of her SOS family and a developing childcare professional, quests for wholistic mastery

PROCEDURE

Facilitation of mastery of autonomy through empowerment
Advocacy for change, conscientisation, and enable development

DYNAMICS

Facilitative interactions in the environment and conditions allowing for success in role mastery and mastery of competencies for professional practice within legal and professional boundaries

CONTEXT

SOS Villages: Structures and systems
External forces having a bearing on the practice of SOS mothers

TERMINUS

Mastery of SOS mother's autonomy through empowerment
Promotion of mental health of SOS mother: As integral part of health
4.6 DEFINITION OF RELATED CONCEPTS

At this point it becomes necessary that those concepts found to be related to the main concept: "mastery of autonomy through empowerment," be defined.

4.6.1 Advanced psychiatric nurse practitioner

An advanced psychiatric nurse practitioner is a nurse with a clinical master's degree and an advanced diploma in psychiatric and mental nursing with additional clinical experience under the supervision of an advanced psychiatric nurse and/or field specialist in another related specialisation. She/he possesses an in-depth knowledge, as well as skills in advanced psychiatric nursing (Poggenpoel, 1993: 24).

In this model, the advanced psychiatric nurse practitioner is questing for mastery, which is an integral part of mental health. She acts as a change agent and a resource person, who facilitates the process of mastery of SOS mother autonomy through empowerment, as an integral part of promoting the mental health of SOS mothers.

4.6.2 SOS mother

The SOS mother is a woman employed by the SOS Children's Village organisation to function both as the leader of her SOS family and as a child care professional to guide the wholistic development of each child in the family and to run her household independently. She receives the required support from other co-workers and also undergoes training to develop the skills necessary to effectively perform her role.

In this model, the SOS mother is a recipient, who in her quest for mastery co-operates in the process of mastery of SOS mother autonomy through empowerment as initiated by the advanced psychiatric nurse practitioner to develop herself, both personally and professionally. In this process she is enabled to develop and to master competencies for professional practice within legal and professional boundaries. As the process unfolds, she begins to take ownership of her
development by engaging in her quest for lifelong learning in order to liberate herself for SOS mother autonomy, which is an integral part of promoting her mental health.

4.6.3 Facilitation

"Facilitation" is a dynamic, interactive process whereby the advanced psychiatric nurse practitioner acts as a change agent and as a resource person to mobilise resources and to remove obstacles in the implementation of the SOS mother’s autonomy within SOS Children’s Villages. The ultimate purpose is the promotion of the mental health of SOS mothers (Rand Afrikaans University: Department of Nursing, 2000: 7).

It focuses on the following: what needs to be done; who needs to be involved; design, flow, and sequence of tasks; communication patterns, effectiveness and completeness; appropriate levels of participation and the use of resources; group energy, momentum and capability; and the physical and psychological environment (Justice & Jamieson, 1998: 4-5). Its purpose is to simplify the process of mastery of autonomy through empowerment by making it easily achievable.

4.6.4 Process

"Process" refers to the facilitation of mastery of autonomy through empowerment, whereby the advanced psychiatric nurse practitioner initiates a series of actions and strategies to bring about change in the situation of SOS mothers. During the process, SOS mothers develop competencies that liberate them from a situation of dependency, powerlessness and victimhood to that of mastery and victors.

4.6.5 Change agent

"Change" agent refers to the advanced psychiatric nurse practitioner, who plays a role of championing the implementation of a new strategic objective, for example, the SOS mother’s autonomy standard in an organisation (SOS Children’s Villages). Part of this championing function entails defending the vision brought by the strategic initiative, providing input into the
organisational culture, and involving those who will be affected by the change (Human Resource Technology, 1999: 3-1).

She facilitates the process of moving from one system whereby the SOS mother is dependent on other co-workers for doing her work to another, where she acts and is managed as the leader of her SOS family and a childcare professional (Gillies, 1982: 346).

4.6.6 "ACE" as concept

In one workshop (May, 2003) with SOS co-workers to discuss the SOS mother's autonomy standard, this tentative model was presented as a way of facilitating the implementation thereof. Co-workers became fascinated by the strategies of advocacy for change, conscientisation and enable development. They said these strategies give power and meaning to the otherwise buzzword and toothless concept empowerment has become. They further suggested that the first letters of the three strategies could be used to make an acronym "ACE" and rename the model: "The ACE model for mastery of SOS mother's autonomy through empowerment".

4.7 CONCLUSION

In this chapter the major concept has been identified and fully analysed and the definition synthesised to indicate structural attributes. This ended with a visual classification of concepts. The next chapter will begin by definitions of the related concepts based on the clarification of the main concept and using the survey list of Dickoff et al (1968: 423). This will then be followed by the description of the structure of the model.
CHAPTER FIVE
DESCRIPTION OF A FINAL MODEL FOR FACILITATION OF MASTERY OF SOS MOTHER'S AUTONOMY THROUGH EMPOWERMENT AS PART OF PROMOTING THEIR MENTAL HEALTH AND GUIDELINES FOR ITS OPERATIONALISATION

"In order for the oppressed to be able to wage the struggle for their liberation, they must perceive the reality of oppression not as a closed world from which there is no exit, but as a limiting situation which they can transform."
— Freire (1968: 34)

5.1 INTRODUCTION

Chapter Four dealt with the identification and definition of the main concepts as well as other related concepts that will form the building blocks of the model. In this chapter, a model that will serve as a framework for the advanced psychiatric nurse practitioner to facilitate mastery of SOS mother’s autonomy through empowerment as part of promoting their mental health is proposed. Fundamental assumptions and relationship statements are highlighted and the structure and process of the model is described. Guidelines for operationalising the model are also presented. The chapter will end with the evaluation of both the model and the guidelines.

5.2 OVERVIEW OF THE MODEL

The overview of the model: "The ACE model for facilitation of mastery of SOS mother’s autonomy through empowerment as part of promoting their mental health" is presented, based on Figure 5.1 (see page 139).
Figure 5.1: The Ace Model For Facilitation Of Mastery Of SOS Mother’s Autonomy Through Empowerment As Part Of Promoting Their Mental Health

The structure and process of the model entails the following phases:

- Phase One: Initiating
- Phase Two: Enable development
- Phase Three: Mastering competence
- Phase Four: Maintenance of liberation
Phase One of the model shows the advanced psychiatric nurse practitioner working together with the SOS mother within the SOS Children's Village environment to initiate the process of mastery of autonomy through empowerment for the benefit of the SOS mother. The former, acting as a resource person and a change agent, initiates the process by engaging those in the environment of the SOS mother in a constructive manner to gain understanding about the life-world of SOS mothers and to support the empowerment initiative by buying into the process and release resources.

In the second phase the advanced psychiatric nurse practitioner involves the SOS mother in planning and implementing of that part of the empowerment initiative which is concerned with enabling the SOS mother's development (personal and professional self-development). The goal here is to meet her needs for self and environmental mastery, which includes interpersonal effectiveness.

Self-mastery programmes are meant at enabling the SOS mother to use her experiences in transforming from a victim to a victor. Environmental mastery focuses in enabling her to become an active and equal participant in her environment. These mastery programmes equip her with competencies to improve her status in the village and professionally. Not only will these competencies enable her to succeed in her role as a leader of her SOS family, but they will also enable her to get an accredited qualification.

This empowerment initiative is driven by three main strategies: Advocate for change; conscientise; and enable development (ACE). Although the three strategies work synergistically, each strategy targets specific areas in the development of the SOS mother, for example, enabling development (self and professional) aims to equip SOS mothers with competencies aimed at meeting their inborn need for mastery. It also means creating environmental conditions that allow for their full involvement and participation, including the necessary resources for personal and professional development.
Conscientisation targets the power relations in the environment of SOS mothers, and the effect thereof, on their performance in relation to the standard of SOS mother's autonomy as well as on their mental health. It addresses issues of victimhood and disempowerment and aims at bringing about transformation in the minds and hearts of people.

Advocating for change is closely related to conscientisation, in the sense they both look at issues of oppression and exploitation experienced by SOS mothers as women and as co-workers occupying the lowest ladder in the village structure.

Phase Three is concerned with the SOS mother, who has just come out of the above development programmes. Having acquired an accredited qualification, she now takes ownership of the process of mastery of autonomy through empowerment. From this point of the process, the empowerment initiative becomes a quest for lifelong learning. This indicates that the SOS mother is taking ownership of the process. After receiving a qualification in child and youth care, she registers with the South African Council of Social Services Professions as a child care practitioner at a category to be determined by the Professional Board for child and youth work. This board will also determine her scope of practice. This enables her professional self-development by applying the competencies gained from those programmes to demonstrate success in mastering competencies for professional practice. These three competencies are defined under Section 5.3.4 (166-167).

Both the advanced psychiatric nurse practitioner and the SOS mother advocate for creation of enabling conditions in the village, where she is given an opportunity to master the stages and tasks related to professional self-development.

In Phase Four the SOS mother has now proven that she can be trusted to practice as a professional practitioner, within legal and professional boundaries. She now functions under the guidance and control of the South African Council for Social Service Professions. In a way, this shows that she is now liberated as she is supervised within her own profession as opposed to social workers and nurses. This liberation also gives her the opportunity to interact with other professionals as an equal participant.
However, this liberation is fragile since it needs maintenance. She now concentrates on maintaining her liberation by playing a leadership role in the development of her profession and that of her SOS Children's Village. She also needs to maintain her registered status. The organisation can now rely on her to protect its interests and image. The client (state, community, family of the child under her care, and the child or youth) can now trust her. The child and youth care profession can rely on her to protect its interests and image. Other professionals can trust her and leave her alone to work as a trusted colleague. In addition, she maintains her liberation through lifelong learning for continuous self and professional self-development.

The last part of phase four ends with the SOS mother in a state of mastery of autonomy as integral part of mental health. The role of the advanced psychiatric nurse practitioner is to act as a resource person to the SOS mother body corporate and to facilitate the quest for lifelong learning.

It is important to note that once the process of mastery through empowerment has been initiated, it is called empowerment initiative because it is the advanced psychiatric nurse practitioner through being a resource person and advocacy role, who does the initiation. However, as the SOS mother engages in self-empowerment, through participation in the programmes, the process is now called "quest for lifelong learning". This is to indicate that the SOS mother herself now sustains the process, with the advanced psychiatric nurse practitioner playing a facilitating role.

The structure of the model is described in the following section.

5.3 DESCRIPTION OF THE STRUCTURE OF THE MODEL

The concepts identified and defined in Chapter Four are given structural form to clarify their relationship by means of a symbolic representation as suggested by Chinn and Kramer (1991: 116-117).
This section of the thesis details the description of the structure, process, and phases of "The ACE model for facilitation of mastery of SOS mother's autonomy through empowerment: As integral part of promoting their mental health" among SOS mothers within the SOS Children's Villages.

This model (See Figure 5.1) is visually displayed by means of different structures and shapes such as rounded rectangles, different sized oval circles, block arrows, and a yellow arrows structure. The structure of the model gives overall form to the conceptual relationships in the model, as well as to the description of mastery of autonomy through empowerment as a procedure.

In Figure 5.2, the advanced psychiatric nurse practitioner and the SOS mother are depicted as oblong yellow structures. They are both questing for mastery. Their interaction (represented by the greenish yellow blocked arrow) and questing takes place within the context of the SOS Children's Village, depicted as the dark green rounded rectangular shape.

Figure 5.2: Phase One: Structural form of the advanced psychiatric nurse practitioner, SOS mother and the context
The advanced psychiatric nurse practitioner and the SOS mother are connected together by the greenish yellow blocked arrow. The arrow depicts the advanced psychiatric nurse practitioner, with the involvement and participation of the SOS mother initiating the process of facilitation of mastery of autonomy through empowerment. This initiating is based on the former being a resource person and a change agent and also mobilising resources for the implementation of the empowerment initiative (represented by the moon-shaped light yellow structure).

Figure 5.3 below shows a redish yellow structure known as the arrows5 structure, pointing upwards. The three arrows: “Advocate”, “Enable” and “Conscientise” represent the strategies used by the advanced psychiatric nurse practitioner in the empowerment initiative meant for the development of the SOS mother.

**Figure 5.3: Phase Two: Enabling the development of the SOS mother**

The two pointed “legs” of the arrows5 structure rest firmly on the block arrow connecting the advanced psychiatric nurse practitioner and the SOS mother in phase one. This is to show the importance of the involvement and participation of the latter in the process of mastery through empowerment. The redish yellow colour of the structure symbolises fire and energy that comes from the discussions in phase one and agreements by management to release resources to support the empowerment initiative programmes in the second phase.
The word “enable” is placed in the middle of the arrows structure to indicate its centre role in the development of the SOS mother. It is the main artery or the trunk of the empowerment initiative, while the other two strategies: “Advocate” and “conscientise” serve as branches that play a supporting role.

In the third phase, the arrows: advocate, enable and conscientise, can be seen in the background as if piercing through the red oval structure in Figure 5.4. The latter symbolises the SOS mother, who has just benefitted from the developmental programmes in phase two beginning to take ownership of the process of mastery through empowerment by mastering competencies for professional practice.

Figure 5.4: Phase Three: SOS mother mastering competence

These competencies (accountability, trustworthiness and role mastery) place the SOS mother at a higher level of development because they will permit her to practice either as a child and youth practitioner within legal and professional boundaries or under the indirect supervision of such a practitioner. Obviously, in order to succeed in mastering these competencies, she will need to engage in her continued quest for lifelong learning.
Phase four, represented by Figure 5.5 below, begins with the appearance of a greenish big arrow, with the name "liberated". The SOS mother, who in the last phase began to show success in mastering competencies for professional practice, is now liberated. This is because she can now identify with a professional group, which enjoys some autonomy and she now has a qualification that leads to a clear career path within the child and youth care profession. She is no longer under the supervision of other professions.

The end result of the process of mastery through empowerment is mastery of autonomy, which forms an integral part of mental health. Naturally, this state of liberation will need to be maintained through a continued quest for lifelong learning. If not, the SOS mother will lose her freedom for autonomy, and this will negatively affect her mental health.

Figure 5.5: Phase Four: Maintaining liberation for autonomy

5.3.1 Goal of the model

The goal of this model is to provide a framework for the advanced psychiatric nurse practitioner for facilitation of mastery of SOS mother autonomy through empowerment, as an integral part of
promoting the mental health of the SOS mother within the context of SOS Children's Villages. The ultimate goal, therefore, is the promotion of the mental health of the SOS mother.

5.3.2 Assumptions on which the model based

Assumptions of this model are rooted in the following theoretical frameworks:

5.3.2.1 Assumptions of the Theory of Health Promotion

The following assumptions taken from the Theory for Health Promotion in Nursing (Rand Afrikaans University - Department of Nursing, 2000: 4) apply to this model:

- The SOS mother, SOS co-workers and the advanced psychiatric nurse practitioner are seen holistically in interaction with the environment in an integrated manner.
- The SOS Children's Village environment includes an internal and external environment.
- The internal environment of the SOS mother, SOS co-workers, and the advanced psychiatric nurse practitioner consists of body, mind and spirit.
- The external environment consists of physical, social and spiritual dimensions.
- Psychiatric nursing is an interactive process, which facilitates the promotion of mental health.
- Psychiatric nursing interactions indicate a mutual involvement between the advanced psychiatric nurse practitioner and the SOS mother.
- The advanced psychiatric nurse practitioner is a sensitive therapeutic professional who demonstrates knowledge, skills and values to facilitate the promotion of mental health of the SOS mothers.
- Mental health is an interactive dynamic process in the environment of the SOS mothers.
- The relative status of the mental health of the SOS mother is reflected by the interaction in the environment.
- Emphasis is on the continued quest for wholeness.
- Promotion of mental health implicates the mobilisation of resources.
It is hypothesised, therefore as follows:

- Mastery of autonomy through empowerment will contribute to the promotion of mental health of SOS mothers.
- Promotion of mental health of SOS mothers, will in turn promote their mastery and autonomy.

After data gathering and analysis as well as the literature control, it was decided to consider accepting theoretical assumptions from other theoretical frameworks: the "Circle of Courage" framework used in the child and youth care profession and empowerment theories used in the helping professions.

5.3.2.2 Assumptions of the "circle of courage" framework

The following assumptions are taken from the writings of Brendtro, Brokenleg and Bockern (1990):

- Wholeness prevails when a person functions well in the following spiritual areas: belonging, mastery, autonomy and generosity.
- Without belonging, mastery, independence, and generosity, there can be no courage but only discouragement.
- A deficiency in any of the spiritual areas contributes to a broken circle, which is tantamount to ill-health.
- Mastery is a life-long quest that follows the developmental stages of a person throughout life.
- The advanced psychiatric nurse practitioner, SOS co-worker and the SOS mother quest for wholistic mastery.
- Emphasis is on development of wholeness: cognitive, physical, social and spiritual competence.
- Human beings have an in-born need for mastery, which can be expressed as competence and motivation.
• Lack of autonomy contributes to powerlessness, manipulation by others and lack of development.

