

Rationalisation of Nursing Education in Limpopo province : Nurse educators' perspectives

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Nursing education institutions are facing a challenge of realigning its functioning according to the changes that are taking place within the country. The intention of the government post apartheid was to correct the imbalances which were brought about by the apartheid government and the following regulations and policies influenced the change in nursing education, that is, Reconstruction and Development Programme (RDP), White Paper on Higher Education (WPHE), and the National Qualification Framework (NQF) (South Africa, 1995:6). In 1996 the government introduced the first democratic constitution of the Republic of South Africa (RSA) according to Act 108 of 1996. In the light of those increasing changes in nursing education, led by political change, the experiences of nurse educators is a critical issue facing nursing campuses.

The purpose of this study was two-fold; namely: to explore and describe the experiences of nurse educators with regard to the rationalisation of nursing education and to use information obtained to describe guidelines for the effective rationalisation of a nursing college in the Limpopo Province.

A qualitative, exploratory, descriptive and contextual research design was used. Qualitative interviews were conducted with nurse educators who worked in nursing colleges before and after 1994. Measures to ensure trustworthiness were applied and ethical issues were adhered to throughout the research process. Data was analysed following Tesch's method (Creswell 1994:154-155). The research established that nurse educators experienced dissatisfaction in several areas relating to the rationalization of nursing education. Support was also expected from bureaucracy at higher level. This study developed guidelines to policy makers and nurse educators to ensure effective rationalisation process.

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Introduction and Background

During the apartheid era, the Nationalist government succeeded in dividing the ethnic groups of the then Northern Transvaal, now called Limpopo Province. The province was divided into homelands, and each had to manage its own affairs, duplicating the country's scarce resources. One of the Nationalist government's first acts (Gelderblom & McKay, 1995:57) after coming to power in 1948 was to appoint the Eiselen Commission on Native Education. The task of the commission was to formulate the principles and aims of education for natives as an "independent" race. The act (Gelderblom & McKay, 1995:51) was passed supposedly to give Africans an education that was appropriate to their needs and opportunities as a separate community.

The African pupils and students had to be taught that their future lay in the homelands (Gelderblom & McKay, 1995:57). Nursing education was not immune to this system. It was used as an instrument of apartheid. For example, a white nurse was meant to teach a white student who would nurse a white patient (Gelderblom & McKay, 1995:57). Student nurses who would be future health care providers were expected to internalize this "value" of separate development in order to become fully-fledged law-abiding citizens (Searle & Pera, 1995:249).

The apartheid system of South Africa (SA) prior to 1994 succeeded in fragmenting the nursing education system, duplicating services, promoting inefficiency and inequalities, and causing mal-distribution of resources within the health system. The result was that the Limpopo Province, before 1994, had three nursing colleges which were established and managed based on ethnic divisions. These nursing colleges were namely:-

- Venda Nursing College for the Vhavenda nurses (Venda Health Act of 1984);
- Gazankulu Nursing College for the Vatsonga (Gazankulu Public Health Act of 1985); and
- Lebowa Nursing College for the Bapedi nurses (Lebowa Public Health Act 1985).

Each had to run its own programme of nursing education provided for by its own statute. Each college had its own college

council for administrative management, its own college senate for academic management and its own teaching personnel and students. The colleges each entered into an agreement with a preferred university of affiliation, which served as watchdogs for the maintenance of individual college standards. Some of the universities were for blacks within and outside homelands and one was for both blacks and whites within the greater Republic of South Africa.

The intention of the government post apartheid was to correct the imbalances which were brought about by the apartheid government and the following regulations and policies influenced the change in nursing education, that is, Reconstruction and Development Programme (RDP), White Paper on Higher Education (WPHE), and the National Qualification Framework (NQF) (South Africa, 1995:6). In 1996 the government introduced the first democratic constitution of the Republic of South Africa (RSA) according to Act 108 of 1996. The constitution requires transformation of the health system and nursing education with the aim of ensuring accessibility and equity (The Constitution of the Republic of South Africa, 1996:6). The promulgation of the constitution was followed by legislation and policy changes so that institutional practices should be transformed.

RDP is the government's way of transforming previously disadvantaged structures, to ensure accessibility, availability and affordability of resources. Nursing education is not excluded; it should reflect and encompass the new mission and vision of the government in developing nursing education towards the dream of the government (ANC (b), 1994:19). RDP affects nursing and nursing education in a way that new clinics are being built for previously disadvantaged communities which require more nurses. The policy provides equal opportunities for individuals and institutions such as bringing more financial resources to previously disadvantaged nursing schools.

Rationalisation of any nature may be surrounded by many challenges, which should be faced and addressed. Implementation of policies may bring about challenges which could have an impact on nursing education. Rationalisation was therefore important to redress the imbalances brought about by apartheid

policies of the past.

Statement of the problem and research objectives

Based on the background of the study, it is evident that changes in the nursing education system were taking place fast. Nurse educators were expected to implement these new policies regarding the education system and health service delivery. The process of rationalisation poses a challenge to nurse educators because they have a responsibility of making integration a reality over and above their teaching function. They have to ensure that frequent meetings were held to develop a new curriculum. They also have to orientate themselves to the demands of a new situation. This brought along fear and uncertainty of their work and many left the teaching fraternity and went back to the hospitals, some resigned whilst others left the country. This brought interest on the researcher to find out the experiences of nurse educators regarding the process of rationalisation of nursing education. This study seeks to address the following questions:

- What are the experiences of nurse educators regarding the rationalisation of nursing education in Limpopo Province?
- What guidelines can be formulated for effective rationalisation in nursing education in Limpopo Province?

The objectives of this study were as follows:

- to explore and describe the experiences of nurse educators regarding the rationalisation of nursing education in the Limpopo Province; and
- to formulate guidelines for the effective rationalisation of nursing education in the Limpopo Province.

Definition of concepts

Integration refers to the act of intermixing or combining previously segregated parts into a whole to ensure uniformity and equal participation of members in a programme (Coetzee, 1991:4; Fowler & Fowler, 1995:616). In this case it refers to unification of different nursing education programmes of former homelands into a single curriculum.

Nurse educator is a person registered

with the SANC as a qualified nurse educator and appointed as a senior professional nurse or chief professional nurse or deputy director of a nursing campus. **Nursing education** refers to a programme for the education and training of a nurse following a diploma course in nursing (general, psychiatric, community) and midwifery science, which leads to registration according to the SANC Regulation 425 of February 1985 as amended.

Rationalisation refers to the reorganization of learning institutions to make them more efficient as an attempt to eliminate or reduce waste of labour, time and materials (Fowler & Fowler, 1995:1139). In this study it refers to the amalgamation of three former homeland colleges into a single college within the province.

Nursing college is an institution/corporate that is affiliated to a university and controls the provisioning of nursing science programmes for nurses (Fowler & Fowler, 1995:220; Provincial Gazette, 1995:3). In this study, a nursing college refers to the nursing education structure in Limpopo Province which was formed after the amalgamation of the three former colleges.

Nursing campus is an educational institution that operates under the college and provides nursing science programmes for nurses (Fowler & Fowler, 1995:161). In this study a nursing campus refers to one of the three campuses that form a nursing college.

Research design and method

A qualitative, explorative, descriptive and contextual research design (Mouton & Marias, 1990: 175; Brink & Wood, 1994: 106) was used to conduct this research. The design was selected in order to explore the experiences of nurse educators as they were the best people who knew and understood what it was like to live with the rationalisation of nursing education.

A non-probability, purposive sampling (De Vos, 1998:198) was used to select nurse educators who had worked for more than five years; those who had previously been employed by former homeland colleges, that is had worked at the college before and after 1994, within the period in which rationalisation had taken place and had been directly involved with the rationalisation process, including those who had left the college during the process of rationalisation.

Ten participants with ages ranging from 43- 56 years were selected from a pool of nurse educators who volunteered from a campus of the Limpopo College of Nursing (LCN). Two of the participants had already left the college. The sample of nurse educators was chosen as the best suitable for this study as they would give the best information on the topic, and have experiences and expertise on the topic (Poggenpoel & Myburgh, 1998:33; Polit & Hungler 1991:37).

In-depth individual interviews were conducted with nurse educators sharing their experiences regarding rationalisation of nursing education. Each individual was interviewed separately to allow participants to speak freely while the researcher noted what she was being told. The central question was "*what are your experiences with regard to rationalisation of nursing education in Limpopo Province?*" Subsequent questions were stated to encourage the participants to elaborate and clarify their experiences regarding the rationalisation of nursing education. The interview was conducted in English. Some participants expressed their wish not to have the conversation recorded as their voices could easily be recognized. Their right of anonymity and confidentiality was upheld.

Tesch's open coding method which comprises of eight steps of data analysis (in Creswell, 1994:155) were employed as a guide in developing main categories, categories and subcategories, and direct quotes were extracted from the transcriptions. Field notes were also analyzed to develop their relationship with the interviews and categories (Wilson, 1989:380). An independent coder coded the information gathered. The researcher and the independent coder met and had a consensus discussion about the main categories, categories and subcategories that had been identified (Creswell, 1994:155)

Measures to ensure trustworthiness

Lincoln and Guba's (1985:218-331) four strategies, namely credibility, transferability, dependability and confirmability were applied to ensure the establishment of trustworthiness. The researcher had a prolonged engagement with each nurse educator during data collection, peer review and establishment of the authority of the researcher. A dense description of

data by the researcher provided other researchers with the required information should they wish to prove transferability. Findings are solely those of participants and conditions of the study, without being influenced by the researcher. Bracketing was applied, where the researcher does not impose her preconceived ideas upon participants during the course interviews.

Ethical measures

Ethical clearance was sought from the University of Venda Ethics Committee. Permission was sought from the Head of Department of Health and Social development of Limpopo Province and the Deputy Manager of the campus where research was conducted and from the participants. In adherence to this principle, the following ethical considerations were followed to enhance the protection of participants in accordance with DENOSA (1998:2.3.1-2.3.4): informed consent; protection of confidentiality and privacy; freedom from harm; and feedback. Voluntary participation and the written consent of all participants were sought and information about the research was given.