5.3.2.3 Assumptions from theories of empowerment

The following assumptions are taken from theories of empowerment, particularly those of empowerment within the helping professions (Lee, 1994; Rose and Black, 1985; Covey, 1994; Guiterrez, 1990; Freire, 1968; and Jack, 1995):

• Enabling people to maintain their independence (autonomy) and capacity for self-direction is one of the main responsibilities of the helping professionals.
• For empowerment to happen, there must be environmental conditions conducive to self-empowerment through lifelong learning.
• One cannot empower people without analysing both their subjective and objective experiences.
• There cannot be empowerment without the active participation and involvement of those being empowered.
• Empowerment practice should combine five perspectives: historical, ecological, critical, feministic and ethclass perspectives.
• A SOS mother's behaviour and emotional experiences are directly connected to her biography (the SOS mother's history) and objective reality (actions and how she is viewed). Her concept of herself is a reflection of what she has experienced over time in the SOS Children's Village setting combined with her current location in an objectively identifiable environment (Rose and Black, 1985: 17).
• Development also comes through trial and error and focuses on strengths.

This last assumption leads the reader into the next section, which describes the context of the model.
5.3.3 Context of the model

The context of the model is the SOS Children's Village, which is presently going through many changes. Some of these changes, like the requirement for the SOS mothers to exercise leadership in the development of their SOS children and to take control in running their households (SOS Mother’s Autonomy), have not been well received. In some quarters, the thinking is that the standard for SOS mother’s autonomy is not yet well-defined, SOS mothers are not yet ready for autonomy and the pace of implementing this policy is too fast.

Meanwhile the SOS organisation considers that after two years of training, and with proper support and continued training from co-workers, the SOS mother should be considered as a childcare professional. Further, the organisation has set up as one of its strategic initiatives, the external recognition of the SOS mother profession.

At the same time, SOS mothers feel that other co-workers do not see them as capable of becoming professionals or as equals who are worthy of any serious contribution. Added to this, is the identity struggle within the SOS mother group. They feel that the title of "SOS mother" undermines their chances of getting recognition as professional child care workers outside of the organisation. There are also those co-workers who are against the professionalisation of the SOS mother occupation, as they believe that this group will lose the “mother touch”.

Complicating all of these issues further is the transformation that is taking place within South Africa about childcare and the struggle of childcare workers to get professional recognition. There are also the changes taking place in the education system, brought about by the South African Qualifications Authority Act, 1995 (Act 58 of 1995) and other relevant legislation.

In this model, all the factors in the context of the SOS mother are taken into consideration. The advanced psychiatric nurse practitioner facilitates the process that will enable SOS mothers to participate in a developmental programme that will help them achieve mastery of SOS mother’s autonomy through empowerment. The advanced psychiatric nurse practitioner recognises that it is impossible for one to empower another. Rather, one facilitates the process by conscientising
them of their situation, mobilising resources and advocating for changes in the environment that will create conditions for people to empower themselves. In this model, co-workers are seen as a resource that can be used to facilitate mastery of SOS mother’s autonomy, and consequently, their mental health, which is an integral part of their health.

5.3.4 Theoretical definitions of this model

Before moving to relational statements of the model, it helps to first provide definitions of the important concepts in the model and also to contextualise them. These include the central concept and other related concepts. The following concepts together create the model for facilitating mastery of SOS mother’s autonomy through empowerment:

5.3.4.1 Mastery of autonomy through empowerment

Mastery of autonomy through empowerment refers to a development process initiated and facilitated by the advanced psychiatric nurse practitioner as an integral part of promoting the mental health of the SOS mother through the use of a multi-pronged approach involving: advocacy (for change), conscientisation and enablement (ACE).

In this initiative, she acts as a resource person and a change agent to mobilise resources needed to facilitate the development of the SOS mothers – both personally and professionally. During this process, the SOS mothers liberate themselves for SOS mother’s autonomy by showing success in mastering competencies for professional practice (trustworthiness, accountability and role mastery) and maintain that liberation by engaging in their quest for lifelong learning.

5.3.4.2 Advanced psychiatric nurse practitioner

An advanced psychiatric nurse practitioner is a nurse with a clinical master’s degree and an advanced diploma in psychiatric and mental nursing with an additional clinical experience under the supervision of an advanced psychiatric nurse and/or field specialist in another related
specialist. She/he possesses an in-depth knowledge, as well as skills in advanced psychiatric nursing (Poggenpoel, 1993: 24).

In this model, the advanced psychiatric nurse practitioner is questing for mastery, which is an integral part of mental health. She acts as a change agent and a resource person, who facilitates the process of mastery of SOS mother autonomy through empowerment, as an integral part of promoting the mental health of SOS mothers.

5.3.4.3 Mastery

Mastery is a lifelong learning and development process and outcome characterised by an inborn quest to succeed in taking charge of one’s role through acquiring competencies (knowledge, attitudes, values and skills) needed in that role. It is multidimensional (physical, mental and spiritual) in nature, and has to be achieved in the different areas on one’s life (personal, interpersonal and environmental mastery).

5.3.4.4 Autonomy

Autonomy is a term related to professional practice whereby one, by virtue of possessing specific competencies (accountability, trustworthiness and role mastery) and membership of a professional group (in this case, child and youth care profession), is liberated to exercise control over one’s own function in the work setting (within legal and professional boundaries).

In this study, autonomy is a right for SOS mothers to make decisions and have control over certain aspects of their own function in their work setting, in this context, the SOS families (Leddy & Pepper, 1989: 9). This right is given by the organisation once the SOS mother has completed training as a child care professional. It means that the SOS mother can act as the leader of a SOS family and is allowed to make decisions, within legal and professional boundaries, to meet the developmental needs of the children under her care.
5.3.4.5 Empowerment

Empowerment refers to a process initiated by the advanced psychiatric nurse practitioner to bring about change in the work situation of the SOS mother through enablement, conscientisation, and advocacy for change.

5.3.4.6 Advocacy for change

Advocacy for change is a strategy associated with advocacy/empowerment approach and developmental orientated programmes. It is aimed at transforming the conditions in the environment of the people being empowered and in the mind-sets of people for purposes of transformation (Rose and Black, 1985: 43).

The advanced psychiatric nurse practitioner uses this strategy in her empowerment initiative for facilitation of mastery of SOS mother's autonomy. In advocating for change she aims at the following:

- creating awareness among co-workers and management about the experiences of SOS mothers and the effects thereof on their mental health and on the successful implementation of the SOS mother autonomy standard;
- forming alliances with them to support the empowerment process for SOS mothers through advocacy and skills building;
- mobilising resources; and
- changing the organisational culture and mind-sets in how SOS mothers are viewed and supported.

5.3.4.7 Enablement

Enablement is that component of the empowerment initiative that ensures that empowerment achieves its goals by focusing on the development of the capability of a person to perform in a given role while allowing for advancement in her status (Jack, 1995: 11). It involves helping
employees to develop the competencies (technical and emotional) they need to manage additional power and autonomy effectively (Nortjie, 2002: 12).

The advanced psychiatric nurse practitioner as a resource person and a change agent, mobilises resources to put together a development programme aimed at equipping the SOS mother with competencies that will strengthen her to meet her professional developmental tasks while at the same time, ensuring that the programme will advance her status through certification, qualification and accreditation.

5.3.4.8 Development

Development is an all-important primary process, through which individual growth can through time achieve its fullest potential. This growth is enabled through education and training to master defined competencies to predetermined standards (Tight, 1996: 28-29). For development to take place there must be some initiative and activity on the part of the recipient, which can serve as a basis for guided participation towards mastery and autonomy (Hundeide, 1991: 118).

In terms of the SOS mother, development refers to that process through which she is enabled over time, to achieve her fullest potential by growing in her career. During this process, she grows from a state of dependence to independence and eventually to interdependence by mastering the competencies needed in her role as the leader of the SOS family and the developmental tasks and challenges related to the various stages of a developing professional (Leddy and Pepper, 1989: 84).

5.3.4.9 Conscientisation

Conscientisation is a development concept attributed to Freire (Tight, 1996: 105). It extends far beyond the inculcation of basic skills and concerns itself with broader themes of individual liberation from an oppressive situation.
It refers to the process whereby the advanced psychiatric nurse practitioner enables SOS mothers to critically reflect on their subjective and objective world to identify and deal with their oppressive conditions in order to exercise autonomy and dignity. She adopts the techniques of critical consciousness, feminism, ethclass, and dialogue (Rose and Black, 1985: 29-30) to raise awareness among SOS mothers of the victim role they adopt as a response to their situation of feeling disempowered by their interactions with co-workers and the effects thereof on their mental health.

In this process they are helped to develop a collective consciousness to transform themselves from objects being acted upon to subjects capable of liberating themselves by changing how they relate to themselves and others.

5.3.4.10 Lifelong learning

Lifelong learning is a combination of two concepts: “lifelong” and “learning”. The first concept refers to a process that takes place throughout a person’s life. The second refers to a process of acquiring knowledge, skills, insights, values, and attitudes from one’s total life experiences and mastering what one needs to do. Together, these concepts refer to continuous learning throughout one’s whole life as part of a quest for mastery and autonomy. It recognises both the independent (self-reliance) and interdependent (co-workers, significant others, mentors, and coaches) nature of the world (Morris, 2002: 5).

Lifelong learning incorporates three kinds of learning: practical, vital, and integrative learning. Practical learning is about the development of competencies (knowledge and skills) for the things people need to know and want to be able to do. Vital learning is about the SOS mother’s motivation and focusing on those aspects of her life she value the most. It enhances her sense of purpose and degree of fulfilment. Integrative learning maintains her sense of balance and completeness in order to become whole. In the process, she learns about beliefs that give meaning and a sense of liberation to her life (Morris, 2002: 7).
It means the SOS mother will use the experiences she has gathered from the empowerment initiative and turn this into a self-directed process of the self and professional development. In engaging with this process, she will incorporate practical, vital, and integrative learning for the purpose of maintaining a sense of balance, completeness and her liberation for autonomy, and hence her wholeness.

5.3.4.11 Professional practice

This concept refers to the type of behaviours and interactions with clients (children, the youth and their families) that are expected from the SOS mother, as someone who aspires to be recognised as a child care professional, has to display in her work in the life-space of the child/youth in order to get that recognition from the society and the childcare profession. According to the literature (Lodge, 2001: 7-8; Child and Youth Care, 2003: 2) these expectations include the following:

- Registration with the Professional Board for Child and Youth Care in terms of section 18(A)(1) of the Social Service Professions Act, 1978 (Act 110 of 1978) as a learner or childcare worker/practitioner.
- Putting childcare knowledge and skills to justify actions and interventions, which are motivated by the best interests of the client.
- Using methods, practices and interactive conversations in the life-space of the child that are developmentally useful.
- Keeping yourself up-to-date with the body of literature in childcare.
- Contribute to the growing body of knowledge that makes up the field.
- Behaving ethically and showing accountability.
- Interacting as equals with other professionals and being able to function as a member of a multidisciplinary team.

For the purpose of this model, these competencies are grouped under three categories: trustworthiness, accountability and role mastery.
5.3.4.12 Trustworthiness

Trustworthiness is one of the competencies that the SOS mother needs to master in order to justify her autonomy within her scope of practice and leadership role in her SOS family. The concept of trustworthiness is made up of two concepts: character and competence. The first refers to what the SOS mother is, while the second refers to what she can do.

Character is a function of integrity, maturity and a mentality that exhibits innovativeness and the capacity to share power (Covey et al, 1994: 240). Character also includes evidence that the person has mastered or is in the process of mastering what Leddy and Pepper (1989: 81-95) refer to as the tasks and goals related to the different stages of professional self-development. These are: trust and hope; autonomy and will; initiative and purpose; industry and competence; identity and fidelity; intimacy and care; and integrity and wisdom.

Competence includes technical competence, conceptual competence and interdependent competence. The latter refers to teamwork and collaborative skills (Covey et al, 1994: 240). This includes mastery of those behaviours and interactions, which are expected by the society and the child and youth care profession from someone practicing as a child and youth care worker (See Section 5.3.4.11 above).

Before the SOS mother can be trusted with autonomy by the SOS Children's Villages Organisation, her practice as leader of her family and as a professional childcare practitioner must be able to reflect these competencies.

5.3.4.13 Accountability

Accountability is one of the landmarks of a profession, and therefore, professional practice. It is inextricably linked with other concepts such as responsibility, authority and autonomy and refers to being answerable to someone (client, profession, employer, and the self) for decisions and actions one has taken in executing one's role (Leddy and Pepper, 1989: 251).
In terms of this study, accountability refers to the ability of the SOS mother to master the competency of being answerable to her clients (SOS children, their biological families and communities), her employer (SOS Children’s Villages organisation), and to herself for decisions and actions taken in executing her role as a leader of her SOS family and as a childcare professional.

5.3.4.14 Role Mastery

Role mastery is one of the competencies the SOS mother will need to exhibit in her practice as a leader of her SOS family and as a professional childcare practitioner before she is entrusted with autonomy. This means she must be able to perform her functions in a self-directed manner without the need for constant supervision and fulfil the challenges demanded by her role as authorised by the organisation and profession.

5.3.4.15 Liberated

“Liberated” refers to the state of freedom and power enjoyed by SOS mothers, which is an outcome of the empowerment process initiated by them and the advanced psychiatric nurse practitioner. SOS mothers, having gained a collective consciousness and self-empowerment, now begin to engage in processes related to challenging conditions of their oppression and demanding to have a say in matters affecting their work and profession in order to maintain their right to autonomy.

This freedom entails the right to be included in decision making involving her family and individual SOS children under their care, while collaborating with other professionals as equals in matters of child care and to make a contribution in the running of the village as well as the development of her profession. It is maintained by displaying success in mastering competencies for professional practice, engaging in a continuous quest for lifelong learning, and membership to a professional group; which will determine her scope of practice.
5.3.5 Relationship statements of the model

The following relational statements are made:

- The process of developing mastery of autonomy through empowerment takes place between the advanced psychiatric nurse practitioner, the SOS mother and the co-workers within the context of SOS Children's Village.
- The process of mastery of autonomy through empowerment allows the SOS mother to develop self-empowerment, and for this to happen, the SOS village culture needs to be transformed so as to create environmental conditions conducive to it.
- For empowerment to succeed, a multi-pronged approach involving the strategies: conscientisation, enablement, developmental orientation and advocacy orientation should be adopted. This makes it easier to practice autonomy.
- A supportive culture will enable SOS mothers to master the tasks and goals associated with the stages of professional self-development.
- The more self-empowered SOS mothers feel in the village environment, the more likely they will be willing to practice autonomy and promote their mental health and the more they will contribute to an environment conducive of empowerment.
- The more the SOS mother practices the competencies (in the village) acquired through training and development, the more likely she will be able to internalise them and the more liberated she will be to exercise autonomy.
- Mastery of autonomy by SOS mothers enables the development of empowering culture in the village.
- Empowered workers create empowered organizations or environment.

5.3.6 Process description of the model

The process of the model for facilitation of mastery of SOS mother's autonomy through empowerment, takes place in three distinct but overlapping phases, namely:
- Phase 1: Initiating
- Phase 2: Enabling development
- Phase 3: Competence
- Phase 4: Maintenance of liberation.

These phases are interdependent and are discussed below.

5.3.6.1 Phase 1: Initiating

This phase is called the initiation phase because it indicates the advanced psychiatric nurse practitioner, working as a change agent and a resource person in the environment of the SOS mother. She begins the process of facilitation of mastery of autonomy through empowerment by creating awareness within the SOS Children's Village context regarding the situation of SOS mothers. Both the advanced psychiatric nurse practitioner and the SOS mother are within the SOS Children's Village environment. Both of them quest for mastery. However, the SOS mother's participation at this stage is still minimal as the advanced psychiatric nurse practitioner acts as her advocate for change.

This phase focuses on three main areas in the role a resource person:

- creating awareness through knowledge sharing;
- marketing the model; and
- mobilisation of resources to effect change.

(1) Resource person creating awareness through knowledge sharing in order to advocate for change

The initiation of the process of awareness creation begins as the advanced psychiatric nurse practitioner as a resource person begins to engage management, SOS mothers and co-workers in a constructive way. This is achieved when she starts playing the role of a resource person by
sharing the findings of her research and the lessons that can be of benefit in addressing successful implementation of the SOS mother empowerment policy.