Discussion of findings

Two themes emerged from the interview as well as categories and sub-categories; table 1 gives a summary of the findings. The themes, categories and subcategories were discussed in detail and were supported by direct quotes from the inputs and nurse educators. Literature control was done to verify the findings. Anger, frustration and fear were observed during the interviews. These emotions were evidenced by the manner in which some of the participants expressed their experiences, by their way of looking at the researcher, as well as hand and shoulder movements. All these were noted as field notes.

A detailed description of the themes will be given and direct quotes from participants were used to support those themes.

Theme 1: Nurse Educators expressed dissatisfaction in several areas relating to nursing education

Dissatisfaction amongst nurse educators was expressed in different dimensions as supported by the following categories:

Table 1: Summary of the findings.

THEMES	CATEGORIES	SUBCATEGORIES
<p>3.1. Nurse educators expressed dissatisfaction in several areas relating to nursing education.</p>	<p>3.1.1. Administrative related dimension.</p> <p>3.1.2. Operational related dimension.</p> <p>3.1.3. Human related dimension.</p>	<p>Problem relating to centralisation of administrative tasks:</p> <ul style="list-style-type: none"> • delayed service delivery and prolonged decision making • Poor communication. • Imposed decisions <p>3.1.2.1 Ineffective management of campus activities which leads to ineffective teaching</p> <ul style="list-style-type: none"> • Increased workloads to deputy managers. • Lack of resources. <p>3.1.3.1. Expression of emotional feelings with regard to rationalisation</p> <ul style="list-style-type: none"> • confusion • Fear and uncertainty • stress, anger and frustration. • Deteriorating nursing standards. • Not cared for and lack of support
<p>3.2. Nurse educators expressed specific needs about rationalization.</p>	<p>3.2.1. Proper planning</p> <p>3.2.2. Maintaining professional standards.</p>	<p>3.2.1.1. Specific needs for active participation and consultation</p> <ul style="list-style-type: none"> • Process evaluation. • Feedback <p>3.2.2.1. Recognition of expert knowledge.</p>

- Administrative related dimension
- Operational related dimension
- Human related dimension

Dissatisfaction amongst nurse educators on issues related to administrative level.

During the interviews, nurse educators expressed their views in respect of excessive adherence to protocols and the impact it had on day-to-day administrative activities. They expressed how they felt with regard to the way in which nursing education was managed; this was explained by mentioning problems relating to the centralisation of administrative tasks as follows:

Problems relating to the centralisation of administrative tasks.

Nurse educators identified problems which were caused by the centralization of administrative tasks as characterized by:

- prolonged decision making which leads to delayed service delivery;
- poor communication which leads to the imposition of decisions on nurse educators without their involvement.

Moja, Muller & Cloete (1996:149) cited the disadvantages with regard to the centralisation of tasks as follows:

- Power is centrally controlled,

thus enabling the model to regulate the administration of the entire institution unilaterally.

- Institutions are expected to produce the results which the government desires.

The above notion could be true when one considers delays that could be caused by protocols built into the system.

The findings in this study showed that the centralisation of administrative tasks created delays in rendering services, as administrative tools such as policies and circulars did not reach the institution on time. This is highlighted by the following direct quotations:

“There is a delay in accomplishing tasks

as authorization is done 200 km away from two campuses" and "the ultimate control is in Polokwane, and the budget is not fully utilized because control is at the college away from the campus and things are slow, e.g. budget matters".

Research has revealed the challenge that has been brought about by the protocol, which furthermore impacts on administration. The following quotation by three participants indicates this delay.

"Immediate decisions cannot be taken in campuses as they have to be first approved by the principal; quotations expire before authorization is effected."

In the researcher's view statements such as these provide a framework for shortcomings in the system as they undermine the Batho Pele principles which put the emphasis on service delivery which states that people (nurse educators) should be told about the level and quality of public service they are entitled to receive so that they should be aware of it. It is also true that nurse educators become demotivated in the process when there is a delay in service delivery and a prolonged decision-making process.

"Emergencies are not catered for, things do not reach the campus timeously e.g. circulars, and follow up on issues is difficult due to bureaucracy".

This statement may impact negatively on service delivery and can furthermore jeopardize the level of productivity in an organization, as quotations may expire before authorization can be effected, and there are no standing orders for the campus to apply in cases of emergency and this has a negative impact on academic activities.

The findings reflected that nurse educators (and administrators) spent considerable time executing duties, the end product of which was not achievable, for instance accessing the required resources and services. In this instance, the researcher believes that achievement of a goal is essential for healthy personal motivation. Wood, Wallace & Zeffane (2001:142) confirm that motivation is the basic source of power behind human behaviour.

The findings also reflected as problematic was the poor communication between the college and the individual campuses. Participants said:

"Information is not relayed to the people on time as a result deadlines on budget issues are not met";

"There is poor communication; a lot of

information does not reach us. There are no regular staff meetings, and there are things that skip us without being informed about them."

"Things discussed at meetings are never implemented because before such is implemented, there is yet another change".

These statements show that staff members on campuses are not given information about activities taking place and they are not given adequate time to think about where inputs have to be made.