She acts as the voice of SOS mothers by sharing their perspective on the following:

- the gap between the current situation and the desired future;
- the experiences of the SOS mothers with regard to their interactions between themselves and their co-workers in matters affecting their families;
- the effects of these experiences on their ability to effectively carry out their roles as leaders of the SOS families as well as on their mental health, which then has a negative impact on family functioning;
- Issues of victimhood and disempowerment; and
- the needs of SOS mothers: mastery and recognition as leaders of the SOS family, professional support in dealing with the challenges they face with their SOS family, participation and involvement and a village culture that supports and creates conditions conducive of empowerment.

(2) Resource person advocates for change through marketing the model

The second area of focus is the marketing of the model for facilitating of mastery of autonomy through empowerment as a guiding framework for the successful implementation of the SOS mother's autonomy standard and for promotion of their mental health.

As an advocate for change, the advanced psychiatric nurse practitioner also applies her knowledge of change management to help the stakeholders to deal with the discomfort and fear brought about by change and to help them cope with the transition period. The change may, for example, entail the need for co-workers to acquire new skills in working with SOS mothers and the unlearning of other skills and attitudes. The new knowledge and skills will include concepts of empowerment reflected in the model. This will enable them to change the way they interact with SOS mothers and to become resource persons themselves.
In order to bring about change in the status quo, the initiation phase has to go beyond knowledge sharing. The empowerment initiative needs to be programme-based. These programmes will need mobilisation of both internal and external resources to enable the development of SOS mothers both personally and professionally. Part of this mobilisation entails mobilisation of resources for the creation of environmental conditions conducive for the successful implementation of the initiative to empower SOS mothers for mastery of autonomy within legal and professional boundaries.

According to Covey et al (1994, 243-246), for people to be able to empower themselves, the conditions conducive for empowerment have to be in place. These conditions include trustworthiness, trust, win-win stewardship, self-directing individuals and teams, and aligned structures and systems. As a resource person, the advanced psychiatric nurse practitioner will need to educate co-workers about what these terms mean and together, agree on the guidelines of how these can be operationalised in the context of SOS Children's Villages.

She negotiates with management to release resources needed for the initiative and mobilises other resources. Resources will also be needed to address physical and mental discomfort experienced by SOS mothers in dealing with some of the challenges they face with their SOS families. Examples are psychiatric nursing accompaniment, individual counselling, family therapy, and child-focused parent groups.

A network of committed co-workers, who will act as champions of change in the village by adopting the model and by participating in the empowerment initiative, is needed. In this regard, she seeks to achieve the following from co-workers:

- get their buy-in about the model; and
- create a common language and understanding about what the process will entail, as well as the potential to empower themselves while participating in the initiative.
In advocating for change in the situation of SOS mothers, the advanced psychiatric nurse practitioner and the champions of change will need knowledge and skills in the following areas:

   a) Ethics of principled advocacy
   These are the rights and the wrongs of advocacy, for example, the advocate should be certain that she is representing the interests of her client and not push her own agenda and sacrifice the client in the process.

   b) Presentation /Communication skills
   These will be useful in engaging management and co-workers about the process and when marketing the model.

   c) Negotiation skills
   These include a variety of skills. Examples are assertiveness skills, self-management, influencing skills, legal knowledge and research, self-knowledge, knowledge about the childcare profession and childcare legislation, and legislation on skills development.

   d) Group skills/Facilitation skills
   These skills will be needed when conducting seminars on knowledge sharing and workshops related to the process of: facilitation of mastery of autonomy through empowerment. They include other skills, for example, public speaking, presentation skills and writing skills to prepare reports and documents related to the process.

Lastly, in order to succeed in convincing management about the need to invest resources in this initiative, she will need to show how the above process complements existing change efforts within the organisation (alignment with existing initiatives). Examples are the contents of the newly released SOS Children's Village documents: Strategic initiatives; vision, mission and values; as well as the ten standards of SOS village work.
5.3.6.2 Phase 2: Enabling development

The focus here is on development of the self/personal and environmental mastery of the SOS mother. This development is enabled through the empowerment strategies: advocacy for change, conscientisation and enable development (ACE Concept) come into operation here. The central strategy here is enabling development. The other two: namely advocate for change and conscientise are supportive strategies to drive the development of the SOS mother. That is why in the model (Figure 5.1, p146) "enable development" is placed in the middle, with the other two flanking it.

(1) Enabling personal self-development through self-mastery

Enabling personal self-development of SOS mothers should focus on empowering them to deal with issues they face daily in their environment. This includes their experiences as they interact with their children and their co-workers. Promoting personal and environmental mastery should, therefore be one of the objectives of this phase. Mastery in these areas will help the SOS mother to cope with her experiences by taking responsibility for change rather than by adopting a victim role. In this way she will be able to promote her mental health. In this phase, she has to be enabled as indicated hereunder.

(a) Victimhood

Through conscientisation, the SOS mothers will be made aware of their victim role and be enabled to transform from that role to a victor role. This has a lot to do with mastery in the sense of staying on top of things. Methods used for enabling this transformation include groupwork and training in the principles of the advocacy/empowerment orientation action scheme. They need to be helped to work through feelings and coping styles associated with victimhood. Examples of these feelings are: regret, bitterness, dissatisfaction, anger, shame, helplessness and powerlessness. The most common coping behaviour is blaming. Issues of feminism, ethnicity, and class are addressed in relation to favouritism, exploitation, intimidation and harassment.
The strategy of conscientisation and techniques such as dialogue and consciousness raising are used to enable them to connect their subjective experiences to their objective reality, such as being a woman, poor, and uneducated. Through these techniques, they come to realise that they can do something to change their situation, as the quotation at the opening of the chapter suggests. They also increase their power through the development of a collective conscience.

Part of this conscientisation will require enabling the SOS mothers to develop skills in advocacy. The advanced psychiatric nurse practitioner will be guided by the principles of empowerment practice espoused by Dodd and Gutierrez (1990: 69-73).

- **Helping relationship**: Based on collaboration, trust, and the sharing of trust; facilitating empowerment by assisting the client to experience a sense of personal power within the helping relationship; and actively involving the clients in the change process.
- **Modalities**: Intervening on the individual, small group and organizational levels. Also involving clients in support groups.
- **Techniques**: The specific techniques include accepting the client's definition of the problem; identifying and building upon existing strengths; raising the client's awareness of issues of power imbalance; teaching specific skills; and mobilising resources or advocating for clients.

(b) *Coping with stress*

The SOS mother needs to be enabled to achieve mastery in using the stresses related to her work to her advantage rather than to become a victim of stress. Training programmes in emotional intelligence and stress management are essential in enabling the SOS mother to develop personal and environmental mastery. Personal mastery will lead to environmental mastery. However, the SOS mother will also need to be enabled to develop towards getting a recognised professional qualification.
The SOS mother autonomy standard expects the SOS mother to function as a childcare professional in her role as a leader of her SOS family. This demands that she needs to master her environment both inside the SOS and externally in the wider environment. Development of competencies, which enable her success in both these areas are crucial. These competencies must lead to attainment of a recognised qualification and registration with a professional body.

According to a study by Gmeiner and Van Wyk (2002: 16), it was found that the majority of SOS mothers do not possess a Grade 12 certificate, which is the minimal level for a professional education entry. Most of them have a low English literacy level. In addition, the present curriculum for the training of SOS mothers does not meet the criteria for a recognised qualification. These are some of the obstacles that facilitation by the advanced psychiatric nurse practitioner needs to address.

What is needed therefore is a development programme that will eventually lead to the attainment of a recognised qualification. This qualification has to lead to the acquisition of a legal right to practice, which comes through registration with the South African Council for Social Service Professions as a childcare worker, in terms of section 18(A)(1) of the Social Service Professions Act, 1978 (Act 110 of 1978). Without this registration, it is difficult to see how SOS mothers can exercise autonomy.

The advanced psychiatric nurse practitioner acts as a resource person and facilitates a developmental process, which addresses the problems mentioned above. At the same time, the diversity of SOS mothers in terms of the educational level must be taken into consideration.

In enabling the development of the SOS mothers, the advanced psychiatric nurse practitioner will be advised by the following imperatives for planning for skills development as suggested by Bellis (2002: 6). The three imperatives are:
a) Legislative imperative


The advanced psychiatric nurse practitioner uses these laws in advocating for SOS mothers' development towards a recognised qualification. These laws set the parameters for enabling the development of people towards a recognised qualification. SOS mothers are conscientised about their rights to a recognised qualification in terms of these laws. The same laws are also used for advocating for change.

b) Organizational imperative

This means that the whole process of enabling the development of the SOS mother must be directed towards the organization's goals and objectives. In this model, consideration will be given to the following policies of the organisation affecting the position of the SOS mother. These are the strategic initiatives document, the vision and mission document and the SOS Children's Village Manual.

c) Moral imperative

This refers to the development of people because it is the right thing to do. It is about addressing the developmental needs of those people, like most SOS mothers, who because of their circumstances, were kept out of the educational system and could not get formal qualifications, even if they could perform in a job.

In facilitating the development of competencies needed by the SOS mother to get a recognised qualification and to lead her SOS family as expected by the organisation, the advanced
psychiatric nurse practitioner will follow the steps recommended by Bellis (2002: 8). These will be elaborated on under the section on guidelines for operationalising the model.

The advanced psychiatric nurse practitioner will also ensure the existence of a programme for accompaniment of learners (SOS mothers on training). This is a team consisting of a registered child and youth care practitioner, child and youth coordinator, social worker, and an experienced SOS mother to direct, support, assess, and evaluate the learner activities in the village. The same team can also be prepared to play the role of a preceptor to provide four dynamic interactive facilitation. Peer accompaniment by more senior peers is also needed.

After completion of the qualification in child and youth care, the SOS mother’s development is ready to be moved into phase three of the model.

5.3.6.3 Phase 3: Competence

In this phase, the advanced psychiatric nurse practitioner seeks to enable the SOS mother to master competence. In the last phase, the focus was more on gaining competencies in the unit standards making up a qualification. She practised these competencies under supervision. The qualification enables her now to register with a professional body to complete her stages in professional self-development. Now she needs to be given opportunities, where she can gain success in mastering competencies for professional practice guided by the regulations governing her profession. For this to happen, the advanced psychiatric nurse practitioner will facilitate her registration with the South African Council of Social Service Professions as per the regulations of the Social Service Professions Act, 1978 (Act 110 of 1978).

The advanced psychiatric nurse practitioner continues to mobilise resources for the continuous professional development of the SOS mother. She advocates for the development of a village culture, which supports the empowerment initiative by cultivating the conditions of empowerment. These conditions will then enable empowerment from the inside out as proposed by Covey et al (1994: 238). It takes management, co-workers and SOS mothers for these conditions to materialise. These conditions are trustworthiness, trust, win-win stewardship.
agreements, self-directing individuals and teams, aligned structures and systems, and accountability (Covey, 1994: 246).

SOS mothers need to be conscientised about their role in cultivating these conditions and to understand that empowerment happens from the inside out. No one can empower another. However, conditions for empowerment can be cultivated. Theirs is to take advantage of those conditions and use them to develop and to succeed in mastering competencies for professional practice. These are trustworthiness, role mastery, and accountability. The SOS mother is given an opportunity to apply them in her capacity as a registered childcare worker/practitioner.

SOS mothers are also conscientised to take advantage of these conditions to complete the stages of professional self-development as proposed by Blase and Pajak (1982) quoted in Leddy and Pepper (1989: 81-95). These stages are similar to those conceptualised by Erikson (1982: 55-82). Each stage is seen as having tasks and challenges that have to be achieved. Outcomes of each stage have an impact on the professional development of the person. Positive outcomes mean that the person is ready to move to a next stage. Negative outcomes may thwart the development and affect attainment of professional growth and functioning, and therefore the SOS mother’s liberation for SOS mother’s autonomy.

The developmental stages with their accompanying tasks and strengths through which the developing professional has to go through according to Blase and Pajak (1982) quoted in Leddy and Pepper (1989: 81-95) are as follows:

- **Infancy**: the beginning professional on orientation needs to master the task of **trust** to gain **hope**
- **Childhood**: the beginning professional – post-orientation needs to master the task of **autonomy** to gain **will**
- **Childhood**: the young professional moving into independence needs to master the task of **initiative** to gain **purpose**
- **Childhood**: the growing professional developing expertise needs to master the task of **industry** to gain **competence**
- **Adolescence**: the professional with an own identity needs to master the task of *identity* to gain *fidelity*
- **Adulthood**: the maturing professional needs to master the task of *intimacy* to gain *love*
- **Adulthood**: the productive professional needs to master the task of *generativity* to gain *care*
- **Adulthood**: the older professional needs to master the task of *integrity* to gain *wisdom*.

The environment plays a very important role in supporting or frustrating the goals that the developing professional needs accomplish at each stage. For this to happen resources in terms of people, management, co-workers and policies are needed to nurture this growing professional and so are the right attitudes. The advanced psychiatric nurse practitioner, therefore, will advocate for these resources and facilitate this developmental process.

Conceptualising the professional self-development of the SOS mother within this framework is seen as very important in this model because the model is about empowerment. It seeks not just to empower individuals, but the body corporate of the SOS mothers. Since the childcare profession has not yet received wide recognition - which will widen up its chances for autonomy, it is important that the model also advocates for their professional development.

According to Leddy and Pepper (1989: 83), it takes at least three years to master these stages and the real work begins once a person begins professional practice. Failure to successfully negotiate each stage will have implications for the practice of the SOS mother as well as the quality of service she can give her clients and the organisation. Achievement of the goals of each stage will ensure that the SOS mother, as a childcare professional, maintains her recognition and liberation for autonomy.

Functioning as a professional practitioner does not mean that she is totally on her own. She continues to receive supervision. However this supervision does not mean that people are hovering over her. She functions in terms of agreed upon objectives and is guided by legal
organisational, and professional childcare standards. She is then evaluated according to these standards and objectives and receives constant feedback. She also ensures that she is registered with her professional body.

In this phase, the advanced psychiatric nurse takes a background position of support, while the SOS mother becomes the active partner. Having participated in the second phase, she now takes a leading role in the village by putting into practice the competencies mastered during the developmental phase. She internalises the knowledge by constant practice, reflection and trial and error. As she continues to practice, she asks for and gets feedback from co-workers. The village assists by creating opportunities for her to practice and by mentoring and coaching.

As the SOS mother puts her skills into practice, she also continues to implement and review her developmental plan, which she had started during training (second phase). As she implements her developmental plan, she also indicates her strengths and the areas that need more work. She identifies co-workers in her environment that can assist her and uses facilitative interactions to gain support from others. She practices listening skills and takes feedback from co-workers and management in the form of her performance appraisal. She also pays attention to her experiences and feelings and seeks counselling when necessary.

5.3.6.4 Phase 4: Maintenance of liberation

As the SOS mother is continuing to successfully master competencies for professional practice and the tasks related to the stages of her professional self-development, it becomes important for her to take it up upon herself to maintain her recognition as a child and youth care professional, hence her liberation for autonomy. This is what phase four is about: maintenance of liberation.

She maintains this status by turning the process of facilitation of mastery of autonomy through empowerment into a self-directed process of lifelong learning.

Lifelong learning continues throughout the individual's life and is a strategy and avenue for life mastery and professional development. It leads to the systematic acquisition, renewal, upgrading
and completion of knowledge, skills, and attitudes that become necessary in response to the constantly changing conditions in one's life. The ultimate goal is the promotion of self-fulfilment of a person (Tight, 1996: 35-38).

Lifelong learning is developed when the SOS mother begins to engage in becoming a self-reliant learner and when she starts seeing the value in engaging in this process. It consists of three types of learning: practical learning (the development of competencies and acquiring knowledge and skills in handling practical problems); vital learning (motivation and focusing on what is important, purpose and fulfilment; and integrative learning (using one's life experiences to become whole). Vital and integrative learning occur more slowly than practical learning, and occur at a deeper and spiritual level (Morris, 2002: 7-8).

The role of the advanced psychiatric nurse practitioner in this phase is to facilitate the SOS mother’s quest for lifelong learning in order to maintain her liberation for autonomy, which is an integral part of her mental health. According to Morris (2002: 31-49), self-directed learning is facilitated through the following:

- Reflection
- Discovering and deciding what is important in people’s lives
- Becoming purposely aware and making use of those unexpected experiences that present tough but invaluable learning opportunities
- Making use of those "Aha" moments
- Constructing one’s own learning experiences to achieve those things one considers important for one’s destiny
- Getting feedback about oneself from what is happening around one
- Dialoging with significant others.

The advanced psychiatric nurse practitioner, as a facilitator of mastery of autonomy through empowerment, is to make the SOS mother aware of the potential of lifelong learning and mobilise resources for helping her to become a self-reliant lifelong learner.
The following section of the model deals with the development of guidelines as a framework for operationalising this model in practice, with respect to SOS mothers within the SOS Children's Village setting.

5.4 GUIDELINES AND LITERATURE CONTROL FOR IMPLEMENTING THE MODEL IN PRACTICE

The following guidelines and activities are proposed and recommended to meet the stated objectives in each phase. Because of the dynamic nature of each individual situation, these guidelines are offered merely as suggestions. Each situation may need a certain amount of flexibility in the application of the model in practice. There is further a clear overlap of the phases and some aspects may have to be repeated in the other phases. Therefore, the whole process should be seen as cyclical.

The guidelines for the operationalisation of the model in practice are formulated so as to achieve the following overarching goals:

- to facilitate liberation of the SOS mother for autonomy by creating a supportive environment and enabling her to master competencies for professional practice, which allows for autonomy within legal and professional boundaries through the process of mastery of autonomy through empowerment; and
- to support the professional self-development of the SOS mother by facilitating her mastery of developmental tasks necessary for her to become an effective professional and to be recognised as a professional.

5.4.1 Initiating

This phase is about initiating the process of facilitation of mastery of autonomy through empowerment. The advanced psychiatric nurse practitioner targets the SOS mothers, co-workers and management in the environment of the SOS Children’s Villages with the following objectives in mind:
5.4.1.1 Objective One:

To create awareness regarding the situation of SOS mothers in relation to SOS mother’s autonomy.

- **Strategies and Actions**

The advanced psychiatric nurse practitioner initiates the process of mastery of autonomy through empowerment by engaging management, co-workers, and SOS mothers where she uses the strategy of advocacy for change. She creates and looks out for opportunities for creating awareness about the experiences of SOS mothers when interaction with co-workers and the effects of these on their mental health and on the success of the village to implement the SOS mother autonomy standard. She also communicates the need of SOS mothers to quest for mastery so as to be able to successfully execute their role as leaders of their SOS families. The following are some of the opportunities:

- various meetings and workshops she attends with management and co-workers;
- different training workshops organised for human resource development; and
- conferences and strategic meetings she attends with management and board members.

During this process of advocating for change, it is important to bear in mind that change brings discomfort and resistance to some people, both SOS mothers and co-workers. It is important that such people are supported during this transition. All attempts must be done to get them a common understanding about the change and what positive effects this change will have on the vision and mission of the organisation.

Other avenues for communicating the different topics related to the research findings are through the media. Examples of the media include internal publications, annual reports and annual plans.

The same opportunities are used to market the model for facilitation of mastery of SOS mother autonomy through empowerment: as integral part of promoting mental health for SOS mothers.
5.4.1.2 Objective Two:

To mobilise resources for the implementation of the process: facilitation of mastery of autonomy through empowerment.

- **Strategies and actions**

Use the strategy of advocacy to mobilise for resources (time, human and financial). Negotiate for this by preparing and submitting clear proposals for the different programmes that will be used in the above process. Examples of these programmes are: skills development workshops for co-workers; SOS mother training and development programmes, which includes learner accompaniment by professional practitioners; team building and dialogue sessions between co-workers and SOS mothers. The last two programmes will need to be facilitated by an outsider.

Prepare and submit a budget for the envisaged programmes. The same proposal and budget estimations can be used for fundraising both internally and externally. Identify opportunities for fundraising. Examples include skills development levy through the Department of Labour and Departments of Education and Social Development.

Build a support network from those village co-workers who work with SOS mothers and form an alliance of an advocacy group that looks at issues of empowerment and train them in advocacy theory and practice. Interact with them at various levels to get their buy-in and collaboration in the empowerment initiative. Convince them of their vital role in creating environmental conditions supportive of empowerment and the need for a transformed village culture. Show them what they stand to gain personally by becoming involved in this initiative. Examples are self-empowerment in terms of knowledge, skills and possibly job enrichment and personal as well as professional development.
Negotiate for the establishment of a position of a village training facilitator in all villages to support SOS mother training and development programmes and organise for their training and empowerment.

Participate in the skills development planning process of the organisation and in the training of co-workers. This will give the advanced psychiatric nurse practitioner an opportunity to include in their training concepts from the model, for example advocacy skills; advocacy/empowerment orientation action scheme; mastery; autonomy; development theory and practice; and training skills.

5.4.2 Enabling development

In this second phase both the advanced psychiatric nurse practitioner and SOS mothers become active. The former facilitates the process of development and the latter participates fully and becomes actively involved throughout the process. The objectives of this phase are as follows:

5.4.2.1 Objective One:

To enable SOS mothers to develop personal and environmental mastery.

There are two categories of strategies under this objective. The first focuses on conscientisation and dealing with victimhood. The second focuses on stress reduction.

- **Strategy and actions for victimhood**

Use group work as a medium for conscientisation and training. In small groups, use the technique of dialogue to build trust so SOS mothers can allow one into their private world. During group sessions, use the techniques of dialogue and verstehen to raise issues and questions about their work. Support them to allow you to see how they perceive their world.
During your interactions with SOS mothers, communicate an attitude and belief that despite the existing stultified conditions in which they exist, they still have the power to create the reality they want and get out of the victim role.

Use the technique of praxis as follows:

- Help them talk and reflect on their conditions and to give a name to their oppression.
- As they talk about their issues, listen attentively and reflect to them their feelings, attitudes and behaviours suggestive of victimhood.
- Validate their reality as persons and attempt to demonstrate their capacity and strength.
- As they talk about their reality, encourage elaboration of their expressions and through critical reflection use questions such as how and why things happen the way they do and who benefits.
- Because people locked in a victim role are used to having their complaints being disregarded, ignored or ridiculed, try and see them as a disguised or concealed critical comment to allow the possibility of taking both disguise and the cause differently. Taken seriously, the whining must give way to the person taking responsibility for further elaboration and discussion why the situation is as it is. This way, a complaint is transformed into a research process.
- As they talk, identify generative themes that can become research questions and used for problem posing.

Strategies and actions for stress reduction and self-awareness

The SOS mother should be enabled to achieve mastery in the following stress reduction strategies: recognising and using her feelings (positive and negative) to conquer her social environment; goal setting; visualisation; application of religious principles to conquer her environment; time management; assertiveness; thought stopping and refuting irrational ideas; progressive relaxation and coping with a stressful event; nutrition; and exercise.
5.4.2.2 Objective Two:

To enable SOS mothers acquire and master competencies needed for dealing with challenges they face with their SOS families and in executing their leadership role.

- **Strategy and Actions**

Advocate for and mobilise resources for establishment parent training programmes that simultaneously support and empower SOS mothers experiencing problems with children in their families. This will require that helping professionals like social workers, psychologists, and nurses change the methods they presently use in working with SOS families with children who need counselling or therapy. Some of these methods are:

- Building collaborative partnerships with parents of SOS families they are presently working with. One example is for counsellors to include the parent as a fully participating partner in the therapeutic process instead of working with the child alone, which totally excludes the SOS mother and gives rise to self-blame.
- Using strategies that do not only recognise the often negative way that parents are viewed to contribute to a child's problems but also the parents' positive intent and personal worth. Such strategies mainly use parent participation in the counselling process, parent support group strategies that (i) focus on the positive contributions parents make to their children's lives and (ii) build on the strengths of both the parent and the child.
- Using parents as co-therapists for their children's behaviour problems so as to gain skills that will empower them to be leaders of their SOS families and experience a sense of mastery, which leads to a positive self-concept and a high self-esteem.

5.4.2.3 Objective Three:

To align the developmental & training process of SOS mothers with the National Qualifications Framework process so as to get a nationally recognised qualification.
• **Strategy and actions**

Use Bellis (2002) model for skills development. The following actions will be crucial:

- Collaborate with management, SOS mothers, and co-workers as well as external partners in government and in the childcare field to make an input in the development of the "workplace skills plan" for SOS mothers.
- Establish or confirm the SOS Children's Village organisation's process for skills planning.
- Facilitate the formation of the skills planning structure (team/committee) in the villages. SOS mothers should participate in this structure.
- Facilitate the identification and analysis of skills' needs of SOS mothers (skills audit), especially those needed in order for them to qualify as childcare professionals.
- Describe solutions to the gaps and opportunities - These may include job aid or performance aid; English literacy, or training (short or long course), which can be obtained internally or externally as long as it is aligned with the requirements of the National Qualifications Framework and learnerships (internally or externally).
- Other solutions, especially for a qualification gap will require identification of unit standards appropriate for closing the gap and a decision whether the SOS mother applies for "Recognition of Prior Learning" or registers for a full course.
- Design or select the skills development solutions.
- Prepare the workplace skills plan and make sure that the SOS mothers' skills are accommodated in this plan, and that they are aware of the times and requirements of the programmes they will attend in that year and that there is a budget for this.
- Implement the skills plan, monitor its implementation, record and report.
- Do the evaluation of the implementation, focusing on the following: reaction, learning, change of work behaviour, cost-benefit relationships, the quality of the training-learning process, return on investment, the impact of the learning and its application on the performance in the organisation and of the organisation; whether the solutions added value to the achievement of the goals of the organisation; and
whether solutions added value to the growth of SOS mothers towards reaching 
mastery.

- Revise and recommend on the skills planning process.

5.4.2.4 Objective Four:

To enable SOS mothers to obtain unit standards and/or a qualification that will give them access 
to register as professional child and youth care practitioner, which will enable them to practice 
autonomy within a defined scope of practice

- **Strategies and actions**

  - Keep up-to-date with the new developments within the child and youth profession so 
as to ensure that the skills development programme the SOS mothers are following 
will give them a recognised qualification.
  - Ensure their registration with the South African Council for Social Service 
Professions as child and youth care learners and that the programme is aligned with 
the quality requirements of this Council.
  - Advise management about the above requirements and advocate for the required 
resources.

5.4.2.5 Objective Five:

To facilitate and support continuing education programme in the village in order to help SOS 
mothers to practice and internalise competencies gained from training courses and to gain 
confidence.

- **Strategies and Actions**

Conduct a "train-the-trainer" workshop for co-workers as champions of change from the different 
villages (village training facilitators) to enable them to participate in the empowerment initiative
and to co-ordinate on-the-job further training of SOS mothers, facilitate their clinical accompaniment and support them with their individual development plans.

Invite other speakers/trainers from outside the organisation and from the “Sector Education and Training Authority” to train the village training facilitators on selected topics related to the training of childcare workers and transformation in childcare.

Include the following topics in the "train-the-trainer" programme:

- orientation into the curriculum for the training of SOS mothers;
- orientation into the processes of the National Qualifications Framework and the South African Qualifications Authority;
- roles and relationships (especially their envisaged role);
- how to organise and maintain a mentorship programme for SOS mothers during their progress from an infant to an adult professional;
- evaluation tools;
- facilitation and training skills;
- quality assurance; and
- any topics identified by the village training facilitators themselves. These may competencies for working within an advocacy/empowerment and developmental approach

The training of the champions of change will also prepare the ground for the next phase as through them, enabling conditions for the SOS mothers’ self-empowerment will be assured.

5.4.3 Competence

Objectives for this phase follow hereafter.
5.4.3.1 Objective One:

To enable the SOS mothers to practise within legal and professional boundaries, which will define their scope of practice and the limits of their autonomy.

- *Strategies and Actions*

- Facilitate the registration process of the SOS mothers with the South African Council of Social Service Professions as a child and youth care worker.
- Ensure that the SOS mothers acquire the relevant regulations governing their practice and that each keeps a professional file.
- Organise a workshop to enable SOS mothers to interpret the regulations.

5.4.3.2 Objective Two:

To enable support for SOS mothers experiencing mental discomfort because of challenges related to their SOS families.

- *Strategy and Actions*

Advocate for the establishment of the following SOS mother support programmes:

- psychiatric nursing accompaniment for SOS mothers experiencing mental and physical discomfort;
- individual and group counseling; and
- child-focused parent groups.

5.4.3.3 Objective Three:

To enable the SOS mother to master developmental tasks and challenges related to the different stages of professional self-development.
- **Strategy and Actions**

- Set up a mentorship programme in the village as a vehicle for supporting the professional developmental tasks of the SOS mother and for mastery of competencies for professional practice.
- These are win-win agreements, self-supervision and trust. Collaborate with the village training facilitators who oversee the mentorship programme.
- Continue to advocate for enabling conditions in the village, which support the following actions designed to facilitate mastering of the following developmental tasks and goals by the SOS mothers:

  - **Goals of the SOS mother: Trust and hope**

    - to trust one's own mentors and polestars to effectively guide the SOS mother to develop abilities to fulfil her professional role requirements;
    - to count on others to assist in the pursuit of professional objectives;
    - to experience gratification in her role as the leader of her sos family and child care practitioner; and
    - to count on recognition from management, co-workers, and clients for effectively delivering a needed service.

  - **Facilitative actions**

    - provide a mentor that the SOS mother can trust and on which she can count on for assistance, guidance, feedback and recognition; and
    - assess anxiety levels of the SOS mother as a new professional and provide counselling and psychiatric nurse accompaniment.
- **Goals of the SOS mother: Autonomy and will**

  - to depend on more mature professionals for guidance some of the time;
  - to view the self as autonomous in practice some of the time, a professional in her own right, able to stand on her own competence in meeting role responsibilities; and
  - to view child care as an independent body, determining its own policies and regulations, effectively using its power, and in control of its own practice.

- **Facilitative actions**

  - Attach the SOS mother to mature professionals to provide guidance when needed and to participate meaningfully in the multidisciplinary team.
  - Provide opportunities to practice her skills and to prove her trustworthiness in a non-threatening environment.
  - Provide for democratic processes in decision-making.
  - Expose her to opportunities where she can engage in autonomous practice. Examples: Place her in a SOS family with own house and budget; let her compile all the Individual Developmental Plans of the children on her own to present to a multidisciplinary team; and compile and submit the annual household budget for her family.
  - Advise her of the need to be currently registered with the South African Council for Social Service Professions and a professional association or union.
  - Enable her to make judgments, participate in village decision-making and to pursue her professional goals.
  - Encourage self-direction and self-supervision by providing support and counselling as opposed to hovering over her.
  - Encourage win-win agreements by drawing with her contracts that represent a clear, up-front understanding and commitment in the following areas: desired result of her performance and deadlines; guidelines within which results are to be accomplished; what resources are available (people, finance, technical and organisational support) to help accomplish the results; accountability by setting up standards, time of
evaluation, and methods of measuring progress; and consequences resulting from the evaluation.

- **Goals the SOS mother needs to achieve: Initiative and purpose**

  - To find rewards in using one's own initiative and imagination to test the realities of childcare practitioner roles.
  - To independently anticipate professional role responsibilities while being held accountable for own actions.

- **Facilitative actions**

  - Provide her with leadership, which encourages the achievement of mutually, agreed upon goals.
  - Encourage creativity and provide constructive feedback.
  - Provide her with guidelines as to scope of practice, guidelines for and communication channels.
  - Provide emotionally intelligent leadership.
  - Allow her opportunities to initiate programmes that address special needs of children and youth

- **Goals of the SOS mother: Industry and competence**

  - To experience competence in independently performing the tasks of the profession
  - To expand one's knowledge of childcare.
  - To integrate a sense of accomplishment in one's own work in the profession.

- **Facilitation actions**

  - Encourage her to be actively involved in as many village projects as possible, where she can test and show-off some of her creativity and skills. Examples are the Special
Educational Needs Programme; Skills Development Committee; and Trainee Mentorship Programme.

- Advocate for rewards for professional achievements.
- Support the continued acquisition of knowledge and skills.
- Assist the professional to expand and use professional networks and attend professional meetings and conferences outside the organisation.

• **Goals of the SOS mother: Identity and fidelity**

- To feel certain in one's role as a professional childcare practitioner.
- To feel competent in role experimentation.
- To clearly articulate one's own ideological commitment to the profession.

• **Facilitative actions**

- Assist the professional to develop expertise and to take up new leadership roles within her profession. Examples of such roles are change agent, client advocate, SOS mother representative and contributor to her profession.

• **Goals of the SOS mother: Intimacy and love**

- To develop the capacity to commit oneself to collaborative relationship with clients, professional peers, and other colleagues in the childcare industry as an interdependent professional.

• **Facilitative actions**

- Expose the professional to opportunities to develop the capacity participate in collaborative relationships with clients, professional peers and other colleagues in the wider childcare system outside the organisation as an interdependent professional who also functions independently.
- **Goals of the SOS mother: Generativity and care**

  - To be productive for self and others in a professional childcare role, contributing to society through own efforts in childcare education, practice, and research.