Gerber & Nel (1998:345) view communication and communication channels as essential for the survival of any organization as they assist with the establishment of relationships between individuals, particularly when a specific goal such as rationalisation has to be attained.

Nurse educators expressed the feeling that decisions were imposed on them. The findings in this study reflected the fact that most nurse educators, particularly those lower in the hierarchy, felt that they had not been made part of the rationalisation process, and that they had not been actively involved. Instead it was seen as a top-down approach where decisions were imposed on them through bureaucracy.

"The department decides we implement that's it because everything is for us without us."

"We find ourselves to be implementers of decisions taken elsewhere."

Statements similar to those quoted were highlighted by six participants, that in the researcher's view, were an indication of the dissatisfaction caused by the way in which administrative decisions were taken at higher levels.

Most participants interviewed revealed that the bureaucracy introduced decisions at times that were based on trial and error and they cited examples such as examination setting and marking, to mention but a few:

"...everything is trial and error approach when something is seen as not functional it is replaced by something else."

"We do not even give input as to whether decision can work or not, this hampers progress."

Findings revealed that these imposed decisions made nurse educators feel alienated in the process. Alienation, according to Coetzee (1991:32), contributes to a feeling of worthlessness, purposelessness and lack of norms that can result in a state of anomie and can hamper

the integration process. Coetzee (1991:19) argues that integration should aim at maintaining harmony among the components of the system, to eliminate disturbance, and to ensure the coherence and solidarity of the system. To ensure that tension is reduced in the process of rationalisation, the author suggests that actions should be geared towards motivating those directly affected by change (in this case all levels of hierarchy) to participate actively towards rationalisation, which is the ultimate goal.

Research (Teng-Zeng, 2005:4) describes rationalisation (transformation) within the context of government policy (White Paper on Higher Education 1997:7) as part of the broader process of South Africa's political, economic and social transition, the challenge of which is to redress past inequalities and meet pressing national needs. Research further confirms that rationalisation can never be perfect at the same time, but that a major aspect of rationalisation is the merging of campuses into a single college and establishing a new nursing education institution in the province which utilizes a single curriculum. To ensure integration (merger) research (Teng-Zeng 2005:5) has shown the following requirements, among others:

- increased and broadened participation to overcome a historically determined pattern of inequality and inefficiency;
- co-operation and partnership in governance among stakeholders to create and enable environment and culture that are sensitive to the needs of people.

Based on the findings of the report, the researcher believes that the same could be relevant for the purpose of rationalising nursing education.

Nurse educators as multi-dimensional beings, as argued by Bruce (1996:48), are capable of adapting to changing environments if given space and time to do so, and the opposite of this can also be true. The researcher's view is that should this state of affairs be allowed to persist, it could impact negatively on organizational culture, behaviour and productivity.

Dissatisfaction amongst nurse educators on issues related to operational level.

Nurse educators expressed their views with regard to performance of tasks at the operational level, which is where com-

mitment to change is desired. The following subcategories explain this dimension.

Ineffective management of campus activities which leads to ineffective teaching due to:

- Increased workload on deputy managers

All participants raised a similar concern about the fact that campus vice-principals and heads of department were frequently not available at their workplaces. This was highlighted by the following direct quotation: *"In many instances campus vice-principals are not found in their campuses due to meetings which are conducted ±200 km away from their campuses"* and *"there are too many meetings especially for the heads"*. The frequent unavailability of the vice-principals aggravated the delays, particularly when certain administrative decisions with financial implications had to be made. Wood et al. (2001:114) confirm that unavailability of a campus manager on a continual basis may have an impact on the culture and behaviour within an organization and may portray ineffective leadership which could increase stress levels in the process.

The findings reflected increased workloads on deputy managers and others who had to manage the campus in the absence of the manager. Participants indicated the following: *"This overloads the deputy managers who in other campuses manage the campus in the absence of the vice principal"* and *"we remain overloaded with our work and theirs"*.

- Lack of resources

During interviews, it was found out that lack of resources, both material and human, created a challenge and this was linked to the increased workload and ineffective management of campus activities. Most participants highlighted this; *"Lack of transport for each tutor to render services as cars are shared by all campus departments"* and *"very old cars are used.....and this poses a threat to our lives as most of them are not 100% roadworthy"*

Participants revealed that they also became exhausted and this was expressed as follows: *Finally when I reach my destination I am already finished..., tired."* Based on these statements it was evident that lack of resources might impact negatively on the teaching function and it made nurse educators' situation hope-

less, as their safety was not considered or guaranteed, whereas the Constitution of South Africa (Act no.108 of 1996) spells out that all human beings have the right to protection.

The findings revealed that shortage of staff was another challenge which negatively affected the pace at which tasks were executed. The following statements by most of the participants were evidence of the shortage of human resources: *"...tutors teaches both theory and practice"* and *"...those who leave are not replaced; there is staff shortage"*.

"Groups are too large compared to the number of tutors available to teach" and *besides that there are no video cassettes for simulating procedures before exposure of students to clinical settings."*

There is a direct link that exists between shortage of human resources and increased workload, and as a result this might retard the process of rationalization.

Abedian, Strachan, and Ajam (2003:153) argue that human resources are an important source of labour in any organization. This statement means that when rationalisation is envisaged, it is imperative that managers consider this aspect so that manageable workloads can be allocated as indicated in Searle and Pera (1995:198). Participants verbalized the challenge of having to deal with large groups. This also posed problems in clinical facilities as they had to spend a specified period of time with each student. The number of students allocated to each clinical area had an influence on guidance and supervision. If the group was too large, it became difficult for nurse educators to teach. Research conducted by (Davhana-Maselesele, Tjallinks & Norval, 2001:7) has shown that the number of students allocated to any clinical area should be controlled so as to avoid overcrowding. Gibbon and Kendrick (1996:52) confirm that overcrowding makes teaching and learning environments counterproductive and recommend a maximum of 15 students per tutor. This was not the case in this instance. This notion suggests that theoretical learning should take account of the realities of the practical situation, or else students would be encouraged to memorise – a practice that makes it difficult for students to integrate theory with practice. For instance, students are less likely to develop empathy and good working relationships with patients when

their education has been largely memorization-based.

The large groups that nurse educators talked about was confirmed when the available data in nursing campus registers was studied, and it was found that in a classroom setting one nurse educator was available for ±200 students instead of 30 (Gibbon & Kendrick, 1996:53).

Dissatisfaction amongst nurse educators on issues related to human level.

Nurse educators expressed human, personal feelings relating to the rationalisation. The researcher viewed the expression of feelings as therapy in itself. This is explained by the following subcategories.

- Confusion

Research found that nurse educators experienced confusion during the process of rationalisation. In the researcher's view the source of confusion was three-fold, namely, educational philosophy, bureaucracy and increased workload. The following quotation is evidence of confusion: *"Each university brought its own educational philosophy, and it appeared as if none of them was ready to compromise and this confused college staff further."*

"Today you are told this and tomorrow that, I'm telling you people become confused" and *"even tests get lost sometimes - its confusion."*

Based on this quotation it appeared that the university consortium, whose aim was to guard standards, did not compare their similarities and differences and reach consensus on dealing with the process. Nurse educators from different backgrounds became confused in the process while they attempted to make rationalisation a reality. In this instance it might destroy the self-image, self-respect and self-confidence of nurse educators and even affect their mental health.

- Fear and uncertainty

Some participants expressed feelings of fear and uncertainty which the researcher found to be troublesome. The following quotations are evidence of fear and uncertainty: *"At least we are not moved away to (name of place), but I don't know for how long"* and *"you know of (name of place) issue, it is a burning issue."*

"...., and now placement is quite different from likes" and *"there is a lot of pres-*

sure on the jugular vein. One has a specialty which one has worked hard for; but you find yourself placed in a different area from where you have specialized on," (*Shaking Shoulders*).

It became apparent that some nurse educators had been approached by others, as suggested by the management, to join the nursing education system from the nursing service, and now they felt insecure and unsure of what was to come next. Jansen (2003:364) asserts that of all human experiences, fear is the most troublesome. Perhaps one other factor contributing to frustration was that they were not placed according to their preferences. This situation might be coupled with disbelief in response to a situation with which they dealt in their professional lives.

One participant stated that, "*One enjoys teaching midwifery because one has a specialty on that and not BNS or GNS stuff.*"

A survey of nursing education in Africa with regard to human resource crises (University of Natal, 2000) revealed that subjects were often not taught by subject specialists, and that this often led to a practice where students in many nursing schools learned by rote, with little opportunity for them to question and explore.

- **Stress, anger and frustration**
Anger often erupted during interviews and some participants expressed their increasing need to leave the system, "*hmmm.....is just that those doors have not opened yet,*" (implying other employment options) *and that is why other nurse educators have left the campus and joined floor crossing practices*" (referring to some going back to nursing services).

In the literature Johnson (1997:330) confirms that anger is a strong defensive emotion that signals that the person feels frustrated, thwarted, uncertain, confused and under attack.

The findings revealed a feeling of frustration which manifested itself in a state of confusion, stress and anger. Participants felt that they had no future in nursing education as their presence, in their view, was not valued. These direct quotations confirm the statement: "*Tutors are frustrated, there is no future in nursing*

education" and "*I'm frustrated, tutors are not listened to.*"

Hughes (2002:503) believes that when there is an obstacle in interaction, even a very simple request can turn into an argument.

Based on the cited quotations, Louw (1999:52) agrees that when the balance of personality is disturbed, by any other frustrated motivations, the urge for homeostasis will drive nurse educators to seek alternative satisfaction through fight and flight compromises.

- **Deteriorating nursing standards**
Perhaps the other factor contributing to frustration-related emotion was when participants witnessed deteriorating nursing standards.

They were of the opinion that the course as stipulated by the SANC (Regulation 425 of February 1985 as amended) was no longer integrated, as levels were taught at different campuses. Students rotated among three campuses to be taught subjects of the same course because campuses no longer taught students from first to fourth level. Nurse educators expressed their desire to teach students all aspects of the four-year integrated course to ensure coordination between what students learnt in classes and what they did in clinical rotations. All participants interviewed directly and indirectly verbalized that nursing standards were deteriorating.