- **Facilitative actions**

  - Provide means for the professional to contribute to society through her own efforts in childcare practice, education, and research
  - Provide her with opportunities to act as a mentor to other childcare professionals and to act in senior positions where she can promote the image of childcare workers.

- **Goals of the SOS mother: Integrity and wisdom**

  - To find pleasure in the accomplishments of oneself and others in professional pursuits.
  - To appreciate the full life cycle of the professional self.

- **Facilitative actions**

  - Create an environment that shows appreciation and value to old members of the profession and allows them to continue contributing to the profession.
  - Encourage professional peers to call upon older members for their wise and sage counsel.
  - Provide tasks adjustments in order for older professionals to continue to contribute.
  - Provide opportunities for the older professional to complete unfinished business and to reflect on and cherish her significant contributions and relationships.
5.4.4 Maintenance of liberation

The outcome of the previous phase is that the SOS mothers, both as individuals and as a co-operatives have proved that they have reached competencies for independent action within legal and professional boundaries. What is now left for them is to maintain their autonomous status. This phase is a natural consequence of the SOS mother's achievement of the tasks and needs of the developmental stages of a professional outlined in the previous section. Objectives for this phase follow hereafter.

5.4.4.1 Objective One:

To facilitate SOS mothers to develop attitudes and values of lifelong learning and self-mastery.

- **Strategy and actions**

  This aspect of the development is self-directed and extra-curricular in that it is controlled entirely by the SOS mother herself, who has now mastered most, if not all the challenges of the developmental stages of a professional. However, the advanced psychiatric nurse practitioner continues to facilitate by performing some actions. The main strategy used is lifelong learning and self-empowerment.

- **Actions by the advanced psychiatric nurse:**

  - Facilitate self-mastery (self-growth) workshops, including self-mastery courses from the Life Training organisation as one the SOS mother support programmes, where SOS mothers are exposed to self-analysis, self-disclosure, and feedback from others.
  - Assist SOS mothers to form an ethics committee that will deal with unethical practice by the members of their group.
  - Encourage and teach senior and experienced SOS mothers to continually engage in a
process of auditing their work. They can then use the results of auditing to improve their practice, to sanction those members who may put their profession in disrepute, thus convincing management and the public of their trustworthiness and deserving of autonomous practice.

- **Actions by the SOS mother:**

The SOS mother looks out for opportunities where she can become a self-reliant learner and the way in which to use her daily experiences, both positive and negative to help her make course corrections in her life and career. Some of the actions and opportunities for developing self-reliant learning include:

- mastering new technologies;
- surrounding herself with people who can offer her advice, help and honest feedback: mentors and coaches;
- keeping a daily and/or periodic journal;
- monitoring her core values in terms of what life is teaching her;
- attending self-enrichment workshops; and
- joining and dialoging with others, for example, a small group of like-minded people and people in similar jobs for structured self-reflection.

5.4.4.2 Objective Two:

To engage SOS mothers in a process of transformation so they can develop skills to confront their experiences of disempowerment and to confront the elements or ingredients existing in their present context, which maintain or reproduce helplessness and thwart their personal and professional development.

- **Strategies and actions**

Use a practice paradigm, which validates the person, reconnects her to the objective context in which she works or lives, legitimates the impact of the history of the SOS mother, and engages
her in a process of transformation. A suggested framework to achieve the above objective is "advocacy/empowerment orientation" as proposed by Rose and Black (1985).

- Organise workshops with senior and experienced SOS mothers for training in self-advocacy skills.
- Include a module on the use of the following concepts and actions from the advocacy/empowerment orientation scheme by Rose and Black (1985) in the Advanced SOS Mother Training and Development Programme for SOS mother: verstehen, thematization, problematization, anomie, analysis of the consequences of action, choice, praxis (These concepts come from Sociology) and evaluation.

The above scheme must be seen as a cyclical process that should be continuously used by SOS mothers to maintain their liberation for SOS mother's autonomy.

5.4.4.3 Objective Three:

To enable the organisation/village to transform its culture and to cultivate conditions of empowerment for SOS mothers to develop self-empowerment.

- **Strategies and actions**

The advanced psychiatric nurse practitioner continues to establish and maintain a healthy relationship with management and co-workers by using facilitative interactions and displaying the attitudes of respect, caring, empathy, congruence and genuineness.

Share with co-workers and management Covey's (1994: 239-245) model for cultivating conditions for self-empowerment in the organisation. That means she must make several presentations and facilitate workshops on how to implement the following ideas:

- trustworthiness (personal and organisational by developing character and competence among people);
- trust;
- win-win agreements (by providing workers/subordinates with expected performance criteria, desired results, guidelines, resources, accountability and consequences);
- self-directing individuals or teams (allowing people to direct themselves by decreasing supervision and increasing support);
- aligned structures and systems. Examples are the following: remove old systems that hinder autonomy and replace them with those that communicate trust and support. If necessary, create new structures that will facilitate self-empowerment; and
- accountability (encourage self-evaluation and use of 360° performance reviews).

Use change management skills, group facilitation skills and influencing skills to get management and co-workers to adopt the above conditions of empowerment.

Negotiate with management to adopt a year's discussion theme based on the model of mastery of autonomy through empowerment, volunteer to lead the facilitation of the theme in different forums within the organisation and prepare a combined report of all discussions and suggestions at the end of the year.

Make input into the orientation and training programmes for professional co-workers and management by suggesting inclusion of topics such as coaching, emotional intelligence, transformational leadership and empowerment practice.

Collect information to monitor change in the village environment and consistently give feedback and encouragement to village co-workers through reports and other means of communication.

5.4.5 Evaluation of the model guidelines

The model and the guidelines were presented for discussion and comment to SOS co-workers attending "Africa Continental Best Practice Workshop" (12-16 May 2003) in Johannesburg. Most of the workshop participants work with SOS mothers on a supportive role, either as village
directors, national directors, counsellors or trainers. Three of these have doctorate degrees in psychology.

The purpose of the workshop was to share and distribute knowledge and best practices that would facilitate the implementation of the SOS Children's Village standards, one of which is the SOS mother autonomy standard. Co-workers felt that the model could be useful, not only in the SOS Southern Africa Region 11, where the research was done, but to co-workers in other regions of Africa. They confirmed the findings as a reality in most African SOS Children's Villages. For this reason, they welcomed the model as a best practice that they would also like to try.

5.4.6 Evaluation of the model

The model was presented for evaluation to an audience consisting of students attending a pre-doctoral seminar and 5 independent experts in theory generation. Two of these have a doctorate degree in psychiatric nursing, two in nursing education, and one in education.

The following criteria developed by Chinn and Kramer (1995: 127-134) were used to evaluate the model: (i) How clear is the model? (ii) How simple and logical is the model? (iii) How general is this model? (iv) How accessible is this model? (v) How important and useful is this model? (vi) How understandable is the model?

In general, the audience was impressed with the work that has gone into the model. All agreed that the model certainly adds to the body of knowledge, is accessible and useful and that it can be used by other disciplines apart from mental health nursing. Specific comments were directed to the following areas.

(i) How clear is the model?

Some participants put forward some suggestions to improve on clarity of the model. One comment was that there are too many arrows. These make the model look unnecessarily complicated. The number of arrows in phase one has since been reduced from four to one. The
two arrows that straddled between phases two and four were also done away with. Another arrow, which connected the concepts “enable” and “development” in phase two was also removed.

(ii) How simple and logical is the model?

One expert questioned the use of the two concepts “empowerment” and “development” together in the same model as they may have the same meaning. This comment was later withdrawn following a discussion and revisiting concept analysis.

Another expert suggested that the model could be improved by having the circles in the model smaller in the beginning of the process and increasing in size as process develops so that the circle occupying the last phase of the model appears bigger in proportion to the others. This suggestion was accommodated by removing some of the structures in phase one and by replacing the crown-like structure in phase four with a big arrow.

Another comment related to the criterion of logic was that the arrow in phase one was unidirectional and pointing from the advanced psychiatric nurse practitioner to the SOS mother. It was felt that this suggested that the latter was a passive recipient. Having the arrow pointing both ways to show the two as interacting accommodated this comment.

There was also the view that the fact that the audience cannot see the point of where the arrows of the three-arrow structure in the 3rd phase connect with the base of the rounded structure, diminishes the impact made by the “ACE Concept” on 3rd phase (mastering competence). It was suggested that a 3 Dimensional picture would help. This was accommodated by taking the model picture to a graphic designer, who managed to bring out the arrows and desired effects.

5.5 CONCLUSION

This chapter dealt with the comprehensive description of the structure and process of the model for the facilitation of mastery of SOS mother’s autonomy through empowerment: as integral part
of promotion of mental health. Guidelines for operationalising the model within the context of SOS Children's Villages were proposed. In the guidelines for the implementation of the model specific objectives, strategies and activities are proposed for further clarity of the model. However, it is acknowledged that the process is dynamic and that each situation has to be dealt with in its own unique context. The model is to be evaluated by a panel of experts and recommendations will be accepted and integrated into the model or their exclusion will be justified within the context of the model.
"Yet when I surveyed all that my hands had done
And what I had toiled to achieve...
I was overcome with gratitude."
- Adapted from Ecclesiastes 2:11

6.1 INTRODUCTION

In the previous chapter the structure and process of the model for facilitation of: mastery of autonomy through empowerment was described. Guidelines for operationalisation of the model in practice were also fully discussed.

In this chapter, conclusions will be made about whether the objectives of the study have been met, the study limitations and general recommendations for the utilisation of the model in nursing and within the SOS Children's Village organisation.

6.2 CONCLUSIONS

This thesis dealt with the development of a model that can serve as a framework for the advanced psychiatric nurse practitioner to facilitate SOS mother autonomy within SOS Children’s Villages. The outcome of this facilitation is the promotion of the mental health of SOS mothers. This section of the chapter will look at the extent to which the following objectives of the study have been met.

6.2.1 Objective One:

To explore and describe the experiences of the SOS mothers with regard to their interactions with co-workers in matters affecting their SOS families and how they cope with those experiences.
This objective was achieved by conducting a study, which is exploratory, descriptive and contextual in design. Data collection was conducted using in-depth phenomenological interviews with a sample of SOS mothers. The results of these interviews were subsequently analysed and categorised into themes. The findings were then discussed within existing literature. Chapter Two contains the detailed description of the research methodology used.

Findings from the analysis of data showed that very few of the respondents sampled experience the interactions positively. SOS mothers on the whole, experience their interactions with their co-workers as non-facilitative.

For those SOS mothers who experience interactions with co-workers as facilitative, two theme categories were identified. Firstly, they experience supportive interactions, which contribute to feelings of being understood, energised, burdens that feel lighter, and motivated. Consequently, they experience a sense of mastery in dealing with family challenges. In addition, they also experience interactions that promote their autonomy in matters affecting their families. These experiences contribute to a positive self-concept, increased self-esteem, respect, trust, and a sense of confidence as a leader of her SOS family.

For those (the majority of respondents) who experienced the interactions with co-workers as non-facilitative, two theme categories were identified. Firstly, there is a lack of overall support from co-workers. This leads to them being overwhelmed and stressed out. This is accompanied by development of negative feelings, physical symptoms and family dysfunction due to inability to master challenges they face with their families. Secondly, there are experiences of interactions that hinder their autonomy in matters affecting their families. These interactions contribute to negative feelings, physical symptoms, mental discomfort, disempowerment, negative self-concept and low self-esteem. They end up missing out on opportunities for developing mastery in handling family challenges and they also come across as helpless and cope by adopting a victim role. The literature suggests that taking a victim role is a common phenomenon found in most oppressed groups.
The literature helped in explaining and understanding the SOS mothers’ experiences and how these can be changed. In conclusion, the findings point to a need for a model that can serve as a framework to facilitate the implementation of the SOS mother’s autonomy standard so as to promote the mental health of SOS mothers.

6.2.2 Objective Two:

To generate a model that will serve as a framework for the advanced psychiatric nurse practitioner to facilitate the implementation of the SOS mother autonomy standard within SOS Children's Villages.

This objective was accomplished through the use of a theory generation design based on the results of the fieldwork. The research design was exploratory, descriptive and contextual in design. A detailed description of the design is given in Chapter Two.

The findings of the study suggested that “in interacting with co-workers, SOS mothers quest for mastery, but they are not allowed”. The literature indicated that mastery is a prerequisite for autonomy and both mastery and autonomy form the core of human dignity and wholeness. This led to the conclusion that mastery of autonomy through empowerment is the central concept for the model. It also became clear that in the case of SOS mothers, mastery of autonomy needs to be facilitated through empowerment. Hence the model is called: “A model for facilitation of mastery of SOS mother autonomy through empowerment: As integral part of promoting mental health.”

The associated concepts are: advanced psychiatric nurse practitioner, SOS mother, mental health, facilitation, strategy, change agent, and the ACE concept of empowerment (an acronym taken from the first letters of the concepts: advocacy for change, conscientisation, and enable development.
The ACE concept is born out of attempts to give "power" to the often-critiqued concept of empowerment, which the literature suggests that it has lost its power because of its vagueness and overuse.

The three concepts forming the main concept were analysed separately by looking for their dictionary meanings and subject usage. A list of criteria for the main concept was generated from the dictionary meanings and subject sources. This list was further reduced to essential criteria. Characteristic attributes for the central concept were also identified. The essential criteria were then synthesised to form a definition of the main concept. A visual representation depicting the structure and process of the model was then created.

Further lessons learnt from the study of literature are that autonomy is one of the essential characteristics for professionalism. Since SOS mothers are also viewed as child care professionals, it became necessary to enable them to master competencies for professional practice in child and youth care. The latter discipline has just received recognition as a profession in South Africa. To this end, professional development became one of the objectives of the empowerment initiative. Literature suggested that professional self-development is achieved in stages similar to those proposed by Erikson for human development. This means that for SOS mothers to become fully developed, they need to master all the tasks and challenges associated with each stage of professional self-development. One of the tasks of the advanced psychiatric nurse practitioner would be to advocate for village conditions that support this development. All this would ensure the liberation of SOS mothers, and eventually to mastery of autonomy, which is an integral part of mental health.

Deductive reasoning was utilised as a method of inferring relationship statements from the described model. Four phases of the model were also fully described. These are (1) initiating the process of facilitation of mastery of autonomy through empowerment; (2) enabling the personal and professional self-development of the SOS mother; (3) building and mastering competencies for independent practice; and (4) maintenance of SOS mother's liberation for autonomy.
6.2.3 Objective Three:

To describe guidelines as a framework for the operationalisation of the model in practice.

The literature also suggested that for any empowerment initiative to be successful, it should be aligned with other initiatives taking place in the larger environment. For this reason, the guidelines for operationalisation of this model in practice are to be firmly grounded within the context of the transformation that is taking place in the South Africa human resource development in general and in the childcare profession, in particular.

This transformation actually addresses the problem of low education of the majority of SOS mothers, which has been one of the obstacles for them to improve their professional status. It offers a legal solution to their development to eventually becoming professional practitioners, who enjoy some autonomy within defined legal and professional boundaries. The legal solution exists in the two acts: The Skills Development Act (Act 97 of 1998) and the South African Qualifications Authority Act, 1995 (Act 58 of 1995). These two acts together make it possible for SOS mothers to get a recognised qualification and improving their educational level at the same time through work-based training and development programmes. Registration with the recently established Professional Board in child and youth care will lead to the SOS mother's yearning to be seen as a professional person.

It is within this context that the guidelines for operationalising this model were described. In these guidelines, the objectives of each phase of the model are stated. Strategies and activities for attaining each stated objective are also suggested.

The conclusion made about this study is that the objectives set in the beginning of the study have been met.

6.3 LIMITATIONS

Three factors could be stated as limitations of this research. The first is that not all follow-up interviews could be conducted, as six of the respondents could not be followed up for various
reasons. Two had resigned and the other four have not come back for training yet and the researcher has not visited their villages yet. However, because this problem had been anticipated in the beginning, all of those interviewed had sections of their audiotaped interviews played back to them while they were still on training.

A second limitation may be related to my position and role in the organisation. As a trainer, and sometimes counsellor for SOS mothers, it might have been better that someone else conducted the fieldwork instead of me. Somehow this might have influenced the SOS mother's responses during the interviews.

The third limitation is that the model still has not yet been verified yet. This has to be done through research that will test the hypotheses generated from formulated statements in the model.

By its very nature, this study is limited by the fact that it looked at the interactions of SOS mothers with their co-workers only from their perspective. Obviously, for practical reasons, the study had to focus on one area. And this focus was to try and get an understanding of the SOS mother's internal world experiences of interacting with her co-workers in terms of their positions as leaders of their household and families. The study was also seen as a way of giving a voice to SOS mothers to narrate their stories.