The following quotations by four participants confirmed the statement: "*I am worried about standards, they have dropped*" and "*with rationalised levels, where is continuity?*"

The research revealed that nurse educators supported change, but their view was that it should not compromise standards. This statement indicated passion for the profession. They expressed the need to feel proud of the end product. The following quotations highlighted this: "*One test in fourth-year subjects per campus to me is out*" and "*one must be proud of the end product.*" "*....with poverty alleviation, points (selection criteria for new students) went down from 30 to 16, some do not have matric exemption -language is a problem*" (implied problems with English as the medium of instruction during nurse training) and "*nursing education is politically defined, it does not belong to the profession.*"

- **Not cared for and lack of support**
The researcher discovered that most par-

ticipants raised this concern in one way or another. The researcher's assumption on this aspect was that coupled with previous concerns, it might be costly to the economy and dangerous to patients if standards remained compromised.

Most participants were of the opinion that they were not cared about or loved and deliberate exclusion from most decisions in relation to rationalization made them feel discriminated against. Participants said, "*No one cared for us or showed love, that you are something and you are making a contribution*", and "*surely nobody cares*".

A survey in Zambia (1995-1997) showed that a powerful tool to direct staff and to keep morale high during a period of reform is when they feel a sense of pride in what they do. This somehow makes them feel they are making an important contribution to improving the nursing education system and this is not what is happening in South Africa.

Louw (1999:54) suggests the concept of love as the relationship with members who share reciprocal trust within the cycle of work, and if such concept is undermined it may result in isolation. The same could be true in the situation of nurse educators.

Related to the concept is Maslow's hierarchy of needs (Louw, 1998:65) when love and belonging needs are unmet, individuals feel rejected, friendless and abandoned by their own colleagues, and the consequences may be that they leave the profession or perform at less than optimal levels that is burnout and stress sets in. The presence of support is therapeutic and absence thereof is demoralizing and demotivating. Participants strongly believed that the bureaucracy could still assist nurse educators regarding this aspect.

Theme 2: Nurse Educators expressed specific needs about rationalisation

Nurse educators expressed specific needs regarding rationalisation; this was supported by the following categories:

Nurse educators expressed the need for proper planning.

The following discussion indicates how this theme was identified.

The most common need that participants

expressed was for proper planning. They described planning as an important tool in any administration. In their view the rationalization was not planned, and they were not made part of the process. Direct quotations highlighted the following: "Planning hmplanning, strategic.... (show of hands, movement) plan accommodation classes and residences, plan manpower.....hm...human resource, I can go on and on and I don't want to do that."

The following subcategory described how planning should be conducted during the process of rationalization, namely:

Nurse educators expressed the need to participate actively and be consulted in the planning process

Nurse educators expressed the need to get involved actively in all matters and not be surprised in the process. During their participatory role, they expressed the need for *process evaluation* and *feedback* mechanisms to see if there is any progress made or not.

Most participants indicated directly: "Consult....don't surprise people."

In the researcher's opinion this quotation alone was an indication of the need for participatory management. The report of a survey in Zambia (The Health Sector Human Resource Crisis in Africa, 2003:35) revealed that regular consultation and sharing of information between management and staff representatives was not the norm, since information was often seen as a source of power for managers, and thus they missed opportunities to gain staff understanding and support.

In the light of this statement it became clear that nurse educators yearned for identity. Le Francios (2001:511) relates the term identity to Erickson's words "that to experience wholeness, people (nurse educators) must feel progressive continuity between that which had come to be in the long years of their profession and that which promises to be in the anticipated future." This notion suggests that bureaucracy is capable of providing a platform for nurse educators to participate and be consulted and become part of the future of nursing education.

Participants spoke strongly on the aspect of evaluation and feedback. They believed that rationalisation as a process should be evaluated. Most partici-

pants verbalized this need when they said,

"Don't you sometimes need to look at where you come from, where you are and how you arrived where you are?"

"Evaluation is important; you can't just start up a thing and leave it to continue without following it up."

Findings revealed that evaluation was and had always been a benchmark in any project management, to check what had worked and what had not worked and why.

Another need which participants wanted to see addressed was feedback. The researcher found that evaluation and feedback were inseparable. This need was highlighted when they said,

"Feedback is very important at any workplace" and "I can tell you, there is no feedback."

Based on this statement the researcher believes that evaluation and feedback are essential to complete the cycle of rationalisation as suggested by Fisher (1986:143), to provide the amount of quality demanded by the situation.

Nurse educators expressed the need for maintaining professional standards.

During the interviews it was apparent that participants were sensitive to and critical about professional standards. They felt that they should be maintained and they expressed that bureaucracy was becoming autocratic on professional matters.

During interviews participants showed that they felt they were experts in their profession and that they deserved respect. Four of the participants literally said, "Politicians must leave professional matters to the profession itself."

The report on the survey in Zambia (The Health Sector Human Resource Crisis in Africa, 2003:33) revealed that in Zambia, selection of trainees was being professionalised and made competitive, and that everyone wishing to be considered for training applied, and the committee did the selection based on the country's priorities for training and the performance of the applicants. The report further emphasized that the fact that politicization of personnel recruitment and appointment diluted the professional civil services, of which nursing educa-

tion formed part. Based on this report the researcher believes that this practice could still be taking place in this country, particularly in this province. It is therefore important to develop guidelines to decision makers regarding rationalization of nursing education institutions so as to retain nurse educators by addressing their needs.

Guidelines

The guidelines are based on the themes that emerged during the interviews. The following guidelines are suggested for use by decision makers on rationalization process of the nursing education institutions:

Guidelines relating to administrative, operational and human related responsibilities

During the interviews nurse educators expressed dissatisfaction in several administrative, operational and human areas. The concerns emanated from tasks that had been centralized at a single centre which in the process created deficiencies in service delivery. The researcher suggests a "decentralized model".

The decentralized model means that each section of the system has to establish, enhance and improve its service delivery capacity. The model has advantages such as:

- Devolving power to institutions at operational level (i.e. the campus). The rationale behind this is the principle that certain decision-making powers and authority should be delegated to the lower sustainable management based on policies to guide such operations. To decentralize also calls for measuring of performance at lower levels.
- Institutional staff can enjoy greater freedom in a decentralized structure to plan and organize activities, deliberate and negotiate with wide consultation and collaboration. This model concurs with the approach which was used for the restructuring of health services in Zambia as part of health reforms (The Health Sector Human Resource Crisis in Africa, 2003:33). The model would define staff responsibilities and performance, and keep them informed of changes.

Abedian et al. (2003:104) cited the advantages of the model as follows:

- Institutional staff enjoys greater authority; they can be motivated to achieve higher levels of performance in their departments.
- Channels of communication are shortened and potential communication problems are reduced.
- Managers are responsible for smaller units. Their knowledge is more intimate and they are able to identify and solve problems quickly and effectively.

The model that could be used to reduce the concentration of administration at central level and transfer power to local authority to make rationalization a reality is discussed in the paragraph that follows:

Participatory model

This model suggests that both managers and nurse educators take part and express their opinions or ideas to reach their full potential. Participation empowers stakeholders to take responsibility for making rationalization a reality.

The model suggests the breaking of the monopoly of knowledge by allowing involvement, encounter and dialogue, as Groenewald and McKay (1990:137) put it. Participation allows for critical thinking on, for example, how to make the most of limited resources and what it is that different stakeholders can do best to improve activities at operational level and that could reduce the stress and frustration among human beings. The researcher views participation as the best remedy as it helps in making informed decisions. It may suggest a shift in leadership style towards participatory management.

Guidelines relating to nurse educators' specific needs

These guidelines are directed at assisting nurse educators to identify with the process so that they no longer regard themselves as worthless. The guidelines will assist in planning and where to get expert knowledge in the process. The guidelines are discussed below:

Collaborative model

The collaborative model allows different viewpoints to be integrated through cognitive participation. This model allows

room for engagement so that innovative ideas can be translated into programme actions. It is the belief of humanist theorists (Romm, 1990:116) that to promote corporate image, managers (both at central and operational levels) should formulate policy guidelines which form the point of departure of a process, which can be evaluated.

The researcher believes that these dynamics can be infused by making use of the following criteria which spring from a humanist theoretical standpoint (Romm, 1990:116).

- Creating awareness (Groenewald & McKay, 1990:100) say the need for rationalization should draw all members concerned to work together, so that they make common cause and strengthen group solidarity. Creating awareness also implies planning together from the onset. This criterion creates an opportunity for the free flow of information.
- Creating participation implies that the need for rationalization should evoke cognitive participation by all those involved and affected by the process. The criterion allows for a shift from a technocratic to a participatory approach and leadership. Groenewald and McKay (1990:137) argue that plans which do not accommodate different viewpoints can be evaluated as dehumanizing, hence the need to consider human potential towards the process.

Through creative participation, task committees can be established, for example task teams to work on:

- needs analysis - to look at resources available and how to make the most of them;
- conducting meetings and engaging stakeholders in dialogue, verifying the felt and unmet needs;
- developing questionnaires - so that issues about rationalisation can be verified;
- formulating policy guidelines and protocols as yardsticks for

- the process and setting targets;
- action design - involving how well plans should be transformed into actions to achieve the desired goal;
- establishing a standard assessment tool or impact analysis which can be given to campus students to assess their progress in core subjects of the uniform curriculum based on rationalisation;
- process evaluation/performance analysis - to look at the outcomes, challenges and gaps and what should be done to meet the desired outcomes or remedy the situation;
- holding feedback meetings to keep people informed about the whole process.

Adopting a reflexive attitude is another criterion which suggests that all arrangements of the rationalisation process should be subjected to constant re-evaluation; that is, being strategic and detecting the "good news" and "bad news" in the process.

The researcher believes that the implementation of this model can alleviate fear, anger, confusion and frustration that might have built up among nurse educators. It could be a point of departure in the reconstruction and development programme and the proof of observing the criteria as spelt out in WPHE and SAQA (South African Qualification Authority Act no.58 of 1995).