Nevertheless, it would be helpful also to try and get a description of how the SOS mother's co-workers experience interactions with her. Such an understanding would then focus on how to improve those interactions.

Executing some of the guidelines for implementing the model in practice has already begun. A lot of activity around Phase One is already happening. Management has already made resources available for the suggested initiative to create conditions for empowerment of SOS mothers through building a support network in the villages.

The first group of village co-workers, who have been identified as champions of change, attended a ten-day "train-the-trainer" workshop in November 2003. The purpose of the course was to:
conscientise co-workers about the internal world experiences of SOS mothers, with specific reference to their needs when interacting with co-workers, and to advocate for change; get a buy-in from professional co-workers about the model and about the process for facilitation of mastery of SOS mother's autonomy through empowerment; and enable them to play a significant role in this process of empowerment.

During this course the participants were exposed to the following:

- facilitation and training skills;
- the national qualifications framework: structure and processes;
- the skills act and the health and welfare sector training authority (HWSETA);
- the findings of the phenomenological interviews, that form a basis for this study;
- general concepts of the empowerment approach: mastery; developmental approach; advocacy/empowerment orientation; and conscientisation; and
- orientation to the curriculum on child care and family education certificate, which will lead to the qualification and registration of SOS mothers as professional childcare workers.

One of the decisions taken by this network of co-workers is that the "train-the-trainer" programme should run annually so as to empower themselves to support SOS mothers more effectively. Plans and the budget for 2003-2004 have also been approved.

The process of conscientising SOS mothers and other role players has also started. The strategy of knowledge sharing is being used in the different forums with co-workers from the villages. In these forums, the advanced psychiatric nurse practitioner negotiates a session where she shares the results of the study and the proposed model with co-workers.

The 2003 SOS Mother Biennial Conference has also offered an opportunity for conscientising the SOS mothers about their right to self-development as outlined in the strategic initiatives of the

The Hermann Gmeiner Adult Training Centre has also been listed with the Health and Welfare Sector Training Authority as a training provider. This will ensure that the government of South Africa recognises the training of SOS mothers. In my quest for mastery in facilitating the successful implementation of SOS mother autonomy, I also participate in the Standard Generation Body for Child and Youth Care. This body is one of the structured charged with the generation of unit standards that will build the curriculum of a qualification in child and youth care. This qualification will be one of the prerequisites for registration with the South African Council for Social Service Professions. My participation in the above Standard Generation Body is to continue to advocate for SOS mother and ensure that the competencies she needs to master her role as the leader of a SOS family and for registration for professional practice are included in these standards.

6.4 RECOMMENDATIONS

Recommendations of this study will be presented at two levels: Firstly, those pertaining to nursing, and secondly those pertaining to the SOS Children's Villages organisation.

6.4.1 Recommendations for psychiatric nursing

Recommendations will be made regarding the application possibilities in the areas of psychiatric nursing education, psychiatric research, psychiatric management and psychiatric nursing practice.

The recommendations, which follow hereafter, must be understood in terms of how nursing defines itself and its work. One of the objects of nursing is to help clients confront and deal with problems affecting their health. This study has succeeded in highlighting the plight of one group of the nurses' clientele, the childcare worker in general, and the SOS mother in particular. This means that nurses should be aware of the occupational hazards faced by this group of workers, and should intervene by making a contribution in the promotion of their mental health.
An important contribution of this study is that it has managed to unearth, resurrect and also illuminate some of the forgotten concepts about clients as human beings. This model brings these concepts to the centre of nursing in general, and psychiatric nurses in particular. The rediscovery of the concept: "mastery," not just as an educational concept but as inborn quest and central to mental health and wholeness, is important to uplift the domain of nursing and its health promotion specialty.

The concept of autonomy as one of the concepts forming the central concept of this model is also important to nursing. In this study, it has been clearly shown that failure to engage in the quest for mastery can interfere with one's practice of autonomy in one's area of influence. Further, this can affect one's mental health.

In the literature accusations are being leveled against nurses and social workers for using practice principles, which contribute to the oppression of clients by maintaining a status quo rather than empowering them to change conditions of their oppression.

This model therefore, sensitises those nurses coming into contact with such clients to try and use practice principles and techniques that empower clients to transform conditions of their existence. The principles and techniques are suggested and elaborated on in this research. This way nurses can facilitate clients' development in order to promote their mental health, which is an integrated part of wholeness.

Nurses in general, should not forget how they as group were so frustrated in their quest for mastery and autonomy. They must remember that it took individuals from other professions to facilitate their professional development and therefore, to do the same for other emerging professionals like child care workers. It is now, more important than ever before, that nurses have an opportunity to empower others. Whereas with the past government in South Africa, it was considered unsafe and also illegal to participate in empowerment issues, that excuse is no longer valid with the present government. The present government has created enabling conditions for all people of South Africa, irrespective of their educational standard, to develop and become professionalised by getting a recognised qualification. If nurses are going to be
involved in these processes, some will need to make a mind-shift in how they define professionalism and how they view emerging professionals.

Nurses should therefore grab this opportunity to become leaders in the empowerment of other groups and facilitate their mental health while they engage in this quest for development.

6.4.1.1 Psychiatric nursing education

The model can also be promoted to nursing educators to use in their programmes. Consideration should also be given to inclusion of concepts from this model in the nursing management and leadership courses.

Lastly, with the present transformation that is being demanded by the South African government in terms of skills development, it is possible that nurses will be participating in the education and training of new categories of professionals. Most of these groups will be coming from the uneducated and previously disadvantaged groups who may have become comfortable playing the victim role.

For those nurses educated in the empowerment approach, it will be easy to help these people transform themselves through self-empowerment. This is especially so in South Africa and other developing countries, where the majority of the nursing clientele consists mainly of women with a history of oppression and disempowerment. The concepts forming this model have been used successfully in the past with poor, uneducated and oppressed groups.

Inclusion of concepts of mastery, autonomy, conscientisation, enablement, developmental approach and advocacy in the curriculum of Health Promotion can go a long way in enlarging the territory of nursing.
6.4.1.2 Psychiatric nursing research

Consideration should be given to the use of other research methods to evaluate the application of this model in practice. For instance, a case study method may be used to evaluate the model for facilitating mastery of autonomy in nursing education and management settings. Quantitative methods of research can also be used to test hypotheses generated from relationship statements described in Chapter Five of this study.

6.4.1.3 Psychiatric nursing practice

This model can be utilised in nursing practice to enable the advanced psychiatric nurse practitioners in her quest for mastery in empowering her clients. This model is especially useful in the field of promotion of mental health, which is an integral part of health. The findings of this study have revealed that issues like mastery and autonomy are very important for self-esteem, human dignity, and therefore, a person's wholeness. For this reason, there is a moral imperative that psychiatric nurses and other nurses working in the area of health promotion should pay particular attention of these issues when working with childcare workers.

Advanced psychiatric nurse practitioners could incorporate use of the advocacy/empowerment orientation into their practice to turn their practice into praxis. Th advocacy/empowerment orientation is a strategy with a dual focus. Using this strategy will enable the advanced psychiatric nurse practitioners to promote individual and collective consciousness to understand and transform concrete problems in daily life through a process of trust, validation, support, legitimation, and action designed to produce alteration in self-concept concomitant with changing degrees of autonomy and control. Through techniques such as “verstehen” and “dialogue”, this orientation allows nurses to enter the world of the SOS mother, to learn and uncover her existential reality and to be open to critical reflection. The same techniques are useful for conscientising people to their objective reality.

By understanding the developmental orientation, the advanced psychiatric nurse practitioner can identify what is going on in the world of the client in terms of development in the areas of
mastery and autonomy. In working with clients from this group, they can incorporate these concepts into their assessment of clients, and therefore threat them wholistically.

6.4.1.4 Psychiatric nursing management

Again, as part of the transformation that is taking place in South Africa in the area of education and training, some facilities where nurses act as managers may become involved in one of the programmes aimed at implementing the Human Resource Strategy of the government. One such area is learnerships - which may call for placement of emerging professionals, like SOS mothers in their facilities. Nurse managers may act as role models in the area of empowerment by ensuring that those working with these groups use practices that are aligned to the model of facilitation of mastery of autonomy through empowerment and support others through their professional developmental stages.

6.4.2 Recommendations for SOS Children's Villages

This study has gone a long way to highlight the circumstances under which most SOS mothers execute their role functions. It has also illuminated areas where some of the village structures and systems appear to be weak. The main recommendations related to the implementation of this model are suggested in the section on operationalisation of the model. Nevertheless, the following specific recommendations for creation of village conditions conducive to the empowerment of SOS mothers are also suggested.

6.4.2.1 External recognition of SOS mothers

(1) Re-Alignment of training and development

The training of SOS mothers has to be re-aligned with the following national transformation processes:
a) Human resource development strategy

The training and development of SOS mothers in South Africa should be guided by the human resource development strategy of the government of South Africa as contained in the following legislation: the Skills Development Act, 1998 (Act 97 of 1998); the Skills Development Levies Act, 1999 (Act 9 of 1999); and the South African Qualifications Authority Act, 1995 (Act 58 of 1995). The appointment of a Skills Development Facilitator to implement the first two pieces of legislation will release funds from the government for developing the capacity of village co-workers to implement the programmes suggested in this model.

b) Transformation of the childcare system

The rules and regulations governing childcare practice in South Africa as governed by the Social Service Professions Act, 1978 (Act 110 of 1978) should guide the preparation of SOS mothers for registration as professionals with the Professional Board for Child and Youth Care in terms of section 18 (A) (1) of the Act. The following statement by one of the leaders (Lodge, 2001: 8) in the discipline of child and youth care can be taken to clarify the aspirations of the group: "Being a professional means interacting as equals with other professionals". How such statements are put into practice, will need to be facilitated.

(2) Co-ordination of re-alignment initiatives at national/regional level

In order to fast track the re-alignment processes within the organisation in this region, the following recommendations are suggested:

a) Appointment of a national liaison person

Because of the complexities and technicalities involved in the implementation of the laws referred to in the preceding sections, it may be necessary that a liaison person be appointed to facilitate the transformation process required by the law and also to implement the standards contained in the Human Resources and the SOS Children's Villages Manuals and the Strategic...
Initiatives on external recognition of the SOS mother profession and human resource development.

This person would co-ordinate, monitor and evaluate the implementation of the above through action research, training of SOS mothers and professional co-workers in matters of collaborative partnerships with SOS mothers, change management to support both SOS mothers and co-workers during this transition phase, and liaison between SOS mothers and professional co-workers in terms of facilitation and monitoring interactions between the different categories of co-workers. This person would also liaise between the SOS Children’s Villages and external partners like the government bodies, Professional Board for Child and Youth Care Workers and other non-governmental organisations in matters of training and development. The same person would also act as Skills Development Facilitator.

b) Appointment of village training facilitators

In order to ensure that the training offered to SOS mothers meets with the standards established by the National Qualifications Framework and the Professional Board of Child and Youth Care Workers, which will be controlling the registration of SOS mothers as professionals, training facilitators should be appointed in each village. A training facilitator would facilitate the "on-the-job" component of training and would work closely with the Regional Liaison Person on the SOS mother curriculum and also on skills development facilitation as required by the Skills Development and Skills Levy Acts.

6.4.2.2 Strategies for aligning the village culture within an empowerment orientation

The findings from the phenomenological interviews with SOS mothers have brought many issues to the surface about the interactions between SOS mothers and co-workers. Some of these issues relate to the management of the villages in general, and to village directors in particular.

It is suggested here that management should revise its performance appraisal system to include a 360-degree evaluation system for all. Items mentioned by SOS mothers as responsible for their
experiences of lack of support and disempowerment would form part of the evaluation tool. These are empathy, accompaniment, recognition, counselling, assistance with youth discipline, negotiating win-win agreements, trustworthiness and participative management.

The training of village directors should also incorporate the issues raised in this research about the experiences of SOS mothers. In addition, consideration should be given to put in place policies or guidelines about harassment, intimidation and discrimination and the use of collaborative practice between professionals and SOS mothers in individual child problems. This would ensure that the SOS mother is empowered at the same time as the child's problem is being addressed and would lessen the over-reliance of the former on the other professionals. The organisation should actually invest in the training of professionals around collaborative practice for support partnerships.

It is also recommended that each National Association should try and align its human resource development strategy with those of the countries in which they are situated. At the same time, it is important to incorporate, in as far as it is legal and practically possible, best practices in human resource practices that are happening regionally and internationally. In other words, the leadership of the National Associations should try to think globally, while acting locally.

6.5 SUMMARY AND CONCLUSION

The decision to conduct this study was motivated by the policy statements released within the SOS Children's Villages organisation in terms of the position of the SOS mother as a leader of her SOS family and in terms of her being viewed as a professional childcare worker. This position of the organisation, when compared to the external realities and debates associated with professionalism, created some tension and curiosity on me as a researcher. It actually prompted me to start learning more about the childcare profession, of which I knew very little. At the same time, the little exposure in the culture of the organisation I had at that time with SOS mothers and co-workers indicated some difficulties in implementing this policy, both on the part of SOS mothers and co-workers.
This then prompted me, as a mental health practitioner, to want to investigate the experiences of SOS mothers as the people who were expected to independently run their families, while being guided by professional childcare standards and getting support from other professional co-workers.

For me, it was important to get an insight into the internal world experiences of SOS mothers in interacting with their co-workers in matters affecting their families. This insight would then dictate how I support them in promoting their mental health, which is an integral part of their health.

While the main outcome of this research was meant to flesh out data that would be used to generate a model for facilitating the implementation of the SOS mother's autonomy standard, it was also hoped that the research would give a voice to the experiences of SOS mothers. It was also decided that the phenomenological research method would be ideal for exploring these experiences as it would force me, as the researcher, to lay aside my biases and assumptions about what I know about the life-world of the SOS mother and village dynamics. For the same reason, the literature review was only conducted after data collection.

The most important conclusion made after data collection was that most SOS mothers experience their interactions with co-workers as disempowering in that they either fail to facilitate their most felt need – the quest for mastery. The interactions interfered with their attempts to exercise autonomy within their role. This was further described as contributing to their ill-health and low self-esteem about their position as leaders of their families. These findings were confirmed by literature.

According to Friel and Friel (1995: 86-87), self-esteem is the result of two major factors. The first factor is the result of messages people receive about themselves as they interact with significant others, in this case, SOS mother's co-workers. The second factor has to do with the development of internal sense of mastery and competence - which is an inborn need in all human beings. Further, when people meet with obstacles in questing for mastery, which is an inborn
lifelong need for success, they respond by taking up the victim role. This further compromises their mental health and pushes people into a downward spiral of self-degradation.

On the basis of these findings, it was decided that facilitation of mastery of autonomy through empowerment was the central concept of the model. Before SOS mothers could be expected to exercise autonomy within their role as leaders of their SOS families, it was important to facilitate the development of their mastery to perform the expectations of their role and to master competencies for professional practice within that role.

Since it was felt that facilitation of mastery of SOS mother's autonomy could be achieved through empowerment, it was decided to respond to the criticism found in literature that unless the strategies for empowering people are clearly spelt out, then empowerment was just a buzzword. The decision was then made to incorporate concepts within this model that had proved effective in other empowerment models. The most promising strategies found in the literature were those of advocacy, conscientisation and enabling development. These concepts, forming a new concept: ACE, were then incorporated into the model: Facilitation of mastery of SOS mother's autonomy through empowerment: as integral part of promotion of mental health.

The model shows that mastery of autonomy through empowerment takes place in four phases, namely: initiating; enabling development; competence; and maintenance of liberation.

Before closing this section, it is also important to share some of the experiences of the researcher during the process of generating this model. Gaining entry into the field was relatively easy, as I am part of the SOS Children's Villages establishment. Getting the respondents to agree to participate in the study was also relatively easy, although the same could not be said about listening to their stories. Some of their narratives were accompanied by emotion, even though none of them opted for the support that had been put in place for dealing with post-interview emotions.

The most difficult part for me, as a researcher was during the data analysis phase. Although I have previously conducted phenomenological research with relative ease, this time it proved
different. The main difficulty experienced was in maintaining the discipline of "bracketing" and suspending my common sense knowledge about the dynamics of the SOS Children's village. The main reason for this difficulty was that my work is fully involved with the world of the SOS mothers and the context within which they work. There were times when my support system — the "devil's advocate" pointed to me that I was losing objectivity and that the voice that was coming through my analysis was no longer that of the SOS mothers, but my own.

This feedback proved hurting and difficult initially to swallow. However, in the end, wisdom prevailed. What helped me to cope was a comment I read from a book by one author on qualitative research where she actually self-disclosed some of her experiences about going "native". On the whole, the research had an enabling and empowering effect on me, especially in my quest for mastery in promoting the mental health of SOS mothers. For me, this research experience has lived up to the call that nursing research should be functional, meaning that it should improve practice. This research has enabled me to do exactly that — improve my practice with SOS mothers. I will forever be grateful to the leaders in nursing for that vision.


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APPENDIX 1: LETTER OF PERMISSION TO CONDUCT RESEARCH

Date: 1 February 2000

SOS Children's Villages
PO Box 1019
Bromhof
RANDBURG

Dear Sir

PERMISSION TO CONDUCT RESEARCH

I am a D. Cur. Student at the above university presently engaged in a research study that will assist in describing a model for facilitation of SOS mother autonomy within SOS Children's Villages. I'm conducting this study under the supervision of Professor Marie Poggenpoel, of the Department of Nursing at the same university.

The objectives of this research are as follows:

- To explore and describe the experiences of SOS mothers in interacting with their co-workers in matters affecting their SOS families and how they cope with those experiences.
- To use the results of the above exploration to generate concepts for the model that will serve as a framework for the advanced psychiatric nurse practitioner to facilitate the implementation of SOS mother autonomy within SOS Children's Villages and to promote their mental health.
- To describe guidelines that will serve as a framework for the operationalisation of the model in practice.
The direct benefit for your institution in utilising this model will be as follows:

- The provision of specific guidelines for implementation of the SOS mother autonomy standard
- The provision of specific guidelines for the promotion of the mental health of SOS mothers and indirectly, healthy SOS families

In order to facilitate your decision, I enclose the following:

- Research proposal
- A consent letter for research participants

Thanking you in anticipation.

Yours sincerely

NM Modungwa
DIRECTOR: SOS HERMANN GMEINER ADULT TRAINING CENTRE
APPENDIX 2: REQUEST FOR CONSENT TO CONDUCT RESEARCH

Department of Nursing
Science
Rand Afrikaans
University
Auckland Park

Date:

Dear Madam

REQUEST FOR CONSENT TO CONDUCT RESEARCH

I am a D. Cur. Student at the above university presently engaged in a research study that will assist in describing a model for facilitation of SOS mother autonomy within SOS Children’s Villages. I study under the supervision of Professor Marie Poggenpoel, of the Department of Nursing at the same university.

The objectives of this research are as follows:

- To explore and describe the experiences of SOS mothers in interacting with their co-workers in matters affecting their SOS families and how they cope with those experiences.
- To use the results of the above exploration to generate concepts for the model that will serve as a framework for the advanced psychiatric nurse practitioner to facilitate the implementation of SOS mother autonomy within SOS Children’s Villages and to promote their mental health.
- To describe guidelines that will serve as a framework for the operationalisation of the model in practice.

I hereby request your consent to an interview by me at your earliest convenience. The research will be focusing on the experiences of the SOS mother in interacting with co-workers in matters affecting her SOS family. You were selected to participate in this study because you’ve been a
SOS mother for over two years and I believe during this time you’ve had interactions with co-workers and would be willing to share your experiences.

Your participation in this study will benefit SOS mothers in that the results will help co-workers understand the world of a SOS mothers and also to find a way of promoting their mental health.

You will also benefit in that: by participating in this study, you will have an opportunity to verbalise your experiences of the interactions with co-workers in matters affecting your SOS family. There are no financial benefits for participating in the study.

In conducting the interview, you will initially be asked to respond to one open-ended question: “How do you experience your interactions with your co-workers in matters affecting your SOS family?” No harm to you is envisaged by participating in this study. Nevertheless, it may happen that some memories of your experiences bring up unpleasant feelings, for which you may need assistance in dealing with them. Should this happen, Ms Sharmaine Seethal, who is my co-worker and stays within the premises will be available for you to consult.

The interview will take 40-60 minutes to conduct and I will set up an appointment with you before the time. It might also be necessary at a later date to contact you in order to verify or clarify some information.

Please note that participation in this research is voluntary and anonymous. This means that you are free to withdraw from the interview at any time before, during and after. Also note that the interview will be recorded on a tape. If during the interview you want to say something but do not want it recorded, you are free to switch off the recorder as will be shown to you.

Your participation will be kept anonymous and confidential through the following means:

- Your name will not be mentioned once recording begins. If by any chance, you mention other peoples’ names in the interview, that part will be erased from the tape
- No names of people and villages will be recorded in any of the files
• The tapes will only be made available to my supervisor, whose name is mentioned in the beginning of this letter. They may need the tapes in order to verify the authenticity of the interviews.

• The written transcriptions will also be shared with two other colleagues, external to this organisation. These are independent coders with whom I have to reach consensus on the analysis of data. They are both experts in psychiatric nursing and research and understand the need for confidentiality.

• On completion of the study, the contents of the tapes will be erased by recording over them.

• No names will be included in any published material related to this research.

The results of the research will be made available to any of the interview respondents if needed. Should you have a need to see the results or for any question related to this study, you are free to contact me at this number” (012) 205 1475.

Yours sincerely

THEMBI NM MODUNGWA: ___________________ DATE: ___________________
RESEARCHER

SIGNATURE OF RESPONDENT: ________________ DATE: ________________

SIGNATURE OF SUPERVISOR:
MARIE POGGENPOEL, RN., Ph. D: _______________ DATE: _______________
PROFESSOR: NURSING SCIENCE
APPENDIX 3: AN INDIVIDUAL PHENOMENOLOGICAL INTERVIEW

INTERVIEW NO. EIGHT : 6 – 10 YEARS
26 AUGUST 2000

Interviewer: Please tell me how you experience your interactions with your co-workers in matters affecting your SOS family.

Respondent: I joined SOS in 1994. Then later I was given a family to run. My experience as a new mom is that I tended to differ from the other mothers in how we run our homes. The usual practice was that it meant nothing for them to leave children unsupervised. Mh ... eh ... for instance when a mother has to go away during the day on some errand ... like going for a doctor’s appointment.

Interviewer: Mh

Respondent: Children come back from school and are just left unattended outside. So I had a problem with that. When I grew up my parents always believed in the value of trust. A parent must show children that you can trust them to be in the house. Locking them shows them that they can not be trusted. I also believe that children should not be left alone, that is, without supervision for a long time, irrespective of their age.

Interviewer: Mh

Respondent: I always tried to build that trust with my children. I said: “Look, if I'm not back when you come back, get the key from the office. Unlock the door and just come in. Have lunch and wash your socks. When you’re finished, play outside in the yard.

Interviewer: How did difference in your family practice affect your interactions with your co-workers?

Respondent: My co-workers had a problem with that. They saw me as a threat — that I came to change things in the village. They started having a negative attitude towards me. They said I wanted to appear as if I was better than the rest of them. They became jealous and even influenced the aunts who came to relieve me.

Interviewer: I see

Respondent: So I continued to bring changes with my children to improve our home. You know ... hey ... not knowing that people are watching me and became curious. Then even social workers joined in. She had this habit – when a child comes back from school, she would just call the child as she passes near the office and cross questions the child about how the child is living in your home. She would ask them: (now raising her voice) “What does your mother do? Does she beat you? (sounds angry) ... You know ...

Interviewer: I see

Respondent: You see! When it happened with my boy, eh ... eh ... I went to the social worker, you know, unlike other mothers, I really do have guts to confront a person. Other mothers would just say: “What can we do? And leave things that hurt them unchallenged and become victims and sick. So I went to the social worker and said: “Look! If you want to know (raises her voice) anything (stressing the word) about what is happening in my house, feel free to make an appointment with me. I have nothing to hide because whatever I’m doing in my home is appropriate to my standards ... you see ...!

Interviewer: Mh

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Respondent: So ... even if you want to do an interview with the child, feel free to tell me that “look so and so – I would love to see so and so. The way you carry on with children you give them the impression that I’m just the maid here. Because the child would keep on telling me that I can’t reprimand them. I can’t do anything to discipline them.”

Interviewer: How come?

Respondent: Otherwise he would go to the social worker and tell her this is what is happening. The children start threatening you as if you’re not their mother and SOS says we should take these children as our own.

Interviewer: Are you saying that these actions by the social worker undermine your role as a parent?

Respondent: Definitely (raises her voice) ... definitely ... eh ... eh ... I would sometimes wonder ... what ... what is the real meaning of a mother if there’s somebody the children see as superior than you, the parent. I do understand that these are not my biological children. But the impression I got from SOS is that I should raise them as my own kids.

Interviewer: Mh

Respondent: You see, if a child develops the attitude that “Ag ... fine, jy’s nie my ma. You’re not my mother.” You do understand why he’s feeling like that. But if somebody else is going to interfere with your family in a negative way, then I’ve got a problem with that (sounds angry).

Interviewer: So you see the social worker’s actions as interference?

Respondent: Of course she was. She was doing things behind my back. We are co-workers. She is supposed to give me support. If she thinks I’m doing things wrongly, she can show me how – not spy on me. We are both here for the child. If the child sees that we are divided, she uses us against each other. That is not the way you want to raise a child. She did not know my children told me about her private questioning. You see! If children trust you, definitely, they will tell you. Sometimes when I ask them: “Why are you so late from school?” Then they would say: “No mommy, auntie so and so called me and was asking me a lot of things about you and us”.

Interviewer: Things like?

Respondent: Things like: “Does your mother give you a hiding? What do you eat at home? What kind of chores do you do? You see! They used to say that I’m setting sort of too high standards, you know? They think my house is too clean. I’m too neat and people have a problem with that. Even on my performance appraisal, they would write that my standards were too high but they would also say that they prefer to send new mother recruits to my house so I could train her properly.

Interviewer: According to them, what standards were expected of you?

Respondent: Its difficult to say. These were not discussed upfront. But they used to say children come first and we should not concentrate on the house but should create a home. Then I would wonder what they were talking about because some of the houses were so dirty. To me cleanliness is also important.

Interviewer: So you differed on what should be standard?

Respondent: Ja ja they did and this caused lots of problems for me, especially because I was the first Xhosa speaking mother among Coloureds. Before that time Xhosa’s were only taken for the position of the “Aunt.” They were also not so outspoken, you know. I was different. I was not a “Ja Baas” person. I would question things that management did if they affected my family and work. After me more Xhosa mothers became mothers but they were treated lower than the coloureds and they would get intimidated a lot. But because they needed their jobs, they would just take anything.

Interviewer: Explain what you mean by intimidated.

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Respondent: Let me start by saying: When we as mothers did shopping for our homes, we were given one cheque by the management. We were required to go as a group to do shopping. So we did one shopping and the senior mother or mother representative, who was always a coloured would pay. When we come back, one of the so-called coloured mothers would go around to each house taking totals of whatever you bought. Some of them had a negative attitude towards Xhosas. They also took chances because they knew some of us could not count properly. They easily doubled up your “expenditure” and say you’ve overspent. Therefore you had to pay from your pocket. The Xhosa mothers would just pay up even if they knew they had not overspent.

Interviewer: Mh

Respondent: What’s worse, is that if you tried to challenge them, instead of helping the poor mother, the administrator, who’s automatically a coloured would just tell you to pay up. This continued until one day, I said to myself that I’m not going to keep quiet when people do such things to me. So on this day, I saw that on my grocery list there was baby food and I did not have small babies in my house. There was a coloured mother who had small babies. So they expected me to pay for those items. They took about R200 from my household allowance. When I complained, the mother representative said I could go and sort it out with the village administrator. She was saying this knowing that he does not like me.

Interviewer: What do you mean by that?

Respondent: Because... when you challenge what they do to us – I mean really challenge a person (dragging and pulling the words slowly), people tend to have a problem with you. They personalise things – especially, when you’re Black.

Interviewer: So you’re saying they were not used to this response from Blacks?

Respondent: No definitely not. The were not used to that. So I went to the village administrator and said: “Look! This is what I bought and I really need my R200.” And then he said: “You can wait until month end.” I said: “I will never do that. It’s either you give me now or else I’ll go to the village director. What will my family eat between now and month end?”

Interviewer: Mh

Respondent: So that’s how I... try to deal with them. I tell them that I’m there and I’m aware of what you’re doing (voice going up and emphatic). I’m not like the other mothers who let them rob them of their family allowance or even their own money.

Interviewer: So you’re saying you’ve experienced a lot of intimidation.

Respondent: Yes... yes... really a lot of harrassment and you’re expected to keep quiet. Whenever you try to challenge your superiors, they would really have problems with you as a person (then silence for some time). I took the matter to the village director because he refused to give me my money. He told him to take it out of the petty cash and give it to me.

Interviewer: I see. When you say superior, what do you mean by that?

Respondent: I’m... I’m referring to the so called administrators, the social workers and the village father. Sometimes some mothers.

Interviewer: In what way are they superior

Respondent: In a sense... I used to sense that they are living... eh... you know...mh... above us and we mothers, especially, Black mothers are on the ground. Whenever they would tune in any kind of music, they expected us to dance to it. You see?

Interviewer: I see
**Respondent:** So I had a problem with that and said “to my understanding, we are all colleagues – right! And we are here to support one another in a positive way.

**Interviewer:** So you see yourself as equals.

**Respondent:** Yes, we’re supposed to be. But in the village it’s different. And you know, even amongst us as mothers. I must be honest with you, we had the same problem. When you start challenging management, some mothers see you as a threat. For example, eh ... I’m busy trying to forget, but I’ll tell you what I went through. Because everytime the co-workers in management did something I did not like, or I needed something for my family, I would go to office and tell them exactly what I need. Eventually, they were forced to listen. They started taking me seriously and the village director even started working hand in hand with me. He would consult me about things.

**Interviewer:** Mh

**Respondent:** And really that’s where the jealousy came from ... I think. That’s the problem we women have. Because I see you as an intelligent person ... eh ... as a respected person, or as a person with skills, instead of respecting or encouraging you, women will just put you down.

**Interviewer:** So they had problems when you fight for what you believe is your right!

**Respondent:** Ja ... ja ... automatically, when you talk for your family, management is bound eventually to respect you and will say: “Hey! Be careful with that one – be careful.” When you ask for help, they start jumping and do things for you. The other mothers don’t like that.

**Interviewer:** How come?

**Respondent:** Because now the village father started seeing me as a resourceful person. I remember one time when he had problems with some moms, he came to me for advice. I told him that he needed to act in a way that would make all mothers see him as a support person. I told him he needed to visit each house and listen to the mother at least once a month. I said: “Go to the houses – not just certain houses as you’re presently doing. Find out what mothers are experiencing”

**Interviewer:** You’re saying before your advice he was not visiting all the houses?

**Respondent:** Yes yes ... definitely. And you know, it’s on his job description. Instead of rotating, he would go to just one house. To other mothers, this was a real problem and they felt unsupported. He was practising favouritism and mothers were suffering with children’s problems. Instead of them getting support, they got blamed for children’s misbehaviours. He listened and in the end, his relationship with mothers improved. So by confronting issue, I do not help myself only. I also spoke on their behalf.

**Interviewer:** Yet you say mothers had problems with how you did things?

**Respondent:** Yes they did. For example, I’m one of the people who advocated for aunts to have their own place to stay, instead of staying with the SOS mother. They needed a place where they can also feel free. When two women to stay together in one house, there is a lot of conflict and stress. You need a break from each other.

**Interviewer:** Conflict!

**Respondent:** Yes. In my opinion, it confuses children. That’s my perception anyway. Children don’t know who to listen to. You may be a soft mother and this other lady may be a bit strict. Then children tend to undermine you and listen to her.

**Interviewer:** And this happened to you?
Respondent: And this happened to me (nodding her head). this happened to me. I’m talking from experience. You see? You know sometimes you feel tired as a mother and say that today you’ll rest and take things easy. This becomes a problem to some aunts. She thinks you’re treating her like a maid. Yet, you may have been up all night with a sick child.

Interviewer: So you support the idea of the aunts having their own place to stay.

Respondent: Yes, yes, yes. But we mothers were divided on this. To cut a long story short, they ended up ganging up against me. They wrote a petition against me. Yes they did it (voice raised). I was on leave but I heard about it from a friend. When I came back from leave, I was called to the office and told: “This is what your colleagues have written about you.” I read and read and read (then laughs). I said: “Well what do you want me to do? Then the village father said: “Look! You will have to ... eh.” In fact, they had suggested that I be suspended.

Interviewer: Suspended?

Respondent: Ja, ja, he said I need to respond to the allegations made in writing. I took the document and went to the house. In fact, he did not suspend me.

Interviewer: Who had submitted those allegations?

Respondent: It was some mothers. And the rest, including aunts were just recruited to sign. They accused me of being strict to the aunt. They were using the aunts for their own aunts because I had brought up the proposal that aunts should have their own accommodation. Now they would lose out because they leave everything concerning children to the aunts and now they would be found out. In the petition it appeared as if they were protecting the rights of the aunts. While in fact they were using them.