The researcher suggests the use of the following techniques to achieve the above-mentioned criteria:

- Empathy, which is the ability to enter into and understand the world of another person and communicate this understanding to him/her (Egan, 1986: 950).
- Active and reflective listening, where managers and nurse educators listen to the meaning of and feelings behind what is said.
- Encourage open expression of feeling so that a feeling of being degraded could be avoided.
- Offer support to nurse educators so that they do not feel isolated, "seeing how to finish" in

the process. Perhaps expression of appreciation for the efforts put into the process of rationalisation could boost the morale of those who feel neglected.

- Set targets and goals which are achievable. Perhaps one thing at a time would do. The researcher believes that rationalisation which is revolutionary tends to have more negative impact than the one which is evolutionary in nature.
- Provide feedback sessions, where updated information about rationalisation could be communicated, to take everyone on board regarding the progress made thus far, e.g. strengths and weaknesses, and allow participation in the way forward

Limitations

The study was limited to one campus only where rationalisation had taken and was still taking place. Further study should examine larger samples from different ethnic backgrounds where rationalisation is taking place.

Recommendations

The recommendations from this study will be made with specific reference to nursing education and further research.

Nursing education

It is the researcher's belief that nursing education can improve the lives of the community. Society deserves quality care in times of need and should receive it from well-groomed professionals who have been nurtured and moulded by nurse educators. Recommendations for nursing education will be twofold, namely:

- Recommendations to Policy makers in Nursing Education,
- Recommendations to Nurse Educators

Recommendations to Policy Makers in Nursing Education

Nurse educators who feel stressed in the process should get assistance through built-in structures within the nursing education system to avoid brain-drain. Perhaps structures such as an "*Employee Assistance Programme*" should be made visible and functional in the workplace

to lessen the burden that nurse educators may have to bear. It is the general opinion that brain-drain is costly to the economy. It would mean importing scarce skills from other countries while allowing resources available to leave the system unnoticed. This might have an impact on the image of nursing education as a system.

There is a need for incentives to encourage entry into the nursing education system and to curb the prevailing floor-crossing practices. Incentives such as:

- subsidised cars for all nurse educators who do clinical accompaniment;
- increased recognition and remuneration for nurse educators;
- recognition of nursing education as a scarce skill which requires incentives or rural allowances; and
- adequate staffing.

Recommendations to Nurse Educators

The issue of maintaining professional nursing standards is an important ethical benchmark which should be upheld at all times. From a nursing point of view it is essential to maintain reasonable selection criteria to ensure that nursing education continues to improve the lives of people.

- In the researcher's view, a reasonable selection criterion is one that is carefully formulated to meet the South African Nursing Council's requirements for training.
- Bridging programmes should be put in place for potential recruits who come from under-privileged backgrounds/communities to bridge barriers and provide a sound foundation for advanced nursing education rather than to reduce the criteria for entry of Matriculants in nursing education programmes. A research report (National Assembly for Wales, 2000:4) confirmed that in Wales there were bridging modules for health care assistants to meet the pre-registration programme for entry criteria into the National Health system.

- Training schools and clinical facilities should meet the requirements for teaching and learning to become effective.
- Nursing education should be treated as an academic issue and therefore nurse educators as academics should be involved and be consulted for their expertise.
- Nurse educators who had specialised in various disciplines should be accorded the opportunity to exercise their full potential.
- Managers should manage quality as spelt out in the White Paper on the Transformation of the Health System in South Africa (Abedian et al., 2003:94) because quality is valued by all concerned in nursing education and it is important for staff morale. Quality management involves setting standards of agreed levels of performance negotiated within the parameters of available resources.
- Evaluation of the quality of the process in terms of service satisfaction, delivery and skills in place is essential.

Research

Researchers should continue to explore the experiences of nurse educators with regard to the rationalisation of nursing education in other campuses which are situated in different environments. There are allegations that nursing standards have declined or are declining. The researcher suggests that studies that focus on the extent to which these standards have declined or are declining should be conducted and to establish whether these standards are nursing education or service inclined or both.

The researcher suggests that the concern with regard to the challenge of dealing with large groups in clinical situations be examined, with specific reference to the extent to which registered nurses in the service are engaged in clinical teaching of students registered in terms of R425 of the SANC. On this particular issue, the researcher's view is that nurse educators and service personnel should join hands towards the ultimate goal, namely patients' welfare. Research should examine the extent to

which four-year integrated students cooperate towards the rationalisation of nursing education and their views in this regard. Research should examine what it is like for students to rotate within the province during training.

The gulf that seems to exist between nurse educators and bureaucrats needs to be bridged to ensure that the dissatisfaction is addressed. Research needs to examine why it is that most if not all experiences of rationalisation are negative. Guidelines derived from this research should be implemented by bureaucrats and nurse educators as guiding principles.

Concluding remarks

In this study the researcher found that nurse educators expressed dissatisfaction with regard to rationalisation of nursing education as regards administrative, operational and human dimensions. In their view, the centralisation of tasks delays service delivery which negatively impact on management and create confusion. Nurse educators expressed the need for proper planning which involves active participation and maintenance of professional standards. Finally, the guidelines derived would be of assistance for future researchers.

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