Interviewer: You say this petition was written while you were away from the village.

Respondent: Yes. I must confess that I felt very miserable. I was shocked. Because sometimes you must trust people but you don’t know what they are thinking about you. Amongst the people who signed the petition, were very close to me but because of the mob spirit, they signed, then apologised later.

Interviewer: What happened after that?

Respondent: The village father called in a psychologist to do some group work with us mothers. But it was an embarrassment. I tell you, from the first question, it was not group work. I was put on the hot chair and everyone had a turn to attack me. The whole group against one. So I told myself to stay strong. Then the psychologist told me to apologise. Then I had a problem with that. (Voice rising) I said I’m sorry, I don’t owe anybody any apology in this room. In short, the group session did not get us anywhere. I refused to attend other sessions because it was just a blaming session.

Interviewer: In what way did this affect your family?

Respondent: It did because in my absence the village director had promised the mothers that he was going to suspend me. But when I demanded to get a formal charge, he backtracked. That’s the type of leadership we have. He came to a conclusion before investigating fully. So, in order to satisfy them, he placed somebody in my house and this affected my children negatively. Eventually, the national director intervened and that person left. But by then, my self-esteem was so low and relationships with mothers had broken down. But now I made peace with them.

Interviewer: I see. Let me just go back to what you’ve said so far about how you experience your interactions with co-workers in matters affecting your family. You mentioned that they have problems someone like you because you stand up for your rights. You’ve experienced intimidation and disciplinary action, which was not supported by facts. You mentioned conflict about child practices and that these things affect your family. You’ve also mentioned interference from co-workers.
Respondent: Yes. It is very nice when people say that the SOS mother is the cornerstone of SOS. It sounds really nice and sweet. But when it comes to practicality, it is a problem in the sense that ... mh ... there are people who make decisions about your family — yet we’re told to be leaders of our own families. For instance, I only heard from the senior mother than one of my children is going to attend school in Namibia because she is a slow learner. This was never discussed with me nor the child.

Interviewer: Mh

Respondent: I said to myself: “Hayi yene! This empowerment business sounds nice on paper. People still have a problem in implementing it. I’m talking about something that happened recently but how long have we been talking about mother empowerment. I went to the village administrator and asked him about what I just heard. I told him I believe I’m the person responsible for my children education. Therefore, what ever you decide about my children, you involve me in those decisions. And he apologised. If I was like the other mothers, it could have just ended up as moaning — no action.

Interviewer: Mh

Respondent: I’m the one person who knows about my child — her strong points too. I also need to be shown respect as a co-worker who has something to contribute — not a nanny. But because I’m not as educated as they are, I still do not deserve to be sidelined. Even a village secretary’s opinion is taken seriously — not the mothers. She sometimes makes decisions about our families. Where is empowerment there?

Interviewer: I see

Respondent: Something also bothers me. I’m concerned by the way the psychologist works with our children. At no point does she involve the mother, who is a parent. She just sees the child alone. As a mother or co-worker, who first referred the child to her, you don’t really know what is being done in the session. I told her that as a person staying with the child for 24 hours, I need to get some feedback from you — even if it’s some training so I can have some skills to use when you’re not there. I can also contribute a lot about the child. You only see the child 20 minutes in a week or so. She had problems with that because I’m not educated or a psychologist, I guess. She forgets that I’m the one responsible for the child. At least, she could do family therapy to empower the whole family. These are missed opportunities for us to learn skills from her.

Interviewer: I see you’re quiet now. Anything you want to add?

Respondent: No, I said a lot already.

Interviewer: Let me thank you for your time. I might come back to you if I need further clarification.

Respondent: It’s fine. Bye
Dear Colleague

Please follow the steps below to analyse the data of the transcribed interviews.

- Read carefully through all the transcripts to get a sense of the whole. While doing this, ensure that you practice "bracketing" and intuiting. Bracketing means placing your preconceived ideas within brackets. Intuiting means focusing on the experiences of SOS mothers in interacting with co-workers in matters affecting their SOS families. Do the same with field notes.
- Then pick any transcript file and read through it, jotting down ideas as they come to mind and asking yourself what the interview is about.
- At the same time, try to identify the major categories represented in each universum and write these in the margin.
- Continue reading through all the transcripts, making a list of all topics. Cluster together similar topics. Form these topics into columns that might be arrayed as major topics, unique topics and leftovers.
- Now take this list and go back to your data. Abbreviate the topics as codes and write next to the appropriate segments of the text. Try out this preliminary organising scheme to see whether new categories and codes emerge.
- Find the most descriptive wording for your topics and turn them into categories. Reduce your total list by grouping topics that relate to each other and then draw lines between your categories to show inter-relationships.
- Make a final decision on the abbreviation for each category and alphabetise these codes.
- Assemble the data material belonging to each category in one place and perform a preliminary analysis.

A meeting will be held hereafter to discuss the results of the analysis and to come to a consensus about the themes and categories.

Yours sincerely

NM Modungwa
APPENDIX 5: CRITERIA FOR CONCEPTS: MASTERY, AUTONOMY AND EMPOWERMENT

This is a complete list of criteria identified in existing literature from which essential criteria were clustered together.

CRITERIA FOR MASTERY

- Authority
- Achievement
- Attainment
- Accomplishment
- Ability
- Acquisition
- Becoming the best of what you can
- Career/profession
- Confidence
- Contributes wholeness, self-esteem and mental health
- Command of a situation
- Control
- Conquering
- Competence
- Core concept of the Circle of Courage framework
- Curriculum component in childcare profession
- Depends a lot on generosity and belonging
- Discernment
- Dominion
- Expertise
- Effectiveness
- Efficacy
- Emotional intelligence
- Grasp
- Handling
- Inborn developmental need
- Gift to mankind
- Innate quality
- Know-how
- Knowledge
- Leadership
- Managing one’s power, environment, career, and developmental stages
- Measurable quality
- Multidimensional (spiritual, physical, social, cognitive and emotional; and personal, interpersonal and environmental
- Needs maintainance through practice/lifelong learning, support, facilitation, resources, courage, willpower and continuous feedback
- Performance
- Proficiency
- Practical skills
- Prerequisite for autonomy and generosity
- Promotes hope
- Potential for development
- Power
- Quality one quests or strives for
- Self-efficacy
- Self-directed
- Skill of a master
- Skill/skillful
- Success
- Taking charge of one,s situation
- Triumph
- Upper hand
- Understanding
- Ubuntu value of African culture
- Victory
- Win
CRITERIA FOR AUTONOMY

- Authority given to a professional groups to define its scope of practice, role and responsibilities
- Authority given to individuals or groups for decision-making within legal and professional boundaries based on competency
- Accompanied by a willingness to take risks and accountability
- Accompanies initiatives associated with distribution of power within a system
- Applies to people as clients, parents or professional practitioners
- Based on rational thought, ethics and reason
- Capacity to think, decide, and act on the basis of such thought and decision freely and independently without hindrance
- Depends on effective governance
- Essential component of employee empowerment initiatives
- Entitle
- Enables people to function effectively
- Freedom to act
- Facilitated by enabling people to maintain their independence and capacity for self-direction
- Gaining control over resources and opportunities
- Independence
- Liable to abuse, therefore, needs to be protected, advocated for, promoted through empowerment initiatives
- Liberty
- Parental need
- Practitioners having control over their functions in the work setting
- Professional criterion - Practitioners have control over their functions in the work setting
- Promotes human right, dignity, and wholeness
- Self-determination
- Self-direction
- Strengthened by using a collaborative approach through training
- Trustworthiness
- Role mastery
- Willingness to take risks, responsibility and accountability for one’s own actions
CRITERIA FOR EMPOWERMENT

- A process of capable of being initiated and sustained
- Aided by providing a conducive climate, support through relationships, resources and procedural means
- Advocacy for change
- Accredit/Licence/Certify
- Advocacy/empowerment orientation
- Assisting people who are oppressed in empowering themselves personally, interpersonally and politically
- A means of preventing dependency and victimhood
- Both process and outcome of organisational initiative
- Comes as systems as well as people are changed by peoples’ actions
- Changing perceptions, clarifying understanding, and skills acquisition
- Qualify
- Capacitate/ Equip/ Strengthen
- Can become a buzzword, depolitised word or just a cliché
- Can be viewed negatively
- Delegating authority
- Development of a more positive potent self
- Enablement
- Enables people to assume greater capacity and gain access to resources
- Gaining control
- Includes political processes, objectives, and transformations along with personal and interpersonal power
- Giving employees Authority and autonomy in their work and resources, as well as freedom to allocate them as they see best, in order to attain goals they have accepted
- Leads to mental health
- Must help people becoming dependent or victims of help and aid
- People begin to take, or are helped to take, greater responsibility for their own lives and services
- Purposeful process aimed at change
- Process of conscientising people as to that which oppresses them
- Process of confirming or reclaiming one’s self or one’s group
- Power attainment
- Raising up and changing one’s situational Predicament
- Raise awareness about oppressive conditions
- Relations between subordinates (the oppressed) and those in positions of power (the oppressors)
- Releasing of potentialities of people and environments
- Self-empowerment: change from victim to victor or from being acted upon to actor or subject versus objects
- Self-advocacy
- Techniques for empowerment: critical consciousness, feminism, ethclass, dialogue
APPENDIX 6: AGENDA FOR TRAIN-THE-TRAINER PROGRAMME - 2002

DAILY PROGRAMME

DAY ONE – 18 NOVEMBER 2002

- Climate Setting
- Who we are: Vision, Mission, & Values
- Village Manual with specific reference to the SOS mother
- Human Resource Manual with specific reference to the SOS mother
- SOS CV Strategic thrusts: 2003-2008
- ABET Presentation by an outside presenter

DAY TWO – 19 NOVEMBER 2002

- Assessment within the NQF System – External Presenter
- Overview of the NQF
- Assessment – Overview
- Recognition of Prior Learning
- Steps to Assessment
- Case study application

DAY THREE - 20 NOVEMBER

- Skills Audit and Writing Job Descriptions within the framework of Outcome-Based System –External Presenter
- Overview of the NQF
- NQF & Level Descriptors
- Job Descriptions and Performance Indicators
- Analysis of statements contained in the SOS Mother Job Description
- Case study
- Aligning Job Descriptions to level Unit Standards of Workers
- Performing a needs assessment of the skills needed by the organization
- Job Profiling
- Goal Setting
DAY FOUR - 21 NOVEMBER 2002

- Translating statements in the Job Description of the SOS mother into performance indicators
- More work on SOS Mother Job Description
- Identification of training needs from the Job Description
- Library Work and Lesson Preparation
- Reflective Journals
- Introduction to the Curriculum Policy of the SOS Mother Training Programme
  - Philosophy
  - Adult Education Principles
  - Assumptions
  - Modules
  - Aligning the SOS Mother Training Curriculum within the NQF

DAY FIVE - 22 NOVEMBER 2002

HWSETA PRESENTATION

- Overview of the HWSETA
- Provider Accreditation
- Quality Assurance
- Ancillary Health Qualification
- Learnerships

DAY SIX - 25 NOVEMBER 2002

- Overview of the practical component of the Basic SOS Mother Training Programme
- SOS Mother Training Programme (All Programmes) and the Role of the Village Training Facilitator (VTF)
- Village Mentorship Programme and the Role of the VTF
- Reflective Journals and the Role of the VTF
- Relationship between HGATC Facilitators and VTF’s

DAY SEVEN - 26 NOVEMBER 2002
• Findings and recommendations from the external evaluation of the SOS Mother Training & Development Programme: Consultation Document
• Findings from Focus Group research on the SOS Mother Responsibility Standard
• Findings from Phenomenological research with SOS Mothers on the SOS Mother Responsibility Standards
• Overview of the “ACE Model for Facilitation of Mastery of SOS Mother’s Autonomy through Empowerment: As Integral Part of Promoting Their Mental Health” by Thembi Modungwa. And how it can be used by the VTF to support SOS mothers
• Empowerment Theory

**DAY EIGHT: 27 NOVEMBER 2002**

• Planning for Skills Development: Video & Discussion
• Selection of topics for individual presentation
• Preparations for individual presentations
• Reflective Journals

**DAY NINE: 28 NOVEMBER 2002**

Training Skills: Individual Presentations by participants on the following topics:

• How to mentor others
• Orientation of new employees
• On-the-Job Training
• Identifying training needs
• Development of learning objectives
• Selecting, designing, and developing training methods
• Developing and using training aids
• Developing a lesson plan
• Writing an instructional plan
• Delivering training
• Using visual aids
• Working with groups

**DAY TEN: 29 NOVEMBER 2002**

• Evaluation of the “Train-the-Trainer” Programme
• Planning a way Forward
APPENDIX 7: AGENDA FOR SOS MOTHER CONFERENCE - 2003

FOURTH REGIONAL
SOS MOTHER BI-ENNIAL CONFERENCE
10-14 OCTOBER 2003
HERMANN GMEINER ADULT TRAINING CENTRE

AGENDA

CONFERENCE THEME: CHARTING/NAVIGATING OUR PROFESSIONAL LANDSCAPE & IDENTITY:
IN A CHANGING ENVIRONMENT AS WE QUEST FOR MASTERY

DAILY PROGRAMME

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<td>KNOWLEDGE SHARING: INTERNATIONAL PERSPECTIVES OF SOS MOTHER RECOGNITION</td>
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<td>INTRODUCTION OF THE PROGRAMME</td>
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<th>Changes in the Internal Environment</th>
<th>Sharmaine Seethal</th>
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<td>Knowledge Sharing: Regional &amp; HGATC Annual Objectives in Response to Strategic Initiative No. 5</td>
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<td>Village Presentations: Mother Empowerment – What Has Changed Since the Last Conference</td>
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<td>CREATING SAFE PROFESSIONAL SPACE: REGULATION OF CHILD &amp; YOUTH CARE (Presentation of a paper by Dr J Lombard A Representative Of The Child &amp; Youth Professional Board: Registrar – South African Council for Social Service Professions)</td>
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<td>QUESTIONS</td>
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<td>PRESENTATIONS BY GROUPS</td>
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<td>EMPOWERING PEOPLE THROUGH ACCREDITATION</td>
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<td>SCANNING THE INTERNAL ENVIRONMENT – ITS IMPACT ON SOS MOTHER EMPOWERMENT: PRESENTATION OF RESEARCH FINDINGS &amp; RECOMMENDATIONS/MODEL</td>
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SOS SENIOR MOTHER BI-ENNIAL CONFERENCE

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<td>IMPLICATION OF ACCREDITATION FOR SOS MOTHERS ON BOARD: RECOGNITION OF PRIOR LEARNING</td>
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THEMBI MODUNGWA

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### IDENTIFICATION OF COMPETENCIES NEEDED BY SOS MOTHERS TO BE ABLE TO IMPLEMENT THE SOS CV STANDARD NO. 2; NO. 4; NO. 6; NO. 8; NO. 9

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### THE PROFILE OF THE SOS MOTHER: PRESENTATIONS OF STATISTICS OF THE EDUCATION GROUPS

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### IDENTIFICATION OF GAPS: PERFORMANCE & EDUCATIONAL & SUPPORT NEEDED

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### PUTTING IT ALTOGETHER & CHARTING THE WAY FORWARD - RESOLUTIONS

<table>
<thead>
<tr>
<th>Groups</th>
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<tbody>
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<td>Groups</td>
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### PRESENTATION TO PLENARY & DISCUSSION

<table>
<thead>
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<tbody>
<tr>
<td>Groups</td>
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**SOS SENIOR MOTHER BIENNIAL CONFERENCE**

**THURSDAY 13 NOVEMBER**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>08H30 – 14H00</td>
<td>PREPARING A PRESENTATION FOR MANAGEMENT</td>
<td>Groups</td>
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<tr>
<td></td>
<td>PRESENTATION TO PLENARY</td>
<td>GROUP REPRESENTATIVES</td>
</tr>
<tr>
<td></td>
<td>TEAM BUILDING</td>
<td>SHARMAIN, SEETHAL</td>
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<tr>
<td></td>
<td>EVALUATION OF CONFERENCE</td>
<td>TAMARA NTOMBELA</td>
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**FRESH BREAK**

<table>
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<tr>
<th>Time</th>
<th>Activity</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>14H00 – 16H00</td>
<td>PRESENTATION TO MANAGEMENT</td>
<td>REPRESENTATIVE FROM DELEGATES</td>
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<td>RESPONSE FROM MANAGEMENT</td>
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<tr>
<td></td>
<td>CLOSURE</td>
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</table>

**FRIDAY - EXCURSION**

SATURDAY - BON VOYAGE

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This item must be returned on or before the last date stamped. A renewal for a further period may be granted provided the book is not in demand. Fines are charged on overdue items